CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1940

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF _____ BUREAU OF _____ _____ CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. _____ AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6 Size of Record	7 Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily

B [ ] Dispose of present accumulation, no additional accumulation anticipated.

C [ ] Microfilm and destroy originals

D [X] Microfilm and retain originals for length of time indicated below

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD. (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Robert E. Farber M.D. — Title Commissioner of Health — 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14 Disposal Method A	B	C
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ] To be sold as scrap or waste paper	[X] To be Burned or shredded	[ ] Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS:

C. Pierce — Records Management Officer — 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

639301 BALTIMORE CITY HEALTH DEPARTMENT 639301
CERTIFICATE OF DEATH 157E Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 113 E. Hughes St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 113 E. Hughes St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Earle Ingram

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4, 1945

8. AGE: Years	Months	Days	If less than one day
	4	7	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Allison J. Ingram
13. Birthplace Virginia

MOTHER
14. Maiden Name Anna Whittington
15. Birthplace Md.

16 (a) Informant Mrs. Allison Ingram
(b) Address 113 E. Hughes St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Old Orchard & Dalton Sts.

18 (a) Funeral director John T. Denning Inc.
(b) Address 715 Light St

19 (a) Date Registered APR 14 1946 (b) Registrar Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1946, at 12:30 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Upper Respiratory Infection
Due to Congenital Heart (Patent foramen ovale)
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 4-13-46

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NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

C33302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C33302

1. PLACE OF DEATH: Maryland
Street address: Calvert + Saratoga Sts
Hospital or institution: Mercy Hospital
Length of stay in hospital or inst. (yrs., mos., or days) 6 DA.
Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 925 N. Washington St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

FULL NAME Emmanuel Ward

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M | 5. Color or race B | 6 (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-15-1879

8. AGE: Years 67 | Months 9 | Days 26 | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business "Band-box"

FATHER
12. Name Robert Ward
13. Birthplace ?

MOTHER
14. Maiden Name Amie Willis
15. Birthplace ?

16 (a) Informant Alberta Ward
(b) Address 925 N. Washington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 14, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Elroy D. Wilson
(b) Address 1000 Bradley Ave

19 (a) 4-14-1946 (Filed by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-10 1946, at 2:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-4 1946, to 4-10 1946, and that I last saw him alive on 4-10 1946

Immediate cause of death: Cardio resp. failure — Duration

Due to Shock

Due to Possible Herx-heimer reaction

Other Conditions (1) Tabo-paresis (2) Arteriosclerotic C.V. disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert E. May M. D.
Address Mercy Hospital Date signed 4-10-46

Correct age is especially important. Physicians: please write the causes of death clearly.

G39303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58 E

G39303
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Green St
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days): 2 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: Frederick
(c) City or town: Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 529 N. Bentz St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: ~~HENRY SOMMERS~~ William Krantz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec. 8. 1909

8. AGE: Years	Months	Days	If less than one day: hr.	min.
36	4	5		

9. Birthplace: Shookstown Md.
(Town, county, and state)

10. Usual Occupation: Taxi Driver

11. Industry or business

FATHER
12. Name: Henry C.E. Krantz
13. Birthplace: Shookstown Md.

MOTHER
14. Maiden Name: Cordelia Sommers.
15. Birthplace: Mt. Zion Md.

16 (a) Informant: Franklin Krantz.
(b) Address: Frederick Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-46 (month) (day) (year)

(c) Cemetery or crematory: Mt. Olivet
Location: Frederick Md.

18 (a) Funeral director: M.R. Etchison & Son
(b) Address: Frederick Md.

APR 14 1946

19 (a) (Date rec'd by reg.) (b) Washington Williams, M. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4-13 1946, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1946, to April 13 1946, and that I last saw him alive on April 13 1946.

Immediate cause of death	Duration
Cardiac failure	
Due to: Rheumatic Fever (active)	
Due to:	
Other Conditions: Pulmonary infarction	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy: Rheumatic Pulmonary

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: J. Vaughn Jr. M. D.
Address: Univ. Hospital Date signed 4-13-46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G39304

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood + Green

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18d

(e) Length of stay in Baltimore (yrs., mos., or days) 4 mo

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2656 Orleans St

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Kathleen Newham

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 19-1945

8. AGE: Years	Months	Days	If less than one day
—	3	24	min.

9. Birthplace Balto Md

(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER

12. Name Arthur Rushworth

13. Birthplace Balto Md

MOTHER

14. Maiden Name Virginia

15. Birthplace Balto Co Md

16 (a) Informant Arthur Rushworth

(b) Address 2656 Orleans St

17 (a) Burial (b) Date thereof April 15-1946

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Balto Md

18 (a) Funeral director Bertram Potee

(b) Address 2234 Eutaw Place

19 (a) (b) Huntington Williams MD

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1946, at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1946 to April 13 1946 and that I last saw h e alive on April 13 1946

Immediate cause of death Respiratory failure

Duration
over

Due to Consolidation and congestion of both lungs

Due to Hypostatic

Other Conditions Dehydration

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature R. E. McCurdy M. D.

Address University Hosp. Date signed April 19 1946

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

639305 639305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 414 E. North Ave
(c) ~~Hospital~~ or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 44 E. North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dr Reginald D. Tonry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Lucy C. Tonry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2nd 1875

8. AGE: Years	Months	Days	If less than one day
70	9	11	hr. min.

9. Birthplace Balto. Md. (City, county, and state)
10. Usual Occupation Physician
11. Industry or business Self

FATHER
12. Name William P. Tonry
13. Birthplace Mass

MOTHER
14. Maiden Name Anna Sarratt
15. Birthplace Md.

16 (a) Informant Mrs Lucy C. Tonry
(b) Address 414 E. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/46 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Washington D. C.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

APR 14 1946 (Date received by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13th 1946, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1945 to April 13 1946, and that I last saw h~~im~~ alive on April 13 1946.

Immediate cause of death	Duration
Coronary Artery Occlusion	1 hr.
Due to Coronary Artery Disease	1 year
Due to Arteriosclerosis of Coronary Walls	?
Other Conditions Diabetes Mellitus	20 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas J. White M.D.
Address 632 E. 22nd St. Date signed 4/13/46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

94a

G39306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54a

G39306 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Harrisburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 1948 Swatara (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary H. Dirado

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	Married

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/8/1889

8. AGE: Years	Months	Days	If less than one day
57 5 8	9	5	hr. min.

9. Birthplace 7-8-88. (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name ? ?
13. Birthplace Italy.

MOTHER
14. Maiden Name ? ?
15. Birthplace Italy.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Funeral (b) Date thereof 4/14/46 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Holy Cross
Location Harrisburg Pa.

18 (a) Funeral director Hillcrest Home Inc
(b) Address 1210 Cont. St

19 (a) (Date rec'd by registrar) (b) Huntington Mills Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4.13 1946 at 4.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4.12.1946 to 19 , and that I last saw her alive on 4.13.1946.

Immediate cause of death: Brain Tumor glioma III rd ventricle — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Brain tumor III rd ventricle
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Date signed

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

G39307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 109

G39307 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2525 FAYETTE ST
(c) Hospital or institution:
BON SECOUR HOSPITAL 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo 9 D.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4627 PARK HEIGHTS AVE
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME FRANCES OSMAN

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife MR JOHAN OSMAN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4- 25, 1884

8. AGE: Years	Months	Days	If less than one day
61	11	18	hr. min.

9. Birthplace Richmond Va.
(Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business HOME

FATHER
12. Name John H. Hitchcock
13. Birthplace

MOTHER
14. Maiden Name Eleanor Whiteside
15. Birthplace England

16 (a) Informant Mr. Johan S. Osman
(b) Address 4627 Park Heights Ave.

17 (a) Removal (b) Date thereof 4/14/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Wood
Location Richmond Va.

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pa. Aves.

APR 14 1946 (Date rec'd by Registrar) Washington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 13 1946 at 10:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-5 1946 to 4-13 1946 and that I last saw her alive on 4-13 1946

Immediate cause of death UREMIA — Duration

Due to COMPLICATIONS OF PNEUMONIA (UNRESOLVED PNEUMONIA, PULMONARY EDEMA)

Due to FAILURE

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. E. Muse Jr. M. D.
Address 3311 St. Paul St Date signed 4/13/46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

33308 AB-99187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1312

Registered No. 33308

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 337 Forrest St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Harris

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5- 1892

8. AGE: Years	Months	Days	If less than one day
53	8 10	6	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John
13. Birthplace N.C.

MOTHER
14. Maiden Name Emily
15. Birthplace N.C.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary. Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.
(c) Huntington Williams, M.D. Registrar

APR 15 1946 (Date rec'd by registrar)

MEDICAL CERTIFICATION PM

20. DATE OF DEATH April 11- 1946, at 11.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-11- 1946, to 4-11 1946, and that I last saw h im alive on 4-11 1946.

Immediate cause of death
(a) ESCUD Pulmonary tuberculosis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: (a) 6 mo (b) 10 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John K. Kelsey
Address City Hosp. Date signed 4-12-46

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

639309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

Registered No. 639309

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2812 Hilldale Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Aaron Goldberg

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Leta Sarah M
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-15-1875

8. AGE: Years	Months	Days	If less than one day
70	5	29	hr. min.

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation
11. Industry or business Merchant

FATHER
12. Name Barry Goldberg
13. Birthplace Lithuania

MOTHER
14. Maiden Name Peggy —
15. Birthplace Lithuania

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 4/15/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Cemetery Washington Blvd.
Location

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North Ave

19 (a) Huntington Williams, M.D.
Registrar

APR 15 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14, 1946, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 9, 1946 to April 14, 1946 and that I last saw him alive on April 14, 1946

Immediate cause of death	Duration
(a) Pulmonary Tuberculosis	
Due to (b) Generalized Intestinal Tuberculosis & Tuberculosis	
Due to (c)	
Other Conditions Benign Prostatic Hypertrophy	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Huntington Williams, M.D.
Address 6 N. Howard St. Date signed April 15, 1946

39310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 39310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp. 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 113 N. Carrollton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Cooper

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	?

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — — 1858

8. AGE: Years	Months	Days	If less than one day
88	—	—	hr. min.

9. Birthplace St. Micheale Md. (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Bessie Jackson
(b) Address 762 W. Saratoga St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 15 46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore Md
18 (a) Funeral director Gilligan & Jackson
(b) Address 916 Pennsylvania Ave
19 APR 15 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1946 at 11:30 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner
Date signed 4-12-46

X

G39311 CRANE G39311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 86

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville 28
(If outside city or town limits, write RURAL and give town)
(d) Street No. 425 Overbrook Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry G. Crane

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1944

8. AGE: Years	Months	Days	If less than one day
1	20	27	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Henry G. Crane
13. Birthplace N. C.

MOTHER 14. Maiden Name Marian Crane
15. Birthplace Balto. Md

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof Apr. 15/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Meadowridge
Location Harpers, Md

18 (a) Funeral director Harry H. Nitske
(b) Address 401 E. Lanvale Ave
APR 15 1946 (b) Huntington Mills, Md.
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-12 1946 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 4-12 1946 and that I last saw h alive on 4-12-1946.

Immediate cause of death Coma and Watery due to undetermined cause — Duration

Due to I drug poisoning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: —

of autopsy 4-12-46

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George L Pelner
Address Johns Hopkins Hosp. Date signed 4-12-46

VS 150

X over

39312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

Registered No. 39312

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1514 Druid Hill Ave

(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1303 Argyle Ave (If rural, give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edith Sing Bradley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	N	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-25-41

8. AGE: Years	Months	Days	If less than one day
4	11	13	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER

12. Name Reuben Bradley

13. Birthplace Md

MOTHER

14. Maiden Name Ruth Brown

15. Birthplace Md

16 (a) Informant Miss Ruth Brown

(b) Address 1303 Argyle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16, '46 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem

Location Baltimore, Md.

18 (a) Funeral director Mc Cranaan & Hensley

(b) Address 578 W. Biddle Street

19 (a) [illegible] (b) Huntington Williams M.D.

APR 15 1946

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-12 1946 at 11 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-9 1946 to 4-12 1946, and that I last saw h[illegible], alive on 4-12 1946.

Immediate cause of death: Toxemia

Due to 1st + 2nd degree burns of body

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 4-9-46 at 9 00 A M

(c) Where did injury occur? Baltimore (City or town) Md (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?

(e) Nature of injury Burn when clothing caught fire

23. Signature I. B. Higgins / Intern M.D.

Address 1514 Druid Hill Ave Date signed 4-13-46

For Dr. C. J. Zubrod: Dr Howard J. Mason, MD

G39313 BALTIMORE CITY HEALTH DEPARTMENT G39313

CERTIFICATE OF DEATH 42a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1605 Normal Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 Normal Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Dankmeyer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widr

6 (b) Name of husband or wife Anna Dankmeyer
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 30-1863

8. AGE: Years	Months	Days	If less than one day
82	3	18	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Baker
11. Industry or business retired 12 yrs

FATHER
12. Name Henry Dankmeyer
13. Birthplace Germany

MOTHER
14. Maiden Name Dont know
15. Birthplace Germany

16 (a) Informant Henry W. Dankmeyer
(b) Address 1605 N. Normal Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 15 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St

19 (a) APR 15 1946 (Date received by Registrar)
Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1946, at 2:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 4, 1946. to April 12, 1946. and that I last saw him alive on April 11 1946.

Immediate cause of death	Duration
Cerebral hemorrhage & Left Hemiplegia.	5 days.
Due to Arteriosclerosis	5 yrs.
Due to	
Other Conditions Aortic Regurgitation	5 yrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert E. Dingwald M.D.
Address 1613 E. North Ave. Date signed 4-17-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

G39314 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Catoo ave.
(c) Hospital or institution:
Saint Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 dy.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 914 N. Bentalou St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Hugo Waldvogel

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, (Married) widowed, or divorced
M	W	

6 (b) Name of husband or wife Sylvia Waldvogel
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1896

8. AGE: Years	Months	Days	If less than one day
49	5	27	hr. min.

9. Birthplace Md. (Town, county and state)
10. Usual Occupation Exterior decorator
11. Industry or business

FATHER
12. Name Henry Waldvogel
13. Birthplace Germany

MOTHER
14. Maiden Name Mary ?
15. Birthplace England

16 (a) Informant Wife
(b) Address 914 Bentalou St - 16

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/46 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto. Md.

18 (a) Funeral director Geo. W. Little
(b) Address 2700 Edmondson Ave

19 (a) (Date rec'd by reg.) (b) Burlington Williamsport Md

APR 15 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13 1946 at 1:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1 1946 to 4-13 1946.
and that I last saw him alive on 4-13 1946.

Immediate cause of death Respiratory failure
Due to Anemic anoxia
Due to Lymphatic Leukemia
Other Conditions Emphysema st pleural Suppurative
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Henry Wirt Austin M. D.
Address Date signed 4-13-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Klingelhoffer

639315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. 639315

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore, Middleboro
(If outside city or town limits, write RURAL and give town)
(d) Street No. 208 North Rd. WORTON (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FREDERICK KLINGELHOFFER

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Mary C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May-4-1884

8. AGE: Years	Months	Days	If less than one day
61 63	11	7	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Operator
11. Industry or business City of Balto.

FATHER
12. Name David Klingelhofer
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Fobel
15. Birthplace Germany

16 (a) Informant Mary C. Klingelhofer
(b) Address Essex 21 Md.

17 (a) Burial (b) Date thereof 4 15 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Balto Co

18 (a) Funeral director James Bruedzewski
(b) Address 1402 Eastern Ave Rd

19 (a) 4-15-1946 (Date registered) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/14/46 19 , at 10:30 PM

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to h... death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Coronary Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Edwards M.D.
Medical Examiner.
Date signed 4/15/46

VS 151

G39316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1131a

G39316 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3518 Reistun Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 12 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3518 Reistun Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lucy Ingram
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Apr. 4, 1887

8. AGE: Years	Months	Days	If less than one day: hr.	min.
59	-	8		

9. Birthplace Bondsville S C (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Ben Ingram
13. Birthplace S. C

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Margaret Pittman
(b) Address 636 Carlton St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Ct
Location Balto City
18 (a) Funeral director Isaiah L Brown & Son
(b) Address 1019 W Montgomery St
19 (a) (Registered by registrar) (b) Huntington Williams M.D.

APR 15 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1946 at 11 A M
21. I certify that death occurred on the date above stated; that I attended deceased from 4/8 1946 to 4/12 1946 and that I last saw her alive on 4/10 1946.

Immediate cause of death	Duration
Hypertensive cardio-renal disease (uremia)	VNK
Due to	
Due to	
Other Conditions arterio-sclerosis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Raynel Browne
Address 1500 E. Madison St Date signed 4/13/46 M. D.

Raynel Browne X

G33317 — BALTIMORE CITY HEALTH DEPARTMENT — G33317

CERTIFICATE OF DEATH 1939

Registered No. G33317

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1601 LIGHT ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE 30 (If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 LIGHT ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY E FOY

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEM.	WHITE	WIDOW

6 (b) Name of husband or wife PATRICK FOY
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) JAN 2 1859

8. AGE: Years	Months	Days	If less than one day
87	3	12	..... hr. ..... min.

9. Birthplace BALTIMORE MD (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business —

FATHER
12. Name THOMAS WHELAN
13. Birthplace MARYLAND

MOTHER
14. Maiden Name ELIZABETH DOYLE
15. Birthplace MARYLAND

16 (a) Informant THOMAS E FOY (SON)
(b) Address 1601 LIGHT ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-17-46 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN CEM
Location EASTERN AVE RD

18 (a) Funeral director Bernard C Hale
(b) Address 121 E West St

19 (a) (b)

APR 15 1946

Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 14 1946 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 19 46 to April 14 19 46.
and that I last saw h alive on April 14 46

Immediate cause of death

Due to Pulmonary Embolism

Due to Cerebral Thrombosis

Other conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration: 4 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 120 N Dallas St Date signed 4-15-46

Thurlington for Williams, M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92a

Registered No. G39318

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any error or omission should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1739 Harford Avenue
(c) Hospital or institution: 9-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1739 Harford Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Vernon G. Livingston

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	215-05-0986	Male	White	Married

6 (b) Name of husband or wife Rosina M. Dillman
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Feb. 6th, 1901

8. AGE: Years	Months	Days	If less than one day: hr.	min.
45	2	6	########	

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Manager
11. Industry or business Tavern

FATHER
12. Name William Livingston
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Bertha Robb
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Rosina M. Livingston
(b) Address 1739 Harford Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) APR 15 1946 (Date received) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12th 1946 at 9:37 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1943 to April 12 1946
and that I last saw alive on April 12 1946

Immediate cause of death: Rheumatic C-Vdisease Mitral & Aortic stenosis — Duration 20 yrs

Due to

Due to

Other Conditions: Cerebral embolism
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature W. H. Kramer, M.D.
Address 402 E. Lanvale St. Date signed 4/12/46

VS 150

X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. 639319

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24yrs-8mos-16days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1224 Gay St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Eastwood

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Laura Magness
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct-25-1858

8. AGE: Years 87 | Months 5 | Days 18 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Sail Maker (Retired)

11. Industry or business

FATHER
12. Name George Eastwood
13. Birthplace Portsmouth, Va.

MOTHER
14. Maiden Name Sarah Stevenson
15. Birthplace Baltimore, Md.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Avenue, Balto; Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) (Date received by registrar) (b) Registrar

APR 15 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1946, at 4:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-27 19 21 to 4-13 1946 and that I last saw him alive on 4-13 1946

Immediate cause of death	Duration
Cardiac failure	
Due to Generalized arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy Generalized arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Doyle Valdron M. D.
Address D. C. H. Date signed 4/14/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U.S.S.A. Standard Certificate

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 5320

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 7

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 615 N. Wolfe St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura Clingan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Thomas Clingan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/25/1879

8. AGE: Years 66 | Months 10 | Days 20 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jacob Roop
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary E. Sullivan
15. Birthplace Maryland

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/46 (month) (day) (year)
(c) Cemetery or crematory Reformed Cemetery
Location Taneytown, Md

18 (a) Funeral director Selby & Zacharias
(b) Address 402 S. Wolfe St

19 (a) (Date rec'd by registrar) APR 15 1946 (b) Registrar Wilmer Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1946 at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14 1946 to 1946, and that I last saw h alive on 4-14 1946

Immediate cause of death: Cardiac failure — ? coronary occlusion — Duration: several months

Due to

Due to

Other Conditions Hypertension → 10-15 yrs.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Not obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Gross M. D.
Address JHH Date signed 4-16-46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any false statement, omission or concealment of information should be carefully supplied. The

VS 150

Form Wm. G. Hofrich, by Howard J. Andrews, M.D.

G39321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1248

G33321 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 857 S. DALLAS ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 857 S. DALLAS ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: BERTHA CARROW

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: GROVER CARROW

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 11 1893

8. AGE: Years 52 | Months 7 | Days 1 | If less than one day: hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name HARRY COPPER
13. Birthplace MD.

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace MD.

16 (a) Informant GROVER CARROW (HUS.)
(b) Address 857 S. DALLAS ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 15/46 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN CEM.
Location EASTERN AVE. EXT.

18 (a) Funeral director Tilley & Zeiler Inc.
(b) Address 403 S. WOLFE ST.

19 (a) ADD (Date received by Registrar) (b) [illegible]

APR 13 1946

VS 150

MEDICAL CERTIFICATION

PM

20. DATE OF DEATH APR. 12 1946 at 11/30

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1946 to Apr. 12 1946 and that I last saw h. alive on Apr. 12 1946.

	Duration
Immediate cause of death: Myocardial Insufficiency	2 days.
Due to: Cirrhosis of liver.	3 yrs.
Due to:	
Other Conditions: Nephritis. ASCITES	6 mos.
(Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 1802 Eastern Av. Date signed 4-13-46 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G33322

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 73D

G33322 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Lochearn (If outside city or town limits, write RURAL and give town)
(d) Street No. 3712 Sylvan Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary C. Porta

3 (b) If veteran, name war: none

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Phillip E. Porta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8, 1903

8. AGE: Years 42 | Months 8 | Days 5 6 | If less than one day: hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Andrew Olsen
13. Birthplace Norway

MOTHER
14. Maiden Name Mary Donat
15. Birthplace Colorado

16 (a) Informant Mr. Phillip E. Porta
(b) Address 3712 Sylvan Drive 7

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

APR 15 1946

VS/150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13 1946, at 1301 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1946, to 4-12 1946, and that I last saw her alive on 4-12 1946.

Immediate cause of death: Multiple hemorrhages - lung, intestine, brain (probably). — Duration:
Due to Aplastic anemia
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: Multiple hemorrhages

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stanley Ray Steinbach M. D.
Address Sinai Hospital Date signed 4-13-46

X

G33323 — 46-100175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G33323 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 11-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 309 W. Lanvale St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM AUBREY ROWE

3 (b) If veteran, name war --

3 (c) Social Security Account No. 228-03-3313

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife Ellen Rowe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7-1905

8. AGE: Years	Months	Days	If less than one day
41	0	6	hr. min.

9. Birthplace Richmond, Va.
(Town, county, and state)
10. Usual Occupation Sheet Metal Worker
11. Industry or business Crown, Cork & Seal Co.

FATHER
12. Name James W Rowe (D)
13. Birthplace Richmond, Va.

MOTHER
14. Maiden Name Elizabeth Griffin
15. Birthplace N.C.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Removal 1745 (b) Date thereof 4/15/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Riverview Cem.
Location Richmond, Va.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) APR 17 1946 (b) Huntington Williams Registrar
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1946, at 3.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-26- 1946, to 4- 13 1946, and that I last saw him alive on 4-13 1946.

Immediate cause of death Cardiac failure — Duration
Due to Hypertensive cardiovascular renal disease
Due to
Other Conditions Chronic nephritis
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature E. Day C Wachon M. D.
Address B. C. H. Date signed 4/14/46

X

G33524

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

Registration No. G33524

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wk
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3816 Echodale Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mathilda A Ward

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Wm. R. Ward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1883

8. AGE: Years	Months	Days	If less than one day
62	9	4	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation house wife
11. Industry or business

FATHER
12. Name John Gluth
13. Birthplace Baltimore

MOTHER
14. Maiden Name not known
15. Birthplace Baltimore

16 (a) Informant William R. Ward
(b) Address 3816 Echodale Ave.

17 (a) Burial (b) Date thereof 4/16/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) APR 15 1946 (b)
(Date received by Registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/12/46 19 , at 6 45 M

21. I certify that I took charge of the remains described above, held an Inspection - Inquest thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature W. L. Sutbrink M.D.
Medical Examiner.
Date signed 4/12/46

G33525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83B

G33525 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1346 N. 41st Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1346 N. 41st Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Carolina Cronhardt

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 23-1855

8. AGE: Years 90 | Months 6 | Days 20 | If less than one day: hr. min.

9. Birthplace Baltimore Co. Maryland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Henry Cronhardt
13. Birthplace Germany

MOTHER
14. Maiden Name Henrietta C. Swartz
15. Birthplace Germany

16 (a) Informant Mrs. Horace N. Steffey
(b) Address 1346 N. 41st Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15-1946 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

19 (a) (Date rec'd by registrar) (b) Registrar

VS 150 APR 15 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13- 1946 at 6.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 21 Mar 1946 to 13 April 1946 and that I last saw h[illegible] alive on 12 April 1946.

Immediate cause of death Myocardial failure — Duration 1 day

Due to Arteriosclerosis Arterial Thrombosis — Duration 3 wks

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lloyd E. Saylor M. D.
Address 3902 Greenmount Ave Date signed 13 April 46

Huntington Hollins M.D.

G33620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G33620 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 242 S Monastery Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give county)
(d) Street No. 242 S Monastery Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Augusta A. Scheff - "Schopf"

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed.

6 (b) Name of husband or wife John W. Schopf. Sr.
6 (c) If alive, give age D. years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1898

8. AGE: Years	Months	Days	If less than one day
48	2	23	5 hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Philip Flack
13. Birthplace Maryland

MOTHER
14. Maiden Name Dollie Beckman
15. Birthplace Maryland

16 (a) Informant James A. Schopf - Son
(b) Address 242 S. Monastery Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 16 Apr 46 (month) (day) (year)
(c) Cemetery or crematory Woodawnridge
Location Dorsey - Md.

18 (a) Funeral director F. B. Nisbet & Son
(b) Address 300 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS APR 15 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 13 Apr 1946, at 7:05 A.M.

21. I certify that I took charge of the remains described above, held an Ing & Insp thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Hypertensive Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at A.M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William F. Mayfield M.D.
Medical Examiner
Date signed 13 Apr 46

G33527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G33527 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 20 Gorman Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 20 Gorman Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME PAULINE MICHAEL.

3 (b) If veteran, name war ********
3 (c) Social Security Account No. **********

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John Michael
6 (c) If alive, give age D. years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1872

8. AGE: Years	Months	Days	If less than one day
73	3	28 29	********** hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Frederick Von Lindenberg
13. Birthplace Germany

MOTHER
14. Maiden Name Augusta Flathen
15. Birthplace Maryland

16 (a) Informant Mr. George Shroeder
(b) Address 20 Gorman Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 15 Apr. 46 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn, Maryland

18 (a) Funeral director A. B. Kilbert & Son
(b) Address 1300 Eutaw Place

19 (a) (Date rec'd by Registrar) APR 15 1946 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 13, 1946 at 3:00 M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 17 1944 to Apr 13 1946, and that I last saw h[illegible] alive on 19 46.

Immediate cause of death Hypertensive Cardiovascular Disease — Duration 3 yrs.

Due to Arteriosclerosis — Duration 7 yrs.

Due to

Other Conditions Right Hemiplegia — Duration Feb 11 1945

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carl P. Rockey, M.D.
Address 1326 West Lombard Street

Huntington Williams, M.D.

G39328
491369.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

G39328
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3201 Northern Parkway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Hawkins

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Mary N.
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) 1-21-83

8. AGE: Years	Months	Days	If less than one day
63	2	23	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Accounting
11. Industry or business

FATHER
12. Name Norris Hawkins
13. Birthplace ?

MOTHER
14. Maiden Name Sawhill Cole
15. Birthplace ?

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 4-16-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Baltimore Md

18 (a) Funeral director R. A. Pusey
(b) Address 6315 Harford Rd

19 (a) (b) Instructions from Wife
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION A

20. DATE OF DEATH April 13 1946 at 1.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1946 to April 13 1946 and that I last saw him alive on April 13 1946.

Immediate cause of death: Myocardial infarction anterior and posterior
Due to: Arteriosclerotic heart disease.
Due to:
Other Conditions: Cardiac insufficiency and hypertrophy
(Include pregnancy within 3 months of death)

Duration: ant. - 6 wks; post - 3 days

Date of operation:
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eugene Meyer III
Address Johns Hopkins Hosp Date signed April 13

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

639529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

639529

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2833 Roselawn Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2833 Roselawn Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest L. Schoenleiden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Dorothy J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-29-1897

8. AGE: Years	Months	Days	If less than one day
48	7	13	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Clergyman
11. Industry or business

FATHER
12. Name Henry Schoenleiden
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Meyer
15. Birthplace Md.

16 (a) Informant Mrs Dorothy J. Schoenleiden
(b) Address 2833 Roselawn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/46 (month) (day) (year)
(c) Cemetery or crematory Emanuel Cem.
Location Baltimore Md.

18 (a) Funeral director Leonard J. Reed
(b) Address 5305 Harford Rd.

19 (a) (Date rec'd by registrar) (b) Covington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1946 at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1945 to April 11 1946 and that I last saw him alive on April 11 1946

Immediate cause of death
Coronary Occlusion
Due to
Due to
Other Conditions Hypertensive Heart Disease
(Include pregnancy within 3 months of death)

Duration
April 9 1946
April 8 yrs.

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Morris B. Green M.D.
M. D.
Address 3009 Evergreen Ave Date signed 4/15/46
Baltimore 14 Md

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G39330 Registered No.

Physicians: please write the causes of death clearly and legibly. The correct age is especially important. Information cannot be corrected by supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Lombard
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 West Baner St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James L. Whitaker

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-6853

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	married

6 (b) Name of husband or wife Louise 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1908

8. AGE: Years	Months	Days	If less than one day
37 3 8	10	1	hr. min.

9. Birthplace Enfield N C (Town, county, and state)
10. Usual Occupation Laborer at Baltimore
11. Industry or business Trust Co.

FATHER
12. Name Isaac Whitaker
13. Birthplace Enfield N C

MOTHER
14. Maiden Name Upkman
15. Birthplace Unknown

16 (a) Informant Louise Whitaker
(b) Address 413 West Baner St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16, 1946 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Baltimore City

18 (a) Funeral director Joseph A. Pinder
(b) Address 4009 Mount street

19 (a) Huntington Williams, M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11, 1946, at 2:45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1946, to April 11, 1946, and that I last saw him alive on April 10, 1946.

Immediate cause of death Heart failure — Duration

Due to Degenerative myocardial changes

Due to Arteriosclerosis possibly pulmonary

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. L. Conrad M. D.

Address University Hospital Date signed 4-11-46

VS 150

G33531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G33531

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1366 N Stricker St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Lewis

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	C	Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16. (a) Informant Lillie Hughes
(b) Address 1900 N. Mount St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18. (a) Funeral director Reg. A. Nelson
(b) Address 1353 Brookmans

19. (a) 4/13/46 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 13 April 1946, at 3:45 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature W. J. Skluck M.D.
Medical Examiner.
Date signed 13 April 46

VS 151

G39332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G39332 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 Fleet Street
(c) Hospital or institution: City morgue
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1648 Gilmor St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Butler

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	M

6 (b) Name of husband or wife Georgianna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/4/1874

8. AGE: Years	Months	Days	If less than one day
12	3	8	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Thomas Butler

FATHER 13. Birthplace Md

MOTHER 14. Maiden Name

MOTHER 15. Birthplace

16 (a) Informant Georgianna Butler

(b) Address 1648 N. Gilmor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/46 (month) (day) (year)

(c) Cemetery or crematory St Peters

Location Md

18 (a) Funeral director Geo. H. Kelson

(b) Address 1303 Pressalman St

APR 15 1946 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12, 1946 at 3:45 p.m.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, or accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease; chronic pneumonitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Howard J. Mulcahy M.D. Medical Examiner.

Date signed 4-13-46

VS 151

G39333 — AB-83127

BALTIMORE CITY HEALTH DEPARTMENT — ✓ — G39333 Registered No.

CERTIFICATE OF DEATH 138

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 7 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2yrs-6mos-3days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 N. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Evelyn Washington

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1- 1925

8. AGE: Years	Months	Days	If less than one day
21	0	11	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

MOTHER / FATHER
12. Name Theodore Washington
13. Birthplace Md.
14. Maiden Name Gladyes or Gladys Thomason
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16 1946 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location
18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Brantley Ave
19 (a) (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

APR 15 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12- 1946, at 5.15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-9 1945, to 4-12- 1946, and that I last saw her alive on 4-12 1946.

Immediate cause of death — Duration

Due to Pulmonary Tuberculosis — 3 yrs +

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: not granted

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elroy K. Kelsey
Address City Hosp. Date signed 4-13-46

X

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C39334
AB-99983

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13B

C39334
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals

5

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27days
(e) Length of stay in Baltimore (yrs., mos., or days) 3yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1324 E. Lexington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Elizabeth Hardy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widow

6 (b) Name of husband or wife Grant (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2- 1892

8. AGE: Years	Months	Days	If less than one day
54	2	10	hr. min.

9. Birthplace N.C.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Wiley Hardy (S ?
13. Birthplace N.C.

MOTHER
14. Maiden Name Jane Hardy ?
15. Birthplace N.C.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof April 15, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Greenville, N. C.

18 (a) Funeral director Elroy A. Wilson
(b) Address 1000 Bradley Ave

19 (a) Huntington Williams, M.D. Registrar APR 15 1946
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12- 1946 at 8.05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-15- 1946 to 4-12 1946 and that I last saw her alive on 4-12 1946.

Immediate cause of death

Due to Pulmonary tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Yrs.?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John R. Kelsey M. D.
Address City Hosp. Date signed 4-13-46

X

VS 150

639335

639335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 Cornell St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Hill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Nellie Gray

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1895

8. AGE: Years 51 | Months - | Days 29 | If less than one day hr. min.

9. Birthplace D. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Thomas Hill
13. Birthplace D. C.

MOTHER
14. Maiden Name -
15. Birthplace -

16 (a) Informant Nellie Gray Hill
(b) Address 608 Perkins Alley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs Katie A Williams
(b) Address 322 N Schroeder St

19 4/15/46 (Date filed by registrar) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13, 1946 at 9:10 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy / Inquiry (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Hypertension Cardio Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature W. F. Kelsick M.D.
Date signed 13 April 46 (Medical Examiner)

X

G39336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G39336

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp 19
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 835 Vine St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ophelia Coates

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	Married

6 (b) Name of husband or wife John Coates
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
51 50			hr. min.

9. Birthplace Darlington S.C.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Ellis Black
13. Birthplace Darlington S.C.

MOTHER
14. Maiden Name Lee Grace Black
15. Birthplace Darlington S.C.

16 (a) Informant John Coates
(b) Address 835 Vine St

17 (a) Burial (b) Date thereof April 14 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory W.M. Auburn Cem.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12 1946 at 10 A. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Carcinoma of Colon with Metastasis.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Masseis M.D.
Medical Examiner.
Date signed 4-13-46

VS 151

G39537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G39537 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 713½ W Saratoga
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give name)
(d) Street No. 713½ W Saratoga (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert J. Williams

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	married

6 (b) Name of husband or wife Blanche W. Willia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1875

8. AGE: Years	Months	Days	If less than one day
70	8	1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER / FATHER
12. Name Robert J. Williams.
13. Birthplace Md.
14. Maiden Name Maria L. Halliday.
15. Birthplace Md.

16 (a) Informant Blanche W. Williams.
(b) Address 713½ W. Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 15, 46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St.

19 4/13/46 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/11 1946 at 3:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/10 1946 to 4/11 1946 and that I last saw h[illegible] alive on 19

Immediate cause of death Pulm. TB — Duration 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 713½ W Saratoga St Date signed 4/13/46

G39538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

Registered No. G39538

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Monument & Rutland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 Webb Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George T. Barnes GEORGE T. BARNES

3 (b) If veteran, name war None

3 (c) Social Security Account No. 218-09-1767

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anna M. Barnes

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Dec 8 1867

8. AGE: Years 78 | Months 4 | Days 5 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George M. Barnes
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Catherine Deem
15. Birthplace New York

16 (a) Informant Anna M. Barnes
(b) Address 1006 Webb Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16 1946 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet
Location Cath C. B. M. Walters Catty

18 (a) Funeral director Stuckey & Sons
(b) Address

APR 15 1946

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 13 April 1946, at 7:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1 1946 to 4/13 1946 and that I last saw h alive on 4/13 1946

Immediate cause of death
Cardiac Failure
Pulmonary Edema
Due to Coronary Heart Disease

Duration: 1 day

Due to

Other Conditions Benign Prostatic Hypertrophy
(Include pregnancy within 3 months of death)

Date of operation 4/12/46

Major findings of operation: Benign Prostatic Hypertrophy

of autopsy: Primary Cause Coronary H.D.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work)
(e) Means of injury

23. Signature Arthur Holland
Address Sinai Hospital Date signed 4/13/46 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

639639 over

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

639639 Registered No. 160 C

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Pasadena (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Pritchett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	single

6 (b) Name of husband or wife none

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4-12-1946

8. AGE: Years	Months	Days	If less than one day
0	0	2	hr. min.

9. Birthplace University Hospital (Town, county, and state)
10. Usual Occupation New Born
11. Industry or business

FATHER
12. Name Roland Kemp Pritchett
13. Birthplace Hobbs, Maryland

MOTHER
14. Maiden Name Lucy Alice Carter
15. Birthplace Rose Hill, N.C.

16 (a) Informant Mrs. Roland K. Pritchett
(b) Address Pasadena, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/46 (month) (day) (year)
(c) Cemetery or crematory Cemetary Glen Burnie
Location Glen Burnie Md.

18 (a) Funeral director T. W. Higgins Sons
(b) Address Glen Burnie Md

APR 15 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-14-1946 19 . at 7:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 12, 1946 to April 14, 1946 and that I last saw h[illegible] alive on April 14, 1946

Immediate cause of death: atelectasis of left lung — Due to: aspiration amniotic fluid — Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James H. Leader

Address Johns Hop. H. Grad Date signed April 15th 1946

G3534U ✓ G3534U

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 92a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution:
U.S. Marine Hospital, Balto, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State NY (b) County Suffolk
(c) City or town East Moriches (Long Island)
(If outside city or town limits, write RURAL and give town)
(d) Street No. (R. Mor-Islip) Miller Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Marriott, Dudley James

3 (b) If veteran, name war: World War I

3 (c) Social Security Account No. 296-01-1670

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	(Single) Divorced

6 (b) Name of husband or wife: Jennie Marriott (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1886

8. AGE: Years	Months	Days	If less than one day
59	8	13	hr. min.

9. Birthplace Newport, England (Town, county, and state)
10. Usual Occupation Mate
11. Industry or business Seafarer

FATHER
12. Name James Marriott
13. Birthplace England

MOTHER
14. Maiden Name Alice Reckless
15. Birthplace England

16 (a) Informant Records
(b) Address US Marine Hospital, Balto, Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof April 15/46 (month) (day) (year)
(c) Cemetery or crematory Mt Pleasant
Location East Moriches N.Y.

18 (a) Funeral director Williams Coop. Inc
(b) Address 1217 Ost Paul St Balto

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

APR 15 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 13 1946, at 10:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 12 1946, to Apr. 13 1946, and that I last saw him alive on Apr. 13 1946.

	Duration
Immediate cause of death: Calcific aortic stenosis	UNKNOWN
Due to:	
Other conditions; Pneumonia	few days
Due to: lobular, terminal	
Other Conditions: Edema pulmonary	few days.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John L. Wilson
John L. Wilson, Sr. Surgeon M. D.
Address Clinical Director Date signed 4/15/46
US Marine Hospital, Balto, Md.

X

Please write clearly with ONE WORD IN A SPACE. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. F.K. Adams 1122 N. Caroline Street

G33341 ✓ G33341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1115 N. Wolfe Street
(c) Hospital or institution: 9

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 N. Wolfe Street (if rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Jessie Grant

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Annie Grant
6 (c) If [illegible] give age years

7. Birth date of deceased (mo., day, yr.) 3/ 1895

8. AGE: Years	Months	Days	If less than one day
51	1		hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Harry Grant
13. Birthplace North Carolina

MOTHER
14. Maiden Name Nancy ?
15. Birthplace North Carolina

16 (a) Informant Annie Grant
(b) Address 1115 N. Wolfe Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A. A. County

18 (a) Funeral director Rayner Sanders
(b) Address 1426 Preston Street

19 (a) APR 15 1946 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1946 at 11 15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 11 1946 to April 13 1946 and that I last saw h[illegible] alive on 4-10 1946.

Immediate cause of death	Duration
Cardiac Failure	
Due to Hypertension Cardio Vascular Disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature F. K. Adams M. D.
Address 1122 N. Caroline St (Date signed)

VS 150

Huntington Williams, M.D.

X 4-15-46

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G33542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G33542
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Fayette & Calhoun
(c) Hospital or institution: Franklin Square Hospt.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 3hrs
(e) Length of stay in Baltimore (yrs., mos., or days): D

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md (b) County: Howard
(c) City or town: Daniels
(If outside city or town limits, write RURAL and give town)
(d) Street No.: (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME: Bell, Charles William

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife: Julia Bell
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 3-12-1909

8. AGE: Years	Months	Days	If less than one day
37	1 0	1	hr. min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual Occupation: Loom Fixer
11. Industry or business: C R Daniels Co.

FATHER
12. Name: Esther Bell
13. Birthplace: Va

MOTHER
14. Maiden Name: Clara Bell
15. Birthplace: Va.

16 (a) Informant: Esther Bell
(b) Address: Elkridge

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-17-46 (month) (day) (year)
(c) Cemetery or crematory: Good Shepherd
Location: Ellicott City Md.

18 (a) Funeral director: J. C. Higinbotham
(b) Address: Ellicott City Md

19 (a) APR 15 1946 (b) Huntington Williams Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13-1946, at 9:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-13-1946, to 4-13-1946, and that I last saw him alive on 4-13-1946.

Immediate cause of death: Intracranial Hemorrage — Duration:

Due to: Hypertension

Due to:

Other Conditions: Chr Infection arthritis of L Hip

(Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Eugene F. Landon
Address: 121 Eutaw St Date signed: 4/15/46 M D

X

G33343 ✓ G33343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 477

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens and Caton Aves. 4
(c) Hospital or institution: St. Agnes Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1800 Clifton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry H. Merrick, Sr.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	217-05-6850	Male	White	Married

6 (b) Name of husband or wife Lillie M. Merrick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14 1876

8. AGE: Years	Months	Days	If less than one day
69	9	0	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Calvert Machine Co.

FATHER
12. Name James H. Merrick
13. Birthplace Talbot Co., Md.

MOTHER
14. Maiden Name Sarah Ellen Clark
15. Birthplace Talbot Co., Md.

16 (a) Informant Mrs. Jacob S. New
(b) Address 101 W. Monument St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/46 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b)

APR 15 1946

Huntington-Williams, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/14 1946 at 12 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/9 1946 to 4/14 1946, and that I last saw h. alive on 4/14 1946

Immediate cause of death
Myocardial infarction
Due to Coronary thrombosis
Due to
Other Conditions Metastatic Carcinoma of Lung
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Hart Hollyer M. D.
Address Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G39344
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5814 Benton Heights Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5814 Benton Heights Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELEANORA HOSSBACH

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Charles O. Hossbach
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 26, 1869

8. AGE: Years	Months	Days	If less than one day
76	5	17	hr. min.

9. Birthplace Balto.
(Town, county, and state)
10. Usual Occupation --
11. Industry or business --

FATHER
12. Name Lewis Schueler
13. Birthplace Balto.

MOTHER
14. Maiden Name Katherine Berger
15. Birthplace Balto.

16 (a) Informant Mrs. Edith Gatch
(b) Address 5812 Benton Hgts. Ave.

17 (a) Burial (b) Date thereof 4/16/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) Date received APR 15 1946 (b) Registrar

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13, 1946, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feby 3 1945 to Apr 13 1946 and that I last saw h[illegible] alive on Apr 11 1946

Immediate cause of death

(a) Cerebral Accumulation (Arterio-Sclerosis) — Duration: April 11 1946

Due to

Due to

Other Conditions: Left Hemiplegia (Thrombosis) — Feby 3 1945

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Morris B. Green
Address 3009 Eutaw Pl. Date signed 4/15/46
Balto 14-Md. X

G39345 ✓ G39345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1243

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun St.
(c) Hospital or institution:
Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 108 S. Monroe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Victor, Alberta

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Wladyslaw Victor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known?

8. AGE: Years	Months	Days	If less than one day
about 60			hr. min.

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Adam Civalina
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace —

16 (a) Informant Jennie Mae Potoski
(b) Address 722 Dunkirk Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 16-46 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Polish
Location Germain Hill Road

18 (a) Funeral director John J. Grebliunas Jr.
(b) Address 1423 S. Paca St.

APR 15 1946 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13 1946, at 4:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death
My cardiac insufficiency
Due to arteriosclerosis
Due to
Other Conditions Atrophic cirrhosis of liver
(Include pregnancy within 3 months of death)

Duration
2 wks
2

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 342 Chester Ave. Date signed 3/13/46 M. D.

VS 180

X

Please write plainly, with pen and ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39346 ✓ G39346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Fayette & Calhoun St.

(c) Hospital or institution: Franklin Square Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 dys

(e) Length of stay in Baltimore (yrs., mos., or days) 2 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto. City

(c) City or town Balto. city
(If outside city or town limits, write RURAL and give town)

(d) Street No. 318 S. Paca St.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stella Lapata

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife deceased

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years	Months	Days	If less than one day
About 52			hr. min.

9. Birthplace Lithuania
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER	12. Name Matsicente
	13. Birthplace Lithuania
MOTHER	14. Maiden Name Zeeletski
	15. Birthplace Lithuania

16 (a) Informant Josephine Skelpsa

(b) Address 320 S. Paca St.

17 (a) Holy Burial (b) Date thereof Apr. 17-46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location 4430 Belair Road

18 (a) Funeral director John J. Grelfunctas Jr

(b) Address 423 S. Paca St

19 (a) Huntington Williams, M.D.

(Date received by registrar) APR 15 1946

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1946, at 6 03 1 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1946, to April 13 1946, and that I last saw h[illegible] alive on April 12 1946.

Immediate cause of death: Hypertensive Cardiovascular Diseases — Duration 1 day

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature John P. Ulrich, Jr. M. D.

Address 1227 Wash. Blvd. Date signed

Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

63-547 ✓ 937 63-547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3530 Sixth St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3530 Sixth St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah E. Francis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Richard Francis
6 (c) If alive, give age D years

7. Birth date of deceased (mo., day, yr.) October 25, 1864

8. AGE: Years	Months	Days	If less than one day
81	5	18	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name William Cook
13. Birthplace Maryland

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Mrs Ruth Frayers
(b) Address 24 Annabel Ave

17 (a) Burial (b) Date thereof 4/16/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Blvd

18 (a) Funeral director John F Denny Inc
(b) Address 715 Light St.

19 (a) (b)
(Date rec'd by registrar) Registrar

APR 15 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12th 1946, at 2.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/27/1942 to 4/12/1946 and that I last saw h.e alive on 4/12/1946.

Immediate cause of death
Broncho-pneumonia - hypertensive cardio vascular disease.
Due to
Due to
Other Conditions Chronic asthmatic bronchitis.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration
about 3 weeks
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Deitel M. D.
Address 1226 Hanover St. Date signed 4/13/46

X

Please write clearly with pen and ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

039348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 D

Registered No. 039348

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 210 N Boone St.
(c) Hospital or institution: U

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 N Boone St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN FRANCIS CREIGHTON

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	WIDOWED

6 (b) Name of husband or wife THERESA JANE CREIGHTON
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1859

8. AGE: Years	Months	Days	If less than one day
87			hr. min.

9. Birthplace Balto, Md
(Town, county, and state)
10. Usual Occupation Recorder.
11. Industry or business Court House

FATHER
12. Name Patrick J. Creighton
13. Birthplace Ireland.

MOTHER
14. Maiden Name Margabet Reilly
15. Birthplace Ireland.

16 (a) Informant Mrs. Theresa Ennis
(b) Address 210 N Boone St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-46 (month) (day) (year)
(c) Cemetery ~~or crematory~~
Location Parkwood Cem

18 (a) Funeral director J. Elton Wisbereld
(b) Address 701 E. 20th St

19 (a) Date received APR 16 1946 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13- 1946, at 12:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1-46 19 to 4-13 1946.
and that I last saw h alive on 4-10 1946.

Immediate cause of death	Duration
Myocardial Insufficiency	7 Days
Due to Myocarditis	1 Year
Due to Arteriosclerosis	15 Yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas Hunt M. D.
Address 5 E 22nd St Date signed 4-14-46

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39,549 new

BALTIMORE CITY HEALTH DEPARTMENT ✓ G39,549

CERTIFICATE OF DEATH 159

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1503 – W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Chobert (JAMES RAYMOND CHOBERT
3 (b) If veteran, name war
3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	single

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 4-13-46

8. AGE: Years	Months	Days	If less than one day
		1	19 43 hrs. min.

9. Birthplace Md. (town, county, and state)
10. Usual Occupation
11. Industry or business –

FATHER
12. Name Chas. Bernard Chobert
13. Birthplace Pa.

MOTHER
14. Maiden Name Alma
15. Birthplace Maryland

16 (a) Informant
(b) Address JOHNS HOPKINS HOSP...

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location City

18 (a) Funeral director J. Liston Wiedefeld
(b) Address 501 E 22nd St.

APR 16 1946 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13 1946, at 9:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-11 1946 to 4-13 1946, and that I last saw h.. alive on 4-13 1946.

Immediate cause of death Prematurity

Due to –

Due to –

Other Conditions –

(Include pregnancy within 3 months of death)

Date of operation –

Major findings of operation –

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nurma Gunderson
Address Johns Hopkins Hosp. Date signed 4-15-46 M. D.

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G33350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G33350 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 426 E. North Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 426 E. North Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME THERESA MATILDA MORAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1863

8. AGE: Years	Months	Days	If less than one day
82	8	3	hr. min.

9. Birthplace Baltimore County, Maryland
(Town, county, and state)
10. Usual Occupation Dress Maker
11. Industry or business Self

FATHER
12. Name John B. Moran
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Criquee
15. Birthplace Maryland

16 (a) Informant Miss Ann Moran
(b) Address 426 E. North Avenue

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 4/17/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul Street

19 (a) APR 16 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1946 at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11th Apr. 46 to 14 Apr. 1946 and that I last saw her alive on 13 Apr. 1946

Immediate cause of death	Duration
Cerebral Hemorrhage	8 days
Due to Hypertensive Cardio-vascular Disease	7 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas F. Schaefer M.D.
Address 2128 St. Paul St. Date signed 15 Apr. 46

VS 150

39551 ✓ G39551

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5603 Gunnell Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5603 Gunnell Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louis M Schneider ✓

3 (b) If veteran, name war: W
3 (c) Social Security Account No. 216-03-1284

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Catherine M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18 1886

8. AGE: Years 59 | Months 10 | Days 26 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Meyer Dept Co

FATHER
12. Name August Schneider
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Henlein
15. Birthplace Germany

16 (a) Informant Catherine M Schneider
(b) Address 5603 Gunnell Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/46 (month) (day) (year)
(c) Cemetery or crematory St Stephen
Location Millersville Md

18 (a) Funeral director Pullom & Son Inc
(b) Address 1217 E Fort Ave

19 (a) APR 16 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1946, at 7:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 18 1946 to April 17 1946, and that I last saw h alive on April 17 1946.

Immediate cause of death: Cerebral Hemorrhage
Due to: Arteriosclerosis
Due to: Bronchial Pneumonia

Duration: 2 days. / 10 Days.

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work
(e) Means of injury

23. Signature Ulrich Grossfeld
Address 5407 Belair Rd Date signed 4-15-46

Grossfeld

VS 150

63932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 63932

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2236 Wilkins Ave.
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Watts, John Mancure
3 (b) If veteran, name war
3 (c) Social Security Account No. 213-05-3123

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M.

6 (b) Name of husband or wife Annie R. Watts
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 16th 1872

8. AGE: Years	Months	Days	If less than one day: hr.	min.
73	10	28		

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Brush maker
11. Industry or business

FATHER
12. Name John M. Watts.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Garrett Ann Brown
15. Birthplace Baltimore, Md

16 (a) Informant Records Franklin Sq. Hospital
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/46 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location Dorsey Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul st.

APR 16 1946 Huntington Williams M.D. (Local Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-14-1946 at 9:57 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 1946 to April 1946, and that I last saw h.M alive on 4-14-1946.

Immediate cause of death
Coronary Thrombosis — Duration one day

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. M. Schreeder M. D.
Address 545 S. Fulton Ave Date signed 4-16-46

X

3333

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

469

Registered No. 333

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3406 Chestnut Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3406 Chestnut Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Archie S. Allison.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Goldie M. Allison
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Aug 12, 1879

8. AGE: Years	Months	Days	If less than one day
66	8	1	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired Car Inspector
11. Industry or business Penna. R.R.

FATHER
12. Name John T. Allison
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary E. Morris
15. Birthplace Maryland

16 (a) Informant Goldie M. Allison
(b) Address 3406 Chestnut Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16/46 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Woodlawn
Location

18 (a) Funeral director Edmonds & Donovan
(b) Address 3615-17 Chestnut Ave

19 APR 16 1946 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1946, at 12:44 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1946, to April 13 1946, and that I last saw him alive on April 13 1946.

Immediate cause of death	Duration
Myocardial infarction	
Due to Coronary Thrombosis	
Due to Coronary Occlusion	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Does not apply
Major findings of operation:
Coronary thrombosis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm A [illegible] M. D.
Address 3429 Chestnut Ave Date signed 4/15/46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

633554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

633554 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4112 The Alameda
(c) Hospital or institution: 9'
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4112 The Alameda
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David Tilghman Hemsley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 1943

8. AGE: Years	Months	Days	If less than one day
2	9	7	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER

12. Name Wm. T. Hemsley
13. Birthplace Balto. Md.

MOTHER

14. Maiden Name Mary S. Swann
15. Birthplace A. A. Co. Md.

16 (a) Informant Mr. Wm. T. Hemsley
(b) Address 4112 The Alameda

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director John O. Mitchell & Sons.
(b) Address 1900 Eutaw Place

19 (a) APR 16 1946 (Date received by Registrar) (b) Huntington White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14, 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 8 1946 to Apr. 14 1946, and that I last saw him alive on Apr. 14 1946

Immediate cause of death: hyperplastic leukemia (acute)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos. B. Smith M. D.
Address 11 E. Chase St. Date signed

VS 150

Un. Ind. Limits Ind. 5874 X

I CERTIFY THAT I HAVE VERIFIED THE ABOVE INFORMATION. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

63355 BALTIMORE CITY HEALTH DEPARTMENT X ✓ 63355
CERTIFICATE OF DEATH
764 (over) Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood and Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County Anne Arundel
(c) City or town Annapolis Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D. #3 Box 829
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jos. S. Garrison 2nd

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/5/80

8. AGE: Years	Months	Days	If less than one day
49	7	10	hr. min.

9. Birthplace Easton Md. (Town, county, and state)
10. Usual Occupation President
11. Industry or business Potomac Poultry Co.

FATHER	12. Name Jos. S. Garrison
	13. Birthplace Md.
MOTHER	14. Maiden Name Nicky J. Hubbard
	15. Birthplace Del.

16 (a) Informant Claire Pearl Garrison
(b) Address Annapolis Md.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/46 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Md.
18 (a) Funeral director John D. Pritchett & Sons
(b) Address 1100 Eutaw Place
19 (a) 4/16/46 (Date rec'd by registrar) (b) Huntington White Preston, M.D.

APR 16 1946

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1946, at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1946 to April 15 1946, and that I last saw him alive on April 15, 1946.

Immediate cause of death Resp. failure — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton Reisch M. D.
Address University Hospital Date signed 4/16/46

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

639356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

639356 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Hickman Caton Ave

(c) Hospital or institution: St Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 1000 S Caton Ave (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Rev. James P. Fitz=Gerald

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25 1869

8. AGE: Years	Months	Days	If less than one day
79	-	17	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Roman Catholic Priest

11. Industry or business

FATHER 12. Name Patrick Fitz-Gerald

13. Birthplace Ireland

MOTHER 14. Maiden name Bridget Reilly

15. Birthplace Ireland

16 (a) Informant Hospital Record

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-46 (month) (day) (year)

(c) Cemetery or crematory St Patricks

Location Harve De Grace Md

18 (a) Funeral director George G Farley

(b) Address Fulton & Fayette

19 (a) APR 16 1946 (Date rec'd) (b) Huntington Williams, M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 14 1946, at 11:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 14 1946 to Apr 14 1946 and that I last saw him alive on Apr 14 1946.

Immediate cause of death: Cardio Resp. failure — Duration

Due to Fractured Skull (Basilar) Hemorrhage Intracranial Hemorrhage

Due to Injury sustained from fall.

Other Conditions Arteriosclerosis C-V Dis.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident 25/1

(b) Date of occurrence 4-14-46 at 8:30 AM

(c) Where did injury occur? Balto. Md. (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Johns Hopkins Memorial Hospital (Specify type of place) While at work? No

(e) Means of injury Fell from bed

23. Signature Chas. G Farley

Address St Agnes Hosp Date signed 4/14/46

Howard A Genecin, M. D. X

639357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. 639357

FILL OUT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 1 5
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County 7
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 301 E Lanvale St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Baby Boy Leroy

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/6/46

8. AGE: Years	Months	Days	If less than one day
0	0	0	hr. 5 min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Melvin Leroy
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Mary Svatick
15. Birthplace W. Va.

16 (a) Informant —
(b) Address —

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 4 16 46 (month) (day) (year)
(c) Cemetery or crematory St Peters
Location Balto. Md.

18 (a) Funeral director George A. Farley
(b) Address Fulton & Fayette Sts

19 (a) APR 16 1946 (Date rec'd by registrar) **(b)** Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/6/46 19 at 9:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/6/46 19 to 4/6/46 19, and that I last saw him alive on 4/6/46 19.

Immediate cause of death Prematurity — **Duration**

Due to Inevitable Abortion

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operations —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature D. P. Cruikshank III

Address Mercy Hosp. Date signed 4/14/46

VS 150

G39358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G39358 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5209 York Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 83 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5209 York Road
(If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country -------

3 (a) FULL NAME Mary Ann Delaney

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John Delaney
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1862

8. AGE: Years	Months	Days	If less than one day
83	6	13	--hr. --min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation --------
11. Industry or business --------

FATHER
12. Name Peter Murray
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Feehley
15. Birthplace Ireland

16 (a) Informant Miss Agnes Delaney
(b) Address 5209 York Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Wm. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) ---- (b) ---- Filed

APR 16 1946 Huntington

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1946 at 7:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 to 4/17 1946 and that I last saw [illegible] alive on 4/17 1946

Immediate cause of death: Pulmonary Edema — Duration: 1 day
Due to: Arteriosclerosis — 10 yrs
Due to: ----
Other Conditions: Senility
(Include pregnancy within 3 months of death)
Date of operation ----
Major findings of operation: ----
of autopsy: ----

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ----
(b) Date of occurrence ---- at ---- M
(c) Where did injury occur? ---- (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ---- (Specify type of place) While at work? ----
(e) Means of injury ----

23. Signature [signature] M.D.
Address 901 Eutaw Pl Date signed 4/15/46

X

Please write plainly, with pen and ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. G39359

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Williams & Eaton Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6604 Altamont Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine Gruenbein GRUENBEIN
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 28, 1886

8. AGE: Years	Months	Days	If less than one day
59	8	18	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Louis Gruenbein
13. Birthplace Germany

MOTHER
14. Maiden Name Elisabeth Sartz
15. Birthplace Germany

16 (a) Informant Camilla Petersen
(b) Address 4017 Walbrook Ave

17 (a) Burial (b) Date thereof Apr 17-1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave

18 (a) Funeral director Mr. & Mrs. John W. Pentz & Son
(b) Address 801 W. Fayette St. Huntington Williams, M.D.

19 APR 16 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-15 1946 at 7:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/12 1946 to 4/15 1946 and that I last saw [illegible] alive on 4/15 1946.

Immediate cause of death: Cardiac Resp. failure.
Due to Cachexia & Malnutrition
Due to Severe Secondary Anemia from Hemorrhaging Carcinoma of Rectum & Cervix
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos. E. Corff M.D.
Address St. Agnes Hosp. Date signed 4/13/46

VS 150

PERSONS WRITING HERE, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G33360

Type or print plainly in black ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 34 S. Morley St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 34 S. Morley St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Christ

3 (b) If veteran, name war /

3 (c) Social Security Account No. 212-05-4025

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret Christ
6 (c) If alive, give age 5 years

7. Birth date of deceased (mo., day, yr.) June 7. 1895

8. AGE: Years	Months	Days	If less than one day
50	10	8	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Power Transmission Operator
11. Industry or business Gas & Elec Co.

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Margaret Christ
(b) Address 34 S. Morley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 18. 1946 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Ave

18 (a) Funeral director Mr & Mrs. John H. Feifel & Son
(b) Address 601 W. Fayette St

19 (a) APR 16 1946 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 15 1946 at 2-30 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1946 to April 15 1946, and that I last saw h.. alive on April 15 1946

Immediate cause of death Coronary Thrombosis — Duration 8 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harris W. Steinberg M. D.
Address 410 N. Milton Date signed April 15, 46

Howard F. Andersen, M.D.X

VS 190

G33561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47a

Registered No. G33561

PRINT WITH PENCIL, WRITE UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1108 Southern Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town 515 S Old Town

(If outside city or town limits, write RURAL and give town)

(d) Street No. Baltimore Md

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Conrad H. Husted

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret Husted

6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Oct 23 1884

8. AGE: Years	Months	Days	If less than one day
61	5	20	hr. min.

9. Birthplace Baltimore

(Town, county, and state)

10. Usual Occupation Letter Carrier

11. Industry or business

FATHER 12. Name Henry Husted

13. Birthplace Germany

MOTHER 14. Maiden Name Annie Knobbe

15. Birthplace Germany

16 (a) Informant Conrad Husted Jr

(b) Address 205 N Collington Ave

17 (a) Burial (b) Date thereof April 16

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Oak Lawn Cem

Location City

18 (a) Funeral director Ullrich Funeral Home

(b) Address 2008 Orleans St

19 (Signature of local registrar) APR 16 1940 Huntington W. Register, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1940, at 2 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to April 13 1940 and that I last saw him alive on April 14 1940

Immediate cause of death Carcinoma of Larynx

Due to Suprecordial Tracheotomy

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Andrew Kamposaki M. D.

Address 25 79 Eastern Date signed

VS 150

X

639362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓186a

639362 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1818 E Oliver Street 13
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 16
(e) Length of stay in Baltimore (yrs., mos., or days) 86 · 8 · 29

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1818 E Oliver Street 13 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara D. Hoppert

3 (b) If veteran, name war no | 3 (c) Social Security Account No. none

4. Sex female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John P Hoppert (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16 · 1859

8. AGE: Years 86 | Months 8 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

MOTHER | FATHER
12. Name Jacob Piercy
13. Birthplace Baltimore Md
14. Maiden Name Mary A Yeiter
15. Birthplace Baltimore Md.

16 (a) Informant Mr. C. Elmer Hoppert
(b) Address 1818 E Oliver Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-1946 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location North Avenue & Rose St.

18 (a) Funeral director Albert L Hilt Jr.
(b) Address 1606 N Chester Street

19 (a) APR 16 1946 (b) Huntington Ave Baltimore, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 14 1946; at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1946 to Apr 14 1946 and that I last saw her alive on Apr 12 1946.

Immediate cause of death: Pneumonia — Duration: 3 days.
Due to: Fracture Right Hip — 3 mo.
Due to: Arteriosclerosis — ?
Other Conditions of Each (Aortic regurg.)
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Jan 11 1946 at 2:6 M
(c) Where did injury occur? Jan 11 1946 (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify true place) While at work?
(e) Means of injury Slipped and fell to floor
23. Signature Howard J. Madison, M.D.
Address 1520 E 33rd. Date signed 4/15/46 M. D.

Howard J. Madison, M. D. X

VS 150

FOR CORRECTIONS, WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G33-863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 E

Registered No. G33-863

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3603 Hudson Street
(c) Hospital or institution:

26

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 3603 Hudson Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah A. Stumpf

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Richard Stumpf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1879

8. AGE: Years	Months	Days	If less than one day
67	0	4	hr. min.

9. Birthplace Pa.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John Ulrich
13. Birthplace Pa.

MOTHER
14. Maiden Name Ella Lieb
15. Birthplace Pa.

16 (a) Informant Mr. Richard Stumpf
(b) Address 3603 Hudson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 18/46 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Balto Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St. Huntington Williams, M.D.

19 (a) Date received by Registrar APR 16 1946 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15th. 1946 at 3:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1st 1945 to April 15 1946 and that I last saw h[illegible] alive on April 15 1946.

Immediate cause of death Carcinoma of Sigmoid — Duration 9 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 12 8
Major findings of operation:

of autopsy? no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James F. White, M. D.
Address 7611 Eastern Ave, Baltimore 24, Md. Date signed 4/16/46

X

Correct name, address, and age; write ONE ANSWER ONLY. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G33364 BALTIMORE CITY HEALTH DEPARTMENT G33364

CERTIFICATE OF DEATH 1946

Registered No.

The entries on this certificate should be typewritten or printed in ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 33rd & Calvert St.
(b) Street address 2705 Greenmount Ave.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) over 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2705 Greenmount Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leonard Joseph McCauley

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No. 213-10-8452

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Married

6 (b) Name of husband or wife: Mrs. Julia McCauley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1899

8. AGE: Years	Months	Days	If less than one day: hr.	min.
46	7	5		

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation cab driver
11. Industry or business

FATHER
12. Name Bernard J. McCauley
13. Birthplace Maryland

MOTHER
14. Maiden Name Alice Holmes
15. Birthplace Maryland

16 (a) Informant Mrs Julia McCauley
(b) Address 2705 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 17/46 (Month) (day) (year)
(c) Cemetery or crematory Oak Lawn, Inc
Location Baltimore

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 150 APR 16 1946 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1946, at 6.26 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1946 to April 13 1946, and that I last saw him alive on April 13 1946.

Immediate cause of death: Coronary Thrombosis — Duration: 4 minutes
Due to arteriosclerotic heart disease — ?
Due to
Other Conditions Sudden death

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maximin D. Tessier M. D.
Address Union Memorial H Date signed 13 Apr 46

X

G39365 2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G39365 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 32 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 701 S Highland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Radomska Adamczyk

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Joseph
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1891
8. AGE: Years 55 Months Days If less than one day hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ?
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant James Adamczyk
(b) Address 701 S. Highland Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/46 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus Location Dundalk Ave
18 (a) Funeral director John J. Duda
(b) Address 2829 Hillsdale St
APR 16 1946 (Date rec'd by registrar) (b) Huntingdon Pittsburgh, Pa. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 15 April 1946 at 8:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 29 March 1946 to 15 April 1946 and that I last saw h.e.r. alive on 15 April 1946

Immediate cause of death: Respiratory Paralysis — Duration

Due to Spinal Anaesthetic (Pontocaine)

Due to

Other Conditions Diabetes Mellitus Arteriosclerosis Generalized Cerebral Thrombosis of Both Feet (Include pregnancy within three months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental
(b) Date of occurrence April 15, 1946 M
(c) Where did injury occur? W. Balto. Gen. Hosp. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Hospital (Specify type of place) While at work? NO
(e) Means of injury Died during anesthetic

23. Signature J. W. Dell
Address WEST BALTIMORE Date signed M/D 4/15/46
General Hospital Dr. J. Machin?

VS 150

PRINTED WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G33366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1832

Registered No. G33366

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2815 Fait Avenue
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2815 Fait Avenue (If rural give location)
(e) Citizen of foreign country? (~~Yes or~~ No)
If yes, name country

3 (a) FULL NAME Michael Gasior

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-9131

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Julia
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Dec 7, 1879

8. AGE: Years	Months	Days	If less than one day
66	4	6	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Construction work.

FATHER
12. Name John Gasior
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Mrs. Julia Gasior
(b) Address 2815 Fait Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17, 1946 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus' Cem.
Location Dundalk Ave.

18 (a) Funeral director John J. Duke
(b) Address 2829 Eastern Ave.

APR 16 1946 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

VS 250

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1946, at 5:30 A M

21. I certify that death occurred on the date above stated, that I attended deceased from April 9 1946 to April 13 1946, and that I last saw h~~er~~ alive on April 13 1946.

Immediate cause of death: Arteriosclerosis — Duration 5 Yrs
Due to Cerebral Hemorrhage — 4 DAYS
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James F. Cavanagh M.D.
Address 3614 McElderry St Date signed 4-14-46

G33367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52B

Registered No. G33367

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison Sts.
(c) Hospital or institution: Maryland Gen. Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) about 40yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2840 Ellicott Driveway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARGARET L. STEVENSON

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Vernon E. Stevenson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 8, 1878

8. AGE: Years	Months	Days	If less than one day
68	1	7	hr. min.

9. Birthplace Va. (Matthews Co.) (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John S. Clarke
13. Birthplace Va.

MOTHER
14. Maiden Name - Davis
15. Birthplace Va.

16 (a) Informant Mrs. Edith Shawn Davis
(b) Address 114 Handley Blvd., Winchester, Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/46 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by reg.) Huntington Williamson, M.D.

APR 16 1946

vs 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-15 1946, at 1250 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-18 1946 to 4-15 1946, and that I last saw h her alive on 4-15 1946.

Immediate cause of death	Duration
Uremia	
Due to Hydronephrosis, bilateral	
Due to Hydroureters due to obstruction	
Other Conditions Ulcer to Cervix & Pelvis & Bladder	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: As above stated

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carlton Bimestefer M. D.
Address [illegible] Date signed 4-15-46

X

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

39368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 39368

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Providence Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 607 Pennsylvania Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Durnington Handy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/16/1845

8. AGE: Years	Months	Days	If less than one day
50	4	29	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Thomas Day
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Jones
15. Birthplace Md.

16 (a) Informant Dorothy Roy
(b) Address 807 Pelham Ave.

17 (a) Burial (b) Date thereof 4-18-46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem'l Pk
Location Bald. Co. Md

18 (a) Funeral director Williams A. Jackson
(b) Address 916 Pennsylvania Ave

APR 16 1946
(Date rec'd by registrar)

Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/15 1946, at M

21. I certify that I took charge of the remains described above, held an Inspection and Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Cerebral Hemorrhage

Due to

Other Conditions Hypertension C.V. Disease
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. J. Pulaski M.D.
Medical Examiner.
Date signed 4/16/46

VS 151

G33369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G33369 Registered No.

Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave.
(c) Hospital or institution: Sinai Hospital. 2700
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 Days.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6715 Park Heights Ave. Green Acre Apts. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME MATILDA B. MAY.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Rudolph L. May.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 1880.

8. AGE: Years	Months	Days	If less than one day
66	1	9	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Henry Bernheimer,
13. Birthplace Hartford, Conn.

MOTHER
14. Maiden Name Rebecca Laid,
15. Birthplace Penna.

16 (a) Informant Mrs. R. Gettrust,
(b) Address 2908 Allendale Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/46. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Edward Sonnenborn & Sons
(b) Address 1902 Eutaw Place.

19 (a) (Date received by registrar) (b) Registrar

APR 16 1946

S 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-15 1946 at 3:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1946 to April 15 1946, and that I last saw her alive on April 15 1946

Immediate cause of death	Duration
Coronary Thrombosis & myocardial infarction	5 weeks
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
Autopsy? yes or no April 15, 1946

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Kruger M. D.
Address Sinai Hosp. Date signed 4-15-46

X

H.V. Harbold

DUPLICATE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 839370

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5100 Arabia Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5100 Arabia Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Wilbert Stambaugh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Betsy Jane

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1916

8. AGE: Years	Months	Days	If less than one day
29	10	21	hr. min.

9. Birthplace Altoona, Pennsylvania
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John N. Stambaugh
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Frances I. Reese
15. Birthplace Pennsylvania

16 (a) Informant Mrs. Betsy J. Stambaugh
(b) Address 5100 Arabia Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 17, 1946 (month) (day) (year)
(c) Cemetery or crematory Rose Hill Cem.
Location Pennsylvania

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road

19 (a) 4-17-46 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15, 1946 at 5:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 20 1944 to Apr. 15 1946. and that I last saw him alive on Apr. 15, 1946

Immediate cause of death: Carcinoma Testicle (right) (Teratoma) — Duration: 1½ yrs

Due to

Due to

Other Conditions: Metastasis to pelvic organs and liver
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. V. Harbold M. D.
Address 4706 Harford Rd. Date signed 4-16-46

VS 150

4

63371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

63371 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto -
(c) City or town Emp
(If outside city or town limits write RURAL and give town)
(d) Street No. 275 E. Chestnut Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert E. Ward

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mary G. Gollery

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1875

8. AGE: Years 71 70 | Months 1 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name Marion Ward
13. Birthplace Md.

MOTHER
14. Maiden Name Alice ?
15. Birthplace Md.

16 (a) Informant Mrs. Mary G. Ward
(b) Address 275 E. Chestnut Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/46 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road 14

19 (a) (b) Date received by registrar APR 18 1946 Funeral for Williams MR

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 14 April 1946, at 8:45 P M

21. I certify that I took charge of the remains described above, held an Ext & Jump. thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William G Heyfield M.D. (Medical Examiner)
Date signed 15 April 46

G33572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

G33316 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Lombard
(c) Hospital or institution: University Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 642 Bruce St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Paul Terry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Colored	divorced

6 (b) Name of husband or wife Irene
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19, 1891

8. AGE: Years	Months	Days	If less than one day
54	11	23	hr. min.

9. Birthplace Maryland (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Hall Terry
13. Birthplace N. C. ??

MOTHER
14. Maiden Name Mary ??
15. Birthplace N.C.

16 (a) Informant Irene Johnson
(b) Address 1327 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-16-1946 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Balto. Co. Md.

18 (a) Funeral director Mrs. George H. Stallard
(b) Address 1431 Druid Hill Ave.

APR 16 1946 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12, 1946, at 11.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-8 1946, to 4-12 1946, and that I last saw him alive on 4-12 1946.

Immediate cause of death Cerebral hemorrhage accidental — Duration

Due to Hypertension

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Cardiac hypertrophy, arteriosclerosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. R. Couch M. D.
Address University Hosp. Date signed 4-13-46

APR 16 1946 Huntington Williams M.D.

83a

Correct name of informant, with ONE reading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6393 73

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. 6393 73

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9140 Dramden
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 914 W. Franklin St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Irene Johnson.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife Luther
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 27, 1893

8. AGE: Years	Months	Days	If less than one day
52	5	17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Ryan
13. Birthplace N.C.

MOTHER
14. Maiden Name Maria Ryan
15. Birthplace N.C.

16 (a) Informant Albert Johnson
(b) Address 914 W. Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17, 19 46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St

19 (a) Date APR 16 1946 by Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1946 at 4 50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 10 1946 to Apr 13 1946 and that I last saw h[illegible]ive on Apr 13th 1946.

Immediate cause of death Pulmonary Embolism

Duration

Due to Chronic Myocarditis

Due to Hypertension Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Dramden M. D.
Address 1111 Eden Date signed 4/16/46

X

PRINCIPAL WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G33574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G33574

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 128 h. Mount St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 128 h. Mount
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel Bunch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Colored	married

6 (b) Name of husband or wife Arrie Bunch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?1?7? 1887

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Edenton, North Carolina (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Joseph Bunch
13. Birthplace Edenton, N.C.

MOTHER
14. Maiden Name Maria White
15. Birthplace Edenton, N.C.

16 (a) Informant Ella Thomas
(b) Address 115 N Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

APR 16 1945

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14, 1946, at 1:30 A.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 4-10 1946 to 4-14 1946.
and that I last saw h in alive on 4-13 1946.

Immediate cause of death Uremia — Duration 26 hrs.

Due to Cardiovascular renal disease — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John E. J. Campen M. D.
Address 639 h. Carey St Date signed 4-15-46

X

C39375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

C39375 Registered No.

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2241 E. Chase Street
(c) Hospital or institution: q
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2241 E. Chase Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME THOMAS NEWTON ROBERTS

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Minnie May Roberts
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 14, 1853

8. AGE: Years 92 | Months 11 | Days 29 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation retired

11. Industry or business Tea & Coffe Business

FATHER
12. Name Charles E. Roberts
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Catherine Bodensick
15. Birthplace Frederick, Maryland

16 (a) Informant Harry M. Roberts - son
(b) Address 1504 Lakeside Ave. - 18

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park cemetery
Location BALTIMORE, MARYLAND

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) APR 16 1946 (Date rec'd by registrar) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1946 at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 24 Jan 1946 to 13 April 1946 and that I last saw him alive on 13 April 1946.

Immediate cause of death: Uraemia — Duration 5 days

Due to Arteriosclerosis Cardio vascular Renal Disease — Duration 4 years

Due to Senility — Duration years

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles W Edmunds M. D.
Address 2746 Les Alameda Date signed 15 April 46

VS 150

X

G39376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

G39376

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 N. Montford Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME BERTHA ANNE SCHNEEMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) Dec. 14, 1943

8. AGE: Years	Months	Days	If less than one day
2	4	1	hr. ... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Schneeman
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Anna E. Samsel
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. William Schneeman
(b) Address 1214 N. Montford Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY
Huntington for Hillsboro, M.D.

19 APR 20 1943 (Date received by local registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/15 1943, at 1:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/15 1943 to 4/15 1943 and that I last saw h[illegible] alive on 4/15 1943.

Immediate cause of death	Duration
Cardio respiratory failure	
Due to Waterhouse Friderichsen Syndrome	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy Bilateral adrenal he[illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Frank J. Lloyd Jr.
Address University Hosp. Date signed 4/15/43

VS 150

G33577 BALTIMORE CITY HEALTH DEPARTMENT G33577
CERTIFICATE OF DEATH 93D Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 531 N. Bond St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 531 N. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jennie Williams

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Williard Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 24, 1900

8. AGE: Years 45 | Months 5 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name William C Young
13. Birthplace Md.

MOTHER 14. Maiden Name Hester Ellis
15. Birthplace Md

16 (a) Informant Charles D. Williams
(b) Address 531 N. Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Elroy A. Wilson
(b) Address 1000 Brantley Ave.

19 (a) APR 16 1946 (Registrar's signature)
Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/17 1946, at 11:20 P.M.

21. I certify that I took charge of the remains described above, held an Inspection-Inquest (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ... death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ... at ... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. Williams M.D. Medical Examiner.
Date signed 4/19/46

VS 151

X

Merchant Seaman - 63.578

63.578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓166

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 402 N. Durham Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laurence Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1913

8. AGE: Years	Months	Days	If less than one day
32	10	9	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Clarence Neal
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Bell
15. Birthplace Maryland

16 (a) Informant Elizabeth Jones
(b) Address 402 N. Durham Street

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof April 18, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Cleon V. Wilson
(b) Address 1000 Brantley Ave

19 (a) (Date received by registrar) APR 16 (b) 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13, 1946 at 9:30 A. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Bullet wound of chest involving right lung.
Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 4-13-46 7:30 A. M.
(b) Where did injury occur? 939 Shields Alley
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Shooting - rifle.

23. Signature Howard J. Oliveau M.D.
Medical Examiner.
Date signed 4-13-46

VS 151

Huntington Williams, M.D.

X

G33379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1948

G33379 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 908 Pierce St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1048 / 908 Pierce St
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest G. Ruff

3 (b) If veteran, name war: W.W.#1

3 (c) Social Security Account No. 215-10-6022

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Divorced

6 (b) Name of husband or wife: Estelle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-22-1890

8. AGE: Years	Months	Days	If less than one day
55	3	22	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name Wm. Ruff
13. Birthplace Charles Co. Md

MOTHER
14. Maiden Name Jennie Butler
15. Birthplace Md.

16 (a) Informant Jennie Butler Ruff (M)
(b) Address 1048 Brantley Ave

17 (a) Burial (b) Date thereof 4/17/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto. Nat'l.
Location Baltimore, Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 512 N. Carrollton, Ave

19 (a) 4 15 1946 (b) Washington Blvd. MD
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/13/46 19 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-12- 1946 to 4-13 1946; and that I last saw him alive on 4-13 1946.

Immediate cause of death	Duration
Lobar pneumonia	3 days
Acute Cardiac Dilatation	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. W. Cooper
Address 512 N. Carrollton Ave Date signed 4/16/46

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G33380 G33380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp 6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 437 W. Kenwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LeRoy T. Fox

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Cecelia R. Fox
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) June 26, 1900

8. AGE: Years 45 | Months 9 | Days 19 | If less than one day: hr. min.

9. Birthplace So. Carolina (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Bethelem Steel Co

FATHER 12. Name William Fox
13. Birthplace So. Carolina

MOTHER 14. Maiden Name Mary Griffith
15. Birthplace England

16 (a) Informant Cecelia R Fox
(b) Address 437 W. Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Frank Graeb Son
(b) Address 900 W. Chesterfield

19 (a) APR 18 1946 (Date rec'd by registrar) (b) Registrar

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1946, 5:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 27 1946, to April 17 1946, and that I last saw him alive on April 13 1946.

Immediate cause of death Myocardial Insufficiency — Duration

Due to Coronary Thrombosis

Due to Coronary Heart Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: [redacted]

of autopsy: See Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [redacted] M. D.

Address Sinai Hospital Date signed 4/14/46

X

FILLING WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G39581 Registered No.

TYPING MARKS RECORDED, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2009 Frederick ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2009 Frederick Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Marie Fassett

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Widowed

6 (b) Name of husband or wife Peter Fassett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1870

8. AGE: Years	Months	Days	If less than one day
76	2	21	hr. min.

9. Birthplace Hungary (Town, county, and state)
10. Usual Occupation Home Duties
11. Industry or business

FATHER
12. Name Frederick Eberle
13. Birthplace Hungary

MOTHER
14. Maiden Name Maria Rehaer
15. Birthplace Hungary

16 (a) Informant Mrs Anna Ebe
(b) Address 619 N. Brice St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17 1946 (Month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 W Lombard St

19 (a) (Date received by local registrar) (b) Huntington Williams

APR 16 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1946, at 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-7 1945 to 4-14 1946 and that I last saw her alive on 4-14 1946.

Immediate cause of death: Cerebral Arteriosclerosis — Duration 6 yr

Due to:

Due to:

Other Conditions Unrecorded degenerations — 2 days
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Miller M.D.
Address 1500 N Bdway Date signed 4/16/46

97

G33382 FANGMAN G33382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 120B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 125 E. Fort Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 125 E. Fort Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Blanche L. Fangman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed or divorced: Married

6 (b) Name of husband or wife Anthony J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29. 1889

8. AGE: Years 56 | Months 6 | Days 16 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John D. Shultz
13. Birthplace Baltimore

MOTHER 14. Maiden Name Maggie McCann
15. Birthplace Baltimore Md

16 (a) Informant Dorothy C. Lange
(b) Address 1446 Light St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-1946 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Thomas & Johnson
(b) Address 1426 Light St.

19 (a) APR 16 1946 (b)
Registrar Washington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3rd 19 to April 15 1946, and that I last saw h[illegible] alive on April 15 1946.

Immediate cause of death: Chronic Diarrhea — 3 mos
Due to — Intestinal ulceration — 3 mos
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Imt

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Whittle M.D.
Address 279 Mellon St. Date signed 4/15/46

VS 150

C. B. Whittle X

633383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. 633[illegible]698

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1714 Laurens St

(c) Hospital or institution: [illegible] 15

(d) Length of stay in hospital or inst. (yrs., mos., or days) none

(e) Length of stay in Baltimore (yrs., mos., or days) 1 month

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1714 Laurens St

(Rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Roberta McCrae

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Drilla McCrae

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 1909

8. AGE: Years	Months	Days	If less than one day
37	—	—	— hr. — min.

9. Birthplace Wagram North Carolina (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business own home

FATHER 12. Name Frank McGlockman

13. Birthplace North Carolina

MOTHER 14. Maiden Name Amanda Gluston

15. Birthplace North Carolina

16 (a) Informant Drilla McCrae

(b) Address 1714 Laurens St.

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof April 17-1946 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cemetery

Location Aberdeen, North Carolina

18 (a) Funeral director V. Brooks

(b) Address 1637 N. Carey St

19 (a) (Date rec'd by registrar) (b) Registrar for Williams [illegible]

VOID 16

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-13-1946 at 10:?0 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1-1946 to 4-13-1946 and that I last saw h[illegible] alive on 4-12-1946.

Immediate cause of death Myocarditis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Lengthy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank A Saunders

Address 1029 N. Stricker St Date signed 4-15-46 M. D.

X

G33584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V30E

G33584

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: 1134-Penna. ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County M
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1134-Penna. Ave.
(If rural give location)
(e) Citizen of foreign country? Col (Yes or No)
If yes, name country

3 (a) FULL NAME Herbert Wilson.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	Col.	Married

6 (b) Name of husband or wife Viola

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10 1908

8. AGE: Years	Months	Days	If less than one day
38	3	5	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Chauffeur.

11. Industry or business

FATHER
12. Name Jim Wilson
13. Birthplace Md

MOTHER
14. Maiden Name ?
15. Birthplace Md.

16 (a) Informant Viola Wilson
(b) Address 1134-Penna. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-46 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary.
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918-Druid Hill Ave

19 (a) APR 16 1946 Registrar

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-15- 1946 5:30 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/1 1946 to 4/15 1946 and that I last saw him alive on 4/12 1946.

Immediate cause of death: Pulmic Tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury EVAN GILKES

23. Signature Tom K Bruce

Address 921 W. Lafayette Ave Date signed 4/17/46

Howard J. Lemmon M.D.

Certificate prepared by physician, where circumstances require. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

639385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 639385

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2618 Berwick Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Hamilton
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2618 Berwick Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wilhelmina Kratz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John Kratz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10 1847

8. AGE: Years	Months	Days	If less than one day
98	7	5	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name William Haase
13. Birthplace Germany

MOTHER
14. Maiden Name Minnie -------
15. Birthplace Germany

16 (a) Informant Mr Henry Kratz
(b) Address 2618 Berwick Ave

17 (a) Burial (b) Date thereof 4/17/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E North Ave

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Road

19 (a) APR 16 1946
(Date rec'd by registrar)
Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/15/46 5:20 AM 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1946 to April 15 1946 and that I last saw h.e.r alive on April 15 1946.

Immediate cause of death Acute pulmonary edema — Duration

Due to Arteriosclerotic cardiovascular disease

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry Haase M. D.
Address 5706 Hayden Rd Date signed April 16 1946

VS 150

G33380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

G33380 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1734 Ashland Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John William Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Bessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17, 1883

8. AGE: Years	Months	Days	If less than one day
62 63	11	26	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Eastern Transfer Co.

FATHER
12. Name John William Davis
13. Birthplace Va.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Va.

16 (a) Informant Bessie Davis
(b) Address 1734 Ashland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 17/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A A County Md.

18 (a) Funeral director Mrs. Robert A. Elliott
(b) Address 1129 Hollins Street

19 (a) (Date received by State Registrar) (b) Registrar

APR 16 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13, 1946, at 1 a P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

Signature Howard J. Worden M.D.
Medical Examiner.
Date signed 4-15-46

VS 95

X

(33.387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓50

Registered No. (33.387

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3670 Falls Road.
(c) Hospital or institution:
Sisters Residence
(d) Length of stay in ~~hospital or inst.~~ (yrs., mos., or days) 3 Wks.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3621 Oakmont Ave. Baltimore (Section) 5 Md.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Alfreda Newton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife Wallace Newton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28, 1914

8. AGE: Years	Months	Days	If less than one day
32	0	17	hr. min.

9. Birthplace Orange Co., Va.
(Town, county, and state)
10. Usual Occupation Waitress
11. Industry or business Tavern

FATHER 12. Name Frank M. Berryman
13. Birthplace Orange, Co. Va.

MOTHER 14. Maiden Name Cora Harrison
15. Birthplace Orange, Co., Va.

16 (a) Informant Wm. Wallace Newton
(b) Address 3621 Oakmont Ave.

17 (a) Burial (b) Date thereof 4-17-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Balto. Md.

18 (a) Funeral director Loring Byers
(b) Address 5005 Park Heights Ave

19 (a) Date received (b) Huntington Williams M.D.
Registrar

APR 16 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1946 at 6 55 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from February 1946 to April 1946, and that I last saw her alive on 13 April 1946

Immediate cause of death	Duration
Inanition	3 wks
Due to Carcinoma of The Breast, Left	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ivy M. Zimmerman M. D.
Address 2058 Hoffman Blvd Date signed 16 April 46

X

G33.388 — BALTIMORE CITY HEALTH DEPARTMENT — G33.388

CERTIFICATE OF DEATH 46 12

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 840 N. Patterson park ave
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 840 N. Patterson Park ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maryanna Balcerowicz

3 (b) If veteran, name war

3 (c) Social Security Account No. Yes

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	Widow

6 (b) Name of husband ~~surname~~ WACLAW 6 (c) If alive, give age Deceased years

7. Birth date of deceased (mo., day, yr.) ? 1884

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Anna Kutrzyk (Daughter)
(b) Address 926 N. Patterson park ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-46 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore md

18 (a) Funeral director George A Weber
(b) Address 705 S Ann st

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Address 179 S Bond

APR 16 1946

VS Rev

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15th 1946 at 7:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1946 to April 15 1946 and that I last saw ~~her~~ alive on 4/15/46 19

Immediate cause of death: Carcinoma of stomach — Duration 6 wks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Clayton L. Solomon Address 179 S Bond Date signed 4/16/46 D

X

G33389 — BALTIMORE CITY HEALTH DEPARTMENT — G33389 Registered No.

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Dundalk Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2900 Dunmar Rd. Dunman (If rural give location)
(e) Citizen of foreign country? U.S. (Yes or No)
If yes, name country

3 (a) FULL NAME John F. Formwalter
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife: deceased
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 2 1859

8. AGE: Years	Months	Days	If less than one day
87	3	13	hr. min.

9. Birthplace Balto, md (City, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Frank Formwalter
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Chas. August Formwalter
(b) Address 2900 Dunmar Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 18 46 (month) (day) (year)
(c) Cemetery or crematory Maryland Memorial Park
Location Dundalk Balto

18 (a) Funeral director L. HECHMANN & SON
(b) Address 32 S. BROADWAY

19 (a) (Date rec'd by registrar) (b) Registrar

APR 16 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/15/46 19 . at 6.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/23 1946 to 4/15 1946 and that I last saw him alive on 4/15 1946.

Immediate cause of death Respiratory failure — Duration

Due to Terminal Pneumonia

Due to Senility & bed sudden

Other Conditions Fractures - Intertrochanteric of femur (Include pregnancy within three months of death)

Date of operation 3/24/46

Major findings of operation: Intertrochanteric fracture of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide acc.
(b) Date of occurrence 3-12-46 at P M
(c) Where did injury occur? Baltimore, Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Slipped & fell floor

23. Signature Homer J. Meekins M.D.
Address Church Home & Hosp Date signed 4/16/46

Homer J. Meekins M. D.

639390

CWK-100612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

639390

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10½ Hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Not Known

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 312 N. Paca Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Dizas

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 24-1879

8. AGE: Years	Months	Days	If less than one day
67	1	21	hr. min.

9. Birthplace Greece (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name George Dizas
13. Birthplace Greece

MOTHER
14. Maiden Name ?
15. Birthplace Greece

16 (a) Informant Records-Balto. City Hospitals
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18, 1946 (month) (day) (year)
(c) Cemetery or crematory Greek Orthodox Cem
Location Pittsburg Pa.

18 (a) Funeral director Harwood D. Covington
(b) Address 21 W. 25th ST.

19 APR 16 1946 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1946, at 12:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1946 to April 15 1946, and that I last saw him alive on April 15 1946.

Immediate cause of death [redacted]
Cardiac Failure.

Duration

Due to Arteriosclerotic Ht. Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert R. Fowler, Jr. M. D.
Address Balt. City Hosp. Date signed 4-15-46

X

G39391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106 B

G39391

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2820 Santa Fe Ave.,

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2820 Santa Fe Ave.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Edgar Beall,

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Married

6 (b) Name of husband or wife Mary E. Beall,

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 2, 1885

8. AGE: Years	Months	Days	If less than one day
60	6	12	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Architect

11. Industry or business

FATHER

12. Name William F. Beall,

13. Birthplace Baltimore Md.

MOTHER

14. Maiden Name unknown

15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Mary E. Beall,

(b) Address 2820 Santa Fe Ave.

17 (a) burial (b) Date thereof 4/15/46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer,

Location Baltimore City,

18 (a) Funeral director Lekernun Lemmon,

(b) Address 4611 Park Heights Ave.,

19 (a) (Date rec'd by registrar) (b) Registrar

APR 16 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14, 1946, at 8 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1945 to 4/14 1946, and that I last saw him alive on 4/12 1946.

Immediate cause of death Heart failure

Duration 4 wks

Due to Generalized arteriosclerosis 10 yrs.

Due to Bronchiectasis - Lung with empyema 15 yrs.

Other Conditions Chronic arthritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Harry D. McCarty

Address 37 W. Preston St Date signed 4/15/46

G39392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G39392

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1506 E Oliver St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 1506 E. Oliver St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm. P. Montgomery

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Anne L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 23-1871

8. AGE: Years	Months	Days	If less than one day
74	3	23	hrs. min.

9. Birthplace Nova Scotia (City, county, and state or foreign country)
10. Usual Occupation Silversmith
11. Industry or business Retired

FATHER
12. Name Patrick Montgomery
13. Birthplace Nova Scotia

MOTHER
14. Maiden Name Mary Tobin
15. Birthplace Nova Scotia

16 (a) Informant Carey Montgomery
(b) Address 1506 E. Oliver St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/17/46 (month) (day) (year)
(c) Cemetery or crematory New Cath.
Location Old Frederick Rd.

18 (a) Funeral director John A. Mahan
(b) Address 3600 E Baltimore St

19 (a) Date received by registrar APR 16 1946 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-6-1946 to 4-15-1946, and that I last saw him alive on 4-14-1946.

Immediate cause of death Uremia — Duration 8 days

Due to Arteriosclerosis Chronic Nephritis — Duration unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. B. Hybert M. D.
Address 1802 Harford Rd Date signed 4-18-46

VS 150

G33893 BALTIMORE CITY HEALTH DEPARTMENT X ✓ G33893

CERTIFICATE OF DEATH 83a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution: U.S. Marine Hospital, Balto, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State NY (b) County
(c) City or town New York (If outside city or town limits, write RURAL and give town)
(d) Street No. 230 W. 147th St. Apt. 3D (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Powers, Latreille Maco

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: col

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bertha Hernes Powers

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1898

8. AGE: Years 48 | Months 2 | Days 6 | If less than one day: hr. min.

9. Birthplace Hannibal, Mo. (Town, county, and state)

10. Usual Occupation Railway Mail Clerk

11. Industry or business U.S. Gov't Employee

FATHER
12. Name William Powers
13. Birthplace ?

MOTHER
14. Maiden Name Frances Willis
15. Birthplace ? Ky.

16 (a) Informant Records
(b) Address US Marine Hospital, Balto, Md.

17 (a) Burial to D.C. (Burial, cremation, or removal) (b) Date thereof 4-16-46 (month) (day) (year)
(c) Cemetery or crematory
Location Washington, D.C.

18 (a) Funeral director Robert J. McGuire
(b) Address 1820-9 St N.W. Wash. DC.

19 APR 16 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 16 1946, at 2:10A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 10 1946, to Apr. 16 1946, and that I last saw him alive on Apr. 16 1946.

Immediate cause of death: Hemorrhage, cerebral, right pons — Duration: 7 days

Due to: Hypertension, arterial — MANY YEARS

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John L. Wilson
John L. Wilson, Sr. Surgeon M. D.
Address Clinical Director Date signed 4/16/46

VS 150

X

G33394 Crane #5

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

G33394 Registered No.

1. PLACE OF DEATH: Found Pier # 6 Pratt St
(a) Baltimore City, Maryland
(b) Street address 700 Block St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. unknown
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Unknown

3 (b) If veteran, name war ?

3 (c) Social Security Account No. ?

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. ?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: abt ? 55 | Months | Days | If less than one day: hr. min.

9. Birthplace ?
(Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY

APR 15 1946
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (c) APR 16 1946 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1946, at 9:45 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ contributing ☐ cause of death, fill in the following: 4/1

(a) Date of injury ? at M.
(b) Where did injury occur? Found Pier 6 Pratt St
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? ?
(d) Means of injury Drowning

23. Signature Benedict Skibarelic M.D.
Medical Examiner.
Date signed 3-29-46

VS 151

Secrecy as to cause is especially important. Physicians: please write the causes of death clearly and legibly.

G39395

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G39395
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 927 Rhine Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Rhenn

3 (a) FULL NAME John Edmonds

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace ?
(Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant ?
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location University Medical School APR 15 1946

18 (a) Funeral director Commissioner of Health
(b) Address

APR 16 1946
(Date rec'd by registrar)

Registrar.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-1- 1946, at 7:15 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Lobar Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Howard J. Anderson M.D.
Medical Examiner.

Date signed 4-1-46

Please answer questions especially important. Physicians: please write the causes of death clearly and legibly.

C39396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. C39396

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 832 S Bond St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph J. Weidner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace ? (Town, county, and state)
10. Usual Occupation ?
11. Industry or business ?

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant ?
(b) Address ?

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/46 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Stephen J. Weidner Funeral Director
1000 S. Linwood Ave.

18 (a) Funeral Director
(b) Address

APR 16 1946
(Date rec'd by registrar)

Hunter Van Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 April 1946 at 3:35 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William J. Helfrich, M.D.
Medical Examiner
Date signed 8 April 46

APR 25 1946
Commissioner of Health

VS 151

F 3421

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C39397

new

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161a

Registered No. C39397

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ..... D.O.A.
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1611 Dallard St.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Baby Cates

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 4/9/46

8. AGE: Years	Months	Days	If less than one day
			20 hr. ..... min.

9. Birthplace ? (Town, county, and state)
10. Usual Occupation ?
11. Industry or business ?

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant ?
(b) Address ?

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)
(c) Cemetery or crematory .....
Location University Medical School APR 15 1946
18 (a) Funeral director Commissioner of Health
(b) Address .....
19 (a) APR 16 1946 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/9 1946, at 2:45 P.M.

21. I certify that I took charge of the remains described above, held an Inspection-Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to h.s. death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Atelectasis

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur? .....
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....
(d) Means of injury .....

23. Signature C. P. Fahrnkopf M.D.
Medical Examiner.
Date signed 4/10/46

VS 151

3420

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

639398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. 639398

HB # 96057

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 22 26
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Fred Asantook or Fred Osantook

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ??

8. AGE: Years	Months	Days	If less than one day
70 ?	?	?	hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Asantook
13. Birthplace Russia

MOTHER
14. Maiden Name Celeste ?
15. Birthplace Russia

16 (a) Informant Balto. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location University Medical School APR 15 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) APR 16 1946 Huntington Williams M.D.
(Signature of City Registrar)

MEDICAL CERTIFICATION AM

20. DATE OF DEATH April 4, 1946 at 12:00

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 13, 1946 to April 4, 1946 and that I last saw him alive on April 4, 1946.

Immediate cause of death Heart failure — Duration

Due to Generalized arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Dougle Wallace M. D.
Address B C H. Date signed Apr 7 1946

VS-150

F 3419

X

Shipper

638389 Dup

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

639399

Registered No. 937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7hrs-30min.
(e) Length of stay in Baltimore (yrs., mos., or days) 1yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 8227 Bullneck Rd-Dundalk (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dora Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Wid.

6 (b) Name of husband or wife George-D-
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5- 1880

8. AGE: Years	Months	Days	If less than one day
66	3	9	hr. min.

9. Birthplace Iowa (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Mathews
13. Birthplace Pa.

MOTHER
14. Maiden Name Elvira Waggnoor
15. Birthplace Pa.

16 (a) Informant Baltimore City HospitalsRecords
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Pleasant
Location Town Station Lot

18 (a) Funeral director Wilson & Son
(b) Address 1212 Cont St

19 (a) (Date received) APR 17 1946 (b) Registrar

MEDICAL CERTIFICATION PM

20. DATE OF DEATH April 14- 1946 at 12.20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14- 1946 to 4-14 1946 and that I last saw h er alive on 4-14 1946.

Immediate cause of death Coronary Occlusion — Duration

Due to Arteriosclerotic Heart Disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature Herbert R. Farber, Jr. M. D.
Address Balt City Hosps. Date signed 7-16-46

VS 150

X

Me.

G39-109 Burp

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

§3a

Registered No. G39-100 (over)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Madison & Linden

(c) Hospital or institution: Maryland General Hosp 11

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 wks

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 713 N Howard St

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME John RIDGE Ashworth

3 (b) If veteran, name war WWI

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Hazel A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 8 1877

8. AGE: Years 69 | Months 2 | Days 8 | If less than one day hr. min.

9. Birthplace Maine (Town, county, and state)

10. Usual Occupation Artist

11. Industry or business

MOTHER FATHER

12. Name George Ashworth

13. Birthplace England

14. Maiden Name Elizabeth Whitmore

15. Birthplace England

16 (a) Informant Hazel Ashworth

(b) Address 713 N Howard St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4 17 46 (month) (day) (year)

(c) Cemetery or crematory Loudon Park SANFORD Location

18 (a) Funeral director Wilson & Hayes

(b) Address 1217 Eutaw St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150 APR 17 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1946, at 1:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1946 to April 16 1946 and that I last saw h in alive on April 16 1946

Immediate cause of death Cerebral hemorrhage

Due to Generalized arteriosclerotic disease with hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C M Corbett M. D.

Address Maryland General Hospital Date signed 4-16-46

X

G33401 ✓ G33401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a Registered No. 10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~Calvert & Lexington Streets~~
(c) Hospital or institution: 4407 York Rd
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4407 York Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Parker H. Jordan

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of ~~husband or wife~~ Annie M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 1st 1857

8. AGE: Years	Months	Days	If less than one day
89	1	14	hr. min.

9. Birthplace Harford Co. Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business At Home

FATHER
12. Name (Unknown) Jordan
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Clara Miller
(b) Address 4225 York Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem Baltimore Md.
Location Baltimore Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) ADD 12 1946 (b) Registrar [illegible]
Hunting for William

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5th 1946, at 10 a M

21. I certify that death occurred on the date above stated; that I attended deceased from December 1945 to 4-5-46 1946, and that I last saw him alive on December 1945.

Immediate cause of death Embolism of Lungs — Duration 4 Minutes

Due to Thrombosis of left femoral

Due to fractured hip

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Dec 1945 at ? M
(c) Where did injury occur? Balto. Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no.
(e) Means of injury Slipped & fell to floor.

23. Signature Peter Tolentino M. D.
Address Lombardy Hospital Date signed 4-15-46

VS 150

For M. J. Tokinski, by Howard J. Mueller, M.D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

63510 1872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. 63310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 - 9 - 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 Ashland St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

10 → 2

3 (a) FULL NAME Augusta Donaldson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14, 1872

8. AGE: Years	Months	Days	If less than one day
73	8	2	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Henry Bruns
13. Birthplace Germany

MOTHER
14. Maiden Name Lena Kueffner
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wilson Cook Inc
(b) Address 1217 Eutaw St

19 (a) APR 17 1946 (b)
Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1946, at 12:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 13, 1944 to April 16 1946 and that I last saw h 2 alive on April 16 1946

Immediate cause of death

	Duration
(1) Pulmonary Edema	12 hours
(2) Hypertensive Cardiovascular	4 yrs.
Due to Disease	
(3) Arterial Nephrosclerosis	5 yrs.
Due to	
(4) Fracture, Intertrochanteric	1 month
Other Conditions Left Femur	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy 4-16-46 Lee Aber

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Fall
(b) Date of occurrence 4-8-46 at ? M
(c) Where did injury occur? Baltimore, Maryland
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? In a room (specify type of place) While at work?
(e) Nature of injury Fall to floor
23. Signature Rush C. Netterville M. D.
Address Baltimore City Hosp Date signed 4-16-46

VS 150

Homer L. Anderson, M.D.

To be Approved by Medical Examiner

X, M. D.

G39403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

120 B

G39403

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd & Calvert Sts.

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Wicomico

(c) City or town Salisbury. (If outside city or town limits, write RURAL and give town)

(d) Street No. Clairmont Circle. (If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3 (a) FULL NAME Charles Norman Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mrs. Charles N. Davis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24, 1892

8. AGE: Years	Months	Days	If less than one day
53	11	22	hr. min.

9. Birthplace Salisbury, Md. (Town, county, and state)

10. Usual Occupation Personnel director

11. Industry or business

FATHER

12. Name Charles T. Davis

13. Birthplace Maryland.

MOTHER

14. Maiden Name Martha E. Watkins

15. Birthplace Maryland.

16 (a) Informant Mrs. Chas. N. Davis

(b) Address Salisbury - Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-16-46 (month) (day) (year)

(c) Cemetery or crematory — ? — Location probably at Salisbury Md

18 (a) Funeral director Stewart Mortuary

(b) Address 108 W Main St

19 (a) (Date rec'd by reg.) (b) Huntington Williams, Registrar

APR 17 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16, 1946, at 4:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 12, 1946, to April 16, 1946, and that I last saw h alive on April 16, 1946.

Immediate cause of death Shock

Due to Gangrene of the colon

Due to

Other Conditions Ulcerative colitis Transfusion reaction

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Gangrenous colon

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature George H. Yeakel, Jr. M.D.

Address U. M. H. Date signed 4/16/46

D. H. Koons X

639404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 639404

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2546 Druid Hill Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2546 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Barton A. Rice

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed or divorced: Married

6 (b) Name of husband or wife: Oline E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 1, 1890

8. AGE: Years 55 | Months 10 | Days 13 | If less than one day hr. min.

9. Birthplace: Poland Creek Md (Town, county and state)

10. Usual Occupation: Waiter

11. Industry or business:

FATHER — 12. Name: William F. Rice
13. Birthplace: Poland Creek, Md.

MOTHER — 14. Maiden Name: Mary E. James
15. Birthplace: Poland Creek, Md.

16 (a) Informant: Oline E. Rice
(b) Address: 2546 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-17-1946 (months) (day) (year)
(c) Cemetery or crematory: Arbutus Mem. Pk.
Location: Baltimore, Md.

18 (a) Funeral director: Mrs. George A. Hulbert
(b) Address: 1631 Druid Hill Ave

APR 17 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 14 1946 at 9:30 M

21. I certify that death occurred on the date above stated, that I attended deceased from June 10 1945 to April 14 1946, and that I last saw h— alive on April 12 1946.

Immediate cause of death: Coronary Thrombosis — Duration: 1 day

Due to: Hypertensive Heart Disease — 3 mo.

Due to:

Other Conditions: Hypertension Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation: No

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Nathaniel Higgins M. D.
Address 1113 Madison Date signed 4-16-46

VS 150

X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

158

Register No. 39405

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Rural - Finksburg Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. Finksburg Md
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Russell Leroy Tracey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1946

8. AGE: Years | Months 13 2 | Days 21 | If less than one day hr. min.

9. Birthplace Finksburg Carroll, md.
(Town, county, and state)

10. Usual Occupation -

11. Industry or business -

FATHER
12. Name Charles Paul Tracey
13. Birthplace Black Rock

MOTHER
14. Maiden Name Betty E. Myerly
15. Birthplace Hanoverstead

16 (a) Informant Charles P. Tracey
(b) Address Finksburg, md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18 '46 (month) (day) (year)
(c) Cemetery or crematory Mount Zion
Location Black Rock

18 (a) Funeral director Jas. Berryman & Sons
(b) Address Reisterstown, md

APR 17 1946 Huntington Williams M.D. Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1946, at 10:45 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy - Inspection - Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Malnutrition

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Dyf Sulzbacher M.D.
Medical Examiner.
Date signed 4/16/46

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

639406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 44 B

639406 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 825 MAPLETON AVE.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-4
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 825 MAPLETON AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME DOLORES N. SCHRIEFER

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 19 1931

8. AGE: Years	Months	Days	If less than one day
15	0	26	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation SCHOOL GIRL
11. Industry or business

FATHER
12. Name WILLIAM SCHRIEFER
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name BARBARA DeBELIUS
15. Birthplace BALTO. MD.

16 (a) Informant WILLIAM SCHRIEFER (FATHER)
(b) Address 825 MAPLETON AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 19/46 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE. EXT.

18 (a) Funeral director Lilly & Zeiler inc.
(b) Address 403 S. WOLFE ST.

19 (a) 4-17-1946 Huntington Williams, M.D. (Date received by Registrar) Registrar

MEDICAL CERTIFICATION PM.

20. DATE OF DEATH APR. 15 1946, at 6/30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 15 1946 to April 15 1946 and that I last saw h[illegible] alive on April 15 1946

Immediate cause of death: Hodgkins Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M.D.
Address 1123-N Park Ave. Date signed 4-17-1946

VS 150

Hughes J. Mabley Baltimore X

G39407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G39407 488

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green + Lombard
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3 Greene + Redwood (If rural give location)
2241 Madison Ave
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alma Moulden

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-07-9199

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1, 1903

8. AGE: Years	Months	Days	If less than one day
42	4	14	hr. min.

9. Birthplace BALTO. Md (Town, county, and state)

10. Usual Occupation LAUNDRESS

11. Industry or business

FATHER
12. Name WM. Moulden
13. Birthplace Md

MOTHER
14. Maiden Name HARRIET BOONE
15. Birthplace Md

16 (a) Informant RUTH Moulden
(b) Address 311 N. BRUCE ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-46 (month) (day) (year)
(c) Cemetery or crematory MT. AUBURN
Location

18 (a) Funeral director Joseph E. Locke Jr.
(b) Address 1704 N. Central Ave

19 APR 17 1946 (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 15 1946, at 12:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 14 1946, to Apr 15 1946, and that I last saw her alive on Apr 15 1946.

Immediate cause of death (a) Respiratory failure — Duration

Due to (b) Severe anemia & dehydration & uremia

Due to (c) Partial molignancy of uterus

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: a

PHYSICIAN
Underline the cause to which death should be charged statistically:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard J. Cross M. D.
Address University Hosp Date signed 4/15/46

VS 150

G39408 ✓ G39408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3406 Bancroft -
(c) Hospital or institution: at Lome
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 - 20
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED.
(a) State Md (b) County Baltotity
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3406 Bancroft - (If rural give location)
(e) Citizen of foreign country? - No - (Yes or No)
If yes, name country

3 (a) FULL NAME Flonne Genevieve Ebert -

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife none -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24 1856

8. AGE: Years	Months	Days	If less than one day
90	0	23	hr. min.

9. Birthplace Frederick - Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER 12. Name Valerius Ebert
FATHER 13. Birthplace Frederick - Md
MOTHER 14. Maiden Name Charlotte Baughman
MOTHER 15. Birthplace Frederick - Md.

16 (a) Informant Mrs Imogen D. Slingluff (Niece)
(b) Address 3406 Bancroft -

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr - 18 - 46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville - Md.

18 (a) Funeral director Stewart Mortuary Co.
(b) Address 1084 W Baltimore

19 (a) Date received APR 17 1946 (b) Huntington Wolfe, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 16 1946 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1936 to Apr 16 1946 and that I last saw h alive on Apr 16 1946

Immediate cause of death Coronary occlusion — Duration 3 days.
Due to arterio sclerosis. — 15 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Patrick R Williams M. D.
Address Pikesville Md Date signed Apr 17 '46

X

G39403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122B

✓ G39403 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rigaud a Lombard
(c) Hospital or institution: University Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ~~[illegible]~~
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3333 N. Charles St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Daisy Brindley (DAISEY McDowell Brindley)

3 (b) If veteran, name war NONE

3 (c) Social Security Account No. NONE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mrs Brindley (Hugh N. Brindley)
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) 10-28-1873

8. AGE: Years 72 | Months 5 | Days 18 | If less than one day: hr. ... min.

9. Birthplace Missouri (Joplin, Mo.) (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name John McDowell
13. Birthplace Kentucky

MOTHER
14. Maiden Name Sarah Harland
15. Birthplace Kentucky

16 (a) Informant Mr. H. N. Brindley (husband)
(b) Address 3333 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director STEWART & MOODEN COMPANY
(b) Address (W. F. WOODEN SON.) 106 N. HOWARD AVENUE

19 (a) APR 17 1946 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/15/ 1946, at 4:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/14 1946 to 4/15 1946, and that I last saw her alive on 4/15 1946.

Immediate cause of death	Duration
Resp. failure	
Due to Pneumonia	
Due to acute infection of Gallbladder	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles W Hawkins M. D.
Address Univ. Hosp. Date signed 4/16/46

VS 150

X

639410 ✓ 639410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3626 Cottage Ave
(c) Hospital or institution:

15-12

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3626 Cottage Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rassche Michelson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Jura
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years	Months	Days	If less than one day
86			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER
12. Name U.K.
13. Birthplace Russia

MOTHER
14. Maiden Name U.K.
15. Birthplace Russia

16 (a) Informant Miss Fannie Michelson
(b) Address 3626 Cottage Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18, 1946 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cem
Location Philadelphia Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 (a) Huntington Williams, M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1946, at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1935 to 4-15- 1946, and that I last saw h[er] alive on 4-15- 1946.

Immediate cause of death Hypertension
Coronary Sclerosis — Duration 12 yrs.
Due to arterio Sclerosis — 2 yrs. / 12 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. A. Michelson M. D.
Address 2230 Eutaw Pl. Date signed 4/16/46

VS 150

X

639-11A - 100324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

639-111 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2501 Hamilton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Katherine Degenhard

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1945

8. AGE: Years	Months	Days	If less than one day
	6	10	hr. min.

9. Birthplace Kansas (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Arthur
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Dean
15. Birthplace Tenn.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-46 (month) (day) (year)
(c) Cemetery or crematory Molaunde
Location Baltimore Md.

18 (a) Funeral director Burk
(b) Address 5305 Harford Rd.

19 (a) Huntington Williams, M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 16 1946 at 6:55 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1946 to April 16 1946 and that I last saw her alive on April 16 1946

Immediate cause of death Shock — Duration

Due to Diarrhea

Due to Biliary atresis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard E. Dorman, M.D. M. D.
Address Balt. City Hospital Date signed 4/16/46

VS 150

G39412 BALTIMORE CITY HEALTH DEPARTMENT G39412
Registered No.

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood + Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore) Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 125 Great Drive. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LOUISA SCHRIEBER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 3 - 1875

8. AGE: Years	Months	Days	If less than one day
71	1	13	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Seamstress
11. Industry or business —

FATHER
12. Name William Schrieber
13. Birthplace Germany.

MOTHER
14. Maiden Name Elizabeth Paula
15. Birthplace Germany.

16 (a) Informant Mrs. Annie Hanamentaden
(b) Address 46 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/46 (month) (day) (year)
(c) Cemetery or crematory London Park,
Location Balto Md

18 (a) Funeral director Geo. P. Bayer Jr
(b) Address 1512 Hollins St

APR 17 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 16 April 1946 at 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1 April 1946 to 16 April 1946, and that I last saw h[illegible] alive on 16 April 1946.

Immediate cause of death	Duration
Intracerebral hemorrhage	
Due to Hypertensive cardio-vascular disease	
Due to arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Cerebral edema, Cardiac hypertrophy, arteriosclerosis
of autopsy: of cerebral vessels -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work)
(e) Means of injury

23. Signature Wm T Raley M. D.
Address University Hosp. Date signed 16 April 46

VS 150

639113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. 639113

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2029 Harlem Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2029 Harlem Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRANK E. CUDDY

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1879

8. AGE: Years	Months	Days	If less than one day
67	0	1	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Thomas Cuddy
13. Birthplace Va

MOTHER
14. Maiden Name Martha E. McClelland
15. Birthplace Va

16 (a) Informant Mr. Donald Sparks, nephew
(b) Address 1004 McKean Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) APR 17 1946 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16, 1946, at 2:40 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 13 April 1946 to 16 April 1946 and that I last saw him alive on 13 April 1946.

Immediate cause of death Coronary occlusion (probable) — Duration 3 days
Due to Arterio-sclerosis generalized
Due to Fallen 17 years old
Other Conditions Paralysis (traumatic) at lower extremities
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hachemeyer Davidson M.D.
Address 1901 Eutaw Place Date signed 16 April 46

VS 150

X

G39414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G39414 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 138 N. Glover St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 138 N. Glover St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Andrew J. Hennessy.

3 (b) If veteran, name war: Spanish War
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Annie Hennessy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 20-1878

8. AGE: Years 67 | Months 6 | Days 26 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired
11. Industry or business

FATHER: 12. Name Arthur Hennessy; 13. Birthplace Balto. Md.

MOTHER: 14. Maiden Name Mary Ann Mulderry; 15. Birthplace Balto. Md.

16 (a) Informant Annie Hennessy
(b) Address 138 N. Glover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/46 (month) (day) (year)
(c) Cemetery or crematory Oak Grove
Location Eastern Ave Rd.

18 (a) Funeral director Orlan A. Hyde
(b) Address 3611 E. Balto St

19 (a) (Date received by local registrar) (b) Huntington Williams, M.D.

APR 17 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1945 to April 15 1946 and that I last saw deceased alive on April 15 1946.

Immediate cause of death: Coronary Thrombosis — Duration 4 M 14 D
Due to Chr. Myocarditis — 4/1/45
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J Roarer M. D.
Address 801 N Kenwood Ave Date signed 4/16/46

X

G39415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No. G39415

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2
(c) Hospital or institution: Providant Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 N. Carrollton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bertina. J. Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles L Thompson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 1, 1909

8. AGE: Years 36 | Months 5 | Days 3 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name James Gales
13. Birthplace Balto Md

MOTHER
14. Maiden Name Lillie Thomas
15. Birthplace Balto Md

16 (a) Informant Lillie Taylor (M)
(b) Address 508 N Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto City

18 (a) Funeral director Daniel L Brown & Son
(b) Address 108 W Montgomery St

19 (a) APR 17 1946 (Date received by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14, 1946, at 6 A. M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Direct wound of aorta
Intra pericardial hemorrhage
Due to and hemothorax

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 4-14-46 at 5 45 A M.
(b) Where did injury occur? 500 N. Carrollton Avenue
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Shooting, automatic pistol

23. Signature Howard J. Devecis M.D. Medical Examiner.
Date signed 4-15-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1220

G39416
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 38 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Elias Kemper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Annie Kemper
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 16 1865

8. AGE: Years	Months	Days	If less than one day
81	2	1	hr. min.

9. Birthplace Bridgeton, Carroll Co. Md. (Town, county, and state)
10. Usual Occupation Farmer & Laborer
11. Industry or business

FATHER
12. Name Elias Kemper
13. Birthplace Carroll Co.

MOTHER
14. Maiden Name Elizabeth Cramer
15. Birthplace Carroll Co

16 (a) Informant
(b) Address Westminster Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20 46 (month) (day) (year)
(c) Cemetery or crematory Meadow Branch
Location Carroll Co.

18 (a) Funeral director W. Bankard & Son
(b) Address Westminster Md.

19 (a) APR 17 1946 (Date rec'd by Registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17, 1946, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1946, to April 17, 1946, and that I last saw h[illegible] alive on April 17, 1946.

Immediate cause of death	Duration
Pulmonary edema	
Due to Cardiac failure & weakened myocardium	
Due to Operative shock to a poor surgical risk	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 2-8-46 3-18-46
Major findings of operation: Incarcerated femoral hernia - Later a volvulus of small bowel
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work)
(e) Means of injury

23. Signature James L. Carey M. D.
Address University Hosp. Date signed 4-17-46

Huntington Williams, M.D.

G39117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G39117

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address:
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 236 S. Wolfe
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Steffney Badowicz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Thomas Badowicz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-25-86

8. AGE: Years 59 | Months - | Days 22 | If less than one day: hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Geo. Wiazulis
13. Birthplace Poland

MOTHER
14. Maiden Name Urszula Sefrenowicz
15. Birthplace Poland

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-46 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester Street

19 (a) (Date received by registrar) APR 17 1946 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1946 at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1946 to April 16 1946 and that I last saw her alive on April 16 1946

Immediate cause of death: Probable Pulmonary Infarction — Duration: Minutes

Due to:

Due to:

Other Conditions Pneumonia (Rubber) (Convalescent). Hemorrhoids — 9 Days
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature J. Maxwell Williams M. D.
Address Johns Hopkins Hosp. Date signed 4-16-46

VS 150

G39418

491434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G39418 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1312 Riedon Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth John Bauer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-9-46

8. AGE: Years	Months	Days	If less than one day
		1	7 hr. min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name James Collier

13. Birthplace 2.

MOTHER 14. Maiden Name Rowina M Bauer

15. Birthplace Pa.

16 (a) Informant Rowena

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Johns Hopkins Medical School APR 17 1946

Location

18 (a) Funeral director Commissioner of Health

(b) Address

19 APR 17 1946 (Date rec'd by registrar) (Signature of registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 1946, at 1:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 9 1946, to April 11 1946 and that I last saw him alive on April 11 1946.

Immediate cause of death Prematurity

Due to -

Due to -

Other Conditions -

(Include pregnancy within 3 months of death)

Date of operation -

Major findings of operation -

of autopsy:

Duration 39½ hrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide -
(b) Date of occurrence - at M
(c) Where did injury occur? - (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? - While at work (Specify type of place)
(e) Means of injury -

23. Signature Herbert Greenhood

Address Johns Hopkins Hospital Date signed 4/11/46 M. D.

VS 150

F 3423

X

G39419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G39419

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution City Hospital 4-
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give county)
(d) Street No. 628 W Saratoga St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George B Bayard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3 1

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Unknown
(b) Address "

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School APR 17 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 APR 17 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 April 1946, at 7:10 M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William J Helpert M.D.
Medical Examiner.
Date signed 6 April 46

VS 151

3425

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

639420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. 639420

HB # 36671

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 7 4
(e) Length of stay in Baltimore (yrs., mos., or days) 7 Yrs..

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 12
(d) Street No. Homeless (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Daskowich or Daskovich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
73 ?	?	?	hr. min.

9. Birthplace Europe (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name ?
13. Birthplace ?

MOTHER 14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Balto. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School APR 17 1946
Commissioner of Health

18 (a) Funeral director
(b) Address

19 APR 17 1946 (Date rec'd by registrar) Christington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5, 1946 at 7:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1 1938 April 5, 1946 and that I last saw h alive on April 5, 1946.

Immediate cause of death Cardiac failure

Due to Hypertensive arteriosclerotic Cardiovascular

Due to Generalized arteriosclerosis

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature W. Doyle Nadhan M. D.
Address B C H Date signed Apr 11 46

VS 150

F3421

X 1

G39121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157a

Registered No. G39121

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dumeland & Rayner Aves
(c) Hospital or institution: West Balto Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18da
(e) Length of stay in Baltimore (yrs., mos., or days) 18da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 413 Riverside Dr (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Ester

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-23-46

8. AGE: Years	Months	Days	If less than one day
0	01	18	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wm. E. Ester
13. Birthplace Virginia

MOTHER
14. Maiden Name Muriel Benton
15. Birthplace Baltimore, Md

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School APR 17 1946
Commissioner of Health

18 (a) Funeral director
(b) Address

19 APR 17 1946 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-15-46 19 , at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-23 1946 to 4-15 1946 and that I last saw him alive on 4-15 1946

Immediate cause of death Respiratory Paralysis

Due to Hydrocephalus + Spina Bifida

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin Berdinsky M. D.
Address West Balto Gen'l Hosp Date signed 4/15/46

VS 150

G39122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

G39122 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1317 Shields Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Weedfork

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1946

8. AGE: Years	Months	Days	If less than one day
			7 hr. 55 min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Summers
13. Birthplace Washington

MOTHER
14. Maiden Name Rosa Thresham
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location Johns Hopkins Medical School APR 17 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 APR 17 1946 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1946 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1946 to April 2 1946, and that I last saw h alive on April 2 1946.

Immediate cause of death	Duration
1 intracranial hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert J. Vosburgh
Address Johns Hopkins Hospital · Date signed 4-3-46 M. D.

VS 150

3429

X

639123 A47171 over

639123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 - 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2340 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Willie (Baby Boy) Adams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	black	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/12/46

8. AGE: Years	Months	Days	If less than one day
			5 hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Adams
13. Birthplace N.C.

MOTHER
14. Maiden Name Victorene?
15. Birthplace Md.

16 (a) Informant records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School APR 17 1946

18 (a) Funeral director Commissioner of Health
(b) Address

APR 17 1946 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 13 1946 at 7 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-13-1946 to 4-13-1946 and that I last saw alive on 4-13-1946.

Immediate cause of death: Prematurity — Duration 4 hr.

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Johns Hopkins Hosp. Date signed 4-13-46

VS 150

T 5428

63124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

63124 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5266 Cordelia Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5266 Cordelia Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edith Warfield Fletcher Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Charles Taylor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29 1879

8. AGE: Years	Months	Days	If less than one day
66	9	20	hr. min.

9. Birthplace Bloxom Va. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Garfield Taylor
13. Birthplace Bloxom Va.

MOTHER
14. Maiden Name Mary Wessells
15. Birthplace Bloxom Va.

16 (a) Informant Mrs. James Palmer Road.
(b) Address 5266 Cordelia Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-46 (month) (day) (year)
(c) Cemetery or crematory Parkelawn Cemetery
Location Parkelawn, Va.

18 (a) Funeral director Lorman Byers
(b) Address 505 Park Ave.

APR 18 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17, 1946, at 7:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1946, to April 17 1946, and that I last saw her alive on April 16 - 1945.

Immediate cause of death Myocarditis Hemorrhage

Due to

Due to

Other Conditions Arthritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Unknown
unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State) at M
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chester Riland M. D.

Address 2536 Edmondson Ave Date signed 4-17-46

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

63425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

63425 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 443 S Longwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 443 S Longwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles A. Boyle

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-16-5401

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 4 1872

8. AGE: Years	Months	Days	If less than one day
74	0	13	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Bank Guard
11. Industry or business Old Town Nat Bk.

FATHER
12. Name Charles A Boyle
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Ward
15. Birthplace Ireland

16 (a) Informant Victor Boyle
(b) Address 1037 Calhoun St.

17 (a) Burial (b) Date thereof 4/20/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director Milford Cook Inc
(b) Address 1217 E Fayette St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 11 APR 18 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 17 1946, at 24 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1946 to Apr 17 1946, and that I last saw ~~him~~ alive on Apr 16 1946.

Immediate cause of death Intra Cranial Hemorrhage — Duration

Due to Hypertension

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alice H Lewellen M. D.
Address 4109 Hood ave Date signed 4/17/46

X

639126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1314

Registered No. 639126

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1722 E. 29th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1722 E. 29th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Florence Hughes

3 (b) If veteran, name war: —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: William T. Hughes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 25 1866

8. AGE: Years	Months	Days	If less than one day
80	1	22	20 hr. min.

9. Birthplace Emmastos Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name James Scott
13. Birthplace Emmastos Md

MOTHER
14. Maiden Name Mary Smithmeyer
15. Birthplace Emmastos Md

16 (a) Informant M. E. Sanderson
(b) Address 1722 E 29th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/46 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Baltimore Co. Md.

18 (a) Funeral director Wilson Lodge
(b) Address 2704 Pont St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1946 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 31 1945 to April 17 1946 and that I last saw h[illegible] alive on April 16 1946

Immediate cause of death Respiratory Failure — Duration 2 days
Due to Chronic Decompensation — 4 Months
Due to Arteriosclerotic Cardiac Renal Vascular Disease — 10 yrs
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sebastian F. O'Donnell
Address 730 York Rd Date signed 4/18/46
M. D.

VS 150 APR 18 1946

Balto 4 X

G39127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 477

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Liver & Caroline
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1722 N. Milton Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Christopher Nomdedeu

3 (b) If veteran, name war: Spanish-American
3 (c) Social Security Account No. 212-03-1630

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Gertrude C Nomdedeu
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) 10/12/79

8. AGE: Years	Months	Days	If less than one day: hr.	min.
66	6	20		

9. Birthplace Cuba (Town, county, and state)
10. Usual Occupation: Stationary Engineer
11. Industry or business

FATHER
12. Name Amelia Nomdedeu
13. Birthplace Spain

MOTHER
14. Maiden Name Asecension Pimentel
15. Birthplace Spain

16 (a) Informant Mrs. Gertrude Nomdedeu
(b) Address 1722 N. Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director William Boarman
(b) Address 1217 Druid Park Drive (Name of Williams, Inc.)

19 (a) APR 19 1946 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/17/1946, at 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/13 1946 to 4/17/1946 and that I last saw him alive on 4/17/1946.

Immediate cause of death	Duration
Cardiac Failure	
Due to Carcinoma of brain & General Metastasis	
Due to secondary Carcinoma of Lung	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Primary Ca of Lung
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Harmon M. D.
Address St. Joseph's Hospital Date signed 4/19/46

VS 150

639128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46a

639128 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1609 Jackson St 30
(c) Hospital or institution: South Baltimore Gen'l Hosp 24-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 38
(e) Length of stay in Baltimore (yrs., mos., or days) 52 ~~57~~ yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1609 Jackson (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Paul Levy

3 (b) If veteran, name war: X
3 (c) Social Security Account No.: X

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/9/~~1894~~ 1893

8. AGE: Years	Months	Days	If less than one day
52 ~~53~~	4 5	26	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Lawyer
11. Industry or business

FATHER
12. Name Rueben Levy
13. Birthplace Md

MOTHER
14. Maiden Name Rosa Mz Dermott
15. Birthplace Pa

16 (a) Informant Mrs H. Gans
(b) Address 2927 Fait Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/46 (month) (day) (year)
(c) Cemetery or crematory Louden Park
Location Frederick Rd

18 (a) Funeral director Baker Bros
(b) Address 1308 Light St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 15 April 1946 at 5 ~~5TD~~ P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8 April 1946, to 15 April 1946, and that I last saw him alive on 15 April 1946.

Immediate cause of death: Carcinoma of esophagus — Duration: Uncertain

Due to: 38 days before death

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 14 MARCH 24/46

Major findings of operation: Carcinoma of esophagus

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward Horn M.D.
Address South Baltimore Gen Hosp Date signed 15 April 1946

VS 150 APR 18 1946

(over)

X

46

Dr. J. W. Thomas

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 929

Registered No. 639169

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 808 East 35th Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 808 East 35th Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM H. WATSON

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Amelia A. Watson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day: hr.	min.
80				

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Lawyer
11. Industry or business

FATHER
12. Name Wm. H. Watson
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace

16 (a) Informant Mrs. WM. H. Watson
(b) Address 808 East 35th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Wiedefeld and Son
(b) Address Greenmount Ave & 22nd

19 (a) (b) (Date received by registrar)

APR 18 1946 Registrar
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15th 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1945 to Apr 15 1946, and that I last saw h. alive on Apr 14 1946.

Immediate cause of death
Carcinoma of Prostate — Duration 2 Years
Due to Chronic Bronchitis — 4 yrs
Due to Hypostatic Pneumonia — 9 days
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Thomas M. D.
Address 3136 Clifford Rd. Date signed Apr 16/46

Huntington Williams, M.D.

G39430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 63 B

Registered No. G39430

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 45 S. Schroeder St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 - 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 45 S. Schroeder St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret M. Smith

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Albert E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4 1891

8. AGE: Years	Months	Days	If less than one day: hr.	min.
55	2	13		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation House work
11. Industry or business at home

FATHER
12. Name Michael Lawson
13. Birthplace Ireland

MOTHER
14. Maiden Name Delia M. Hughes
15. Birthplace Ireland

16 (a) Informant Mr Albert E Smith
(b) Address 45 S Schroeder St

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 4/20/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 4300 Edmondson Rd

18 (a) Funeral director John J Cowgur
(b) Address 901 Fulton St

19 (a) APR 18 1946 (Date received by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/17/1946 at 2:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 13 APR 1946 to 17 APR 1946, and that I last saw her alive on 17 APR 1946.

Immediate cause of death Cerebral Hemorrhage — Duration 2 hrs.
Due to Hypertensive heart disease — Duration unknown
Due to Renal Sclerosis — Duration unknown
Other Conditions Hypertension

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles Townsend M.D. M. D.
Address 210 W. Lombard Date signed 17 Apr. 46

VS 150

639431 ✓ 639431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1312

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Keyser + Dudeland
(c) Hospital or institution: Mt Sinai Hosp. 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County 12
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2703 Hilldale Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Morris Present

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mollie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years 52 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and State)

10. Usual Occupation Grocer

11. Industry or business

FATHER
12. Name Lath
13. Birthplace Russia

MOTHER
14. Maiden Name Rifka
15. Birthplace Russia

16 (a) Informant Mollie Present
(b) Address 2703 Hilldale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-46 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt. Carmel
Location

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E Baltimore St

19 (a) (Date received by Registrar) APR 18 1946 (Registrar's signature) for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 17 April 1946 at 5:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 16 April 1946 to 17 April 1946 and that I last saw h[illegible] alive on 17 April 1946.

Immediate cause of death: Uremia — Duration

Due to: Hypertension, Ht C.V. Renal Dis.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lester A Strauss M. D.
Address Mt Sinai Hosp Date signed 4/17/46

VS 150

G39132 ✓ G39132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 132

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai 13-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2427 Lakeview Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Tillie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace Lith (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Harry
13. Birthplace Lith

MOTHER
14. Maiden Name Mary
15. Birthplace Lith

16 (a) Informant Tillie Cohen
(b) Address 2427 Lakeview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-46 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location

18 (a) Funeral director Jack Lewis Inc
(b) Address 1426 Eutaw St

19 (a) (Date received by Registrar) APR 18 1946 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17 1946, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-13 — 1946, to 4-17 1946, and that I last saw him alive on 4-17 1946.

Immediate cause of death Uremia

Due to Unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stanley Roy Steinbach M. D.
Address Sinai Hospital Date signed 4-17-46

VS 150

X

039133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 039133

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Abbott St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Ferguson.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	W

6 (b) Name of husband or wife David Ferguson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name John Chase
13. Birthplace ?

MOTHER
14. Maiden Name Henrietta Campton
15. Birthplace Md

16 (a) Informant Maggie Mathews
(b) Address 16 Talbott St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brunt Lafayette

19 (Date received by Local Registrar) APR 18 1946 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/17 1946, at 9 12 AM

21. I certify that I took charge of the remains described above, held an Inspection-Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to b.d. death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic C.V. Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature A. J. Sulewski M.D.
Medical Examiner.
Date signed 4/17/46

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

Registered No. G39134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 226 Silver Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 226 Silver Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Lottie Lewis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace Hallsboro Va (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Mr Fay Brown
13. Birthplace Va

MOTHER
14. Maiden Name Mattie Hamton
15. Birthplace Va

16 (a) Informant Sam Lewis
(b) Address 226 Silver Court
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/46 (month) (day) (year)
(c) Cemetery or crematory
Location South Richmond Va
18 (a) Funeral director Elgin Goff Funeral Home
(b) Address 2000 Brookley and Huntington Ave
19 (a) 4-8-1946 (Date rec'd by local Reg.) (b) Huntington Ave

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1946, at 9:30 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1946 to April 17 1946, and that I last saw alive on April 16 1946.
Immediate cause of death Coronary Heart Disease
Due to
Due to
Other conditions Pyelitis and Rheumatism
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

Duration: Int. to death

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature R. Garland Russell
Address 1534 - Grand Central Ave Date signed 4-20-46

VS 150

639135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 946

Registration No. 639135

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 17
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Y

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3204 Barclay St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Conway.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12-24-1899.

8. AGE: Years	Months	Days	If less than one day
46	3	24	hr. min.

9. Birthplace md. (Town, county, and state)
10. Usual Occupation Laborer.
11. Industry or business

FATHER
12. Name Roby Conway.
13. Birthplace Va.

MOTHER
14. Maiden Name Mary E.
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Balto. County Md.

18 (a) Funeral director Williams & Jackson
(b) Address 916 Penna ave

19 (a) (Date rec'd by registrar) (b) Registrar

APR 18 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April-17. 1946 at 2.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April-17 1946. to April-17 1946. and that I last saw him alive on April-17 1946.

Immediate cause of death Myocardial infarction

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at P.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Austen
Address The Johns Hopkins Hosp. Date signed Apr. 18 1946

X

G39136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

Registered No. G39136

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 933 N. Linwood Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 933 N. Linwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Lewis

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: divorced

6 (b) Name of husband or wife: none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): August 7, 1870

8. AGE: Years 75 | Months 8 | Days 9 | If less than one day: hr. min.

9. Birthplace: Baltimore, md (Town, county, and state)
10. Usual Occupation: retired
11. Industry or business

FATHER
12. Name: Samuel Hall
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Mary Dorsey
15. Birthplace: Baltimore, Md.

16 (a) Informant: Barbara Lewis (daughter-in-law)
(b) Address: 915 South East Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/46 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn
Location: Eastern Avenue

18 (a) Funeral director: Charles E. Schlaupek
(b) Address: 2601 E. Madison St.

APR 18 1946 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION A.

20. DATE OF DEATH April 16th 1946 at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/6 1946 to 4/16 1946 and that I last saw her alive on 4/15 1946.

Immediate cause of death: Cardiac Asthma & decompensation

Due to:

Due to:

Other Conditions: Secondary Anemia (Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Thomas F. Mountcastle M. D.
Address 1016 S. East Ave. Date signed 4/16/46

G39437 KARCHER ✓ G39437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and Saratoga St.
(c) Hospital or institution: Mercy Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County B
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2844 Kentucky Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William P. Karcher

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-03-2879

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mrs. Natalie Karcher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible] 17, 1890

8. AGE: Years	Months	Days	If less than one day
55	7	0	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William Karcher
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Annie Reidell
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Natalie Karcher
(b) Address 2844 Kentucky Ave.

17 (a) Burial (b) Date thereof Apr 22-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director Jos. J. Stevenson
(b) Address 3001 Kentucky Ave

19 (a) [illegible] (b) Huntington Williams, M.D.
(Date received by Registrar) Registrar

APR 18 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1946, at 2:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1946 to April 17 1946 and that I last saw him alive on April 16 1946.

Immediate cause of death	Duration
Cardiorespiratory failure	
Due to Arteriosclerotic heart disease	
Due to Terminal pneumonia, left	
Other Conditions Digitalis toxicity	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Clarence E. McWilliams M. D.
Address Mercy Hospital Date signed 4-17-46

X

G39138 ✓ G39138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 137a

HB # 99707

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 12
(e) Length of stay in Baltimore (yrs., mos., or days) 75 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 868 W. Baltimore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Konig

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1870

8. AGE: Years	Months	Days	If less than one day
75	9	14	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER: 12. Name John Konig
13. Birthplace Germany

MOTHER: 14. Maiden Name Margaret Fulton
15. Birthplace Maryland

16 (a) Informant: Balto. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) April 18-1946 (b) Date thereof Burial
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location Balto

18 (a) Funeral director Jos J Henderson
(b) Address 3901 Kentucky ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS Rec'd APR 18 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17, 1946, at 2:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 5, 1946, to April 17 1946, and that I last saw him alive on April 17, 1946.

	Duration
Immediate cause of death: Uraemia	1 wk
Due to: Pyonephrosis, Polyomelgia	
Due to: Perforating ulcer duodenum	1 mo
Other Conditions: Bronchitis, Emphysema	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: Yes above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas Jarrell M. D.
Address Balto City Hosps Date signed 4-17-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39139 ✓ G39139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital 25 b
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 2 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 Brady Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** John H. Williams

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name John Williams
13. Birthplace Va

MOTHER 14. Maiden Name ?
15. Birthplace Va

16 (a) Informant Chas. Williams
(b) Address 1714 Brady St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/46 (month) (day) (year)
(c) Cemetery or crematory Jarrett
Location Jarrett Va

18 (a) Funeral director Wm. S. Nelson
(b) Address 1308 Pressman St

19 (a) (b) Huntington Williams, Registrar

APR 18 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17 1946 at 6.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-16 1946 to 4-17 1946 and that I last saw h[illegible] alive on 4-17 1946.

Immediate cause of death General mgl malnutrition, G-I Hemorrhage

Due to Carcinoma of stomach

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: four years (Estimate)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Guy McDonald
Address 844 N Carey Date signed 4/18/46

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

63140 ✓ 63140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3208 Auchentoroly Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3208 Auchentoroly Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Christian Herman Scheferman

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Cora S. Scheferman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30 1892

8. AGE: Years	Months	Days	If less than one day
53	7	17	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retired Saloon Keeper
11. Industry or business

FATHER
12. Name Herman Scheferman
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Rose
15. Birthplace Germany

16 (a) Informant Cora S. Scheferman
(b) Address 3208 Auchentoroly Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 20 1946 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Harry K. Arnscott
(b) Address 4204 Ridgewood Ave

19 (a) (b) Registrar

APR 18 1946

VS 130

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/16 1946, at 7:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1942 to 4/16 1946, and that I last saw h[illegible] alive on 4/16 1946.

Immediate cause of death Coronary Thrombosis

Due to Arterio Sclerosis Systolic

Due to Emphysema (Terminal Congestive Atelectasis)

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lewis L. Bogrod M. D.
Address 1405 W. Balto. Date signed 4/18/46

X

G39141 ✓ G39141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai 15-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2606 Park Heights Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hyman Schwartz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Hetta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years 85 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Taretz
13. Birthplace Russia

MOTHER
14. Maiden Name unknown
15. Birthplace Russia

16 (a) Informant Paul H Schwartz
(b) Address 3813 Callaway Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-46 (month) (day) (year)

(c) Cemetery or crematory Loudale
Location

18 (a) Funeral director Joel Lewis Inc
(b) Address 1569 E Baltimore St

19 (a) (Date rec'd by registrar) APR 18 1946 (b) Huntington Williams

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-18- 1946 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 14, 1946 to April 18, 1946, and that I last saw him alive on April 17 1946

Immediate cause of death Cardiac failure — Duration

Due to Myocardial infarction

Due to Coronary thrombosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert J. Weiss
Address Sinai Hospital Date signed 4/17/46 M. D.

X

G39142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G39142

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1910 Kennedy Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 80 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1910 Kennedy Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ROSA ANNA YOUNG

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	none	F	W	Widowed

6 (b) Name of husband or wife John A. Young
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1864

8. AGE: Years	Months	Days	If less than one day: hr.	min.
81	7	5		

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Darby
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace ?

16 (a) Informant Mr. John W. Young
(b) Address 3018 Edgewood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/43 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Paltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1946 at 9.15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1945 to April 16 1946 and that I last saw h[illegible] alive on April 15 1946

Immediate cause of death: arteriosclerotic Cardiovascular disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jack J. Singer M.D.
Address 50 W. North Ave. Date signed 4/17/46

VS 150

G39143 JAMES L. KNIGHT G39143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eleven & Caroline
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 13
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3500 Roland Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James L. Knight
3 (b) If veteran, name war World War #1
3 (c) Social Security Account No. 215-09-6948

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ida M. Knight
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) 3/15/1900

8. AGE: Years	Months	Days	If less than one day
46	1	—	hr. min.

9. Birthplace Howard County, Md
(Town, county, and state)
10. Usual Occupation Bath Tub Repairer
11. Industry or business

FATHER
12. Name William L. Knight
13. Birthplace Maryland

MOTHER
14. Maiden Name Selene Burriss
15. Birthplace Maryland

16 (a) Informant Ida M. Knight
(b) Address 3500 Roland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18-1946 (month) (day) (year)
(c) Cemetery or crematory Pleasant Grove
Location Near Boring, Baltimore Co. Md.

18 (a) Funeral director Burgee Funeral Home
(b) Address 3221 Falls Road

APR 18 1946 Huntingtor Williams M.D.
(Date rec'd by Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15, 1946, at 11:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/11/1946 to 4/15/1946 and that I last saw him alive on 4/13/1946

Immediate cause of death Coronary Occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harrison M. Harrison M. D.
Address St Josephs Hospital Date signed 4/16/46

VS 150

G39144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 58E

G39144 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 3356 Hickory Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Beverly R. Wiener

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 4-11-40
8. AGE: Years 6 | Months — | Days 6 | If less than one day hr. min.
9. Birthplace Md Baltimore (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

MOTHER / FATHER
12. Name Donald W. Wiener
13. Birthplace Md
14. Maiden Name Catherine M. South
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20-1946 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md.

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

19. (a) APR 18 1946 (Date rec'd by Registrar) (b) Registrar Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1946, at 9:07 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1946 to April 17 1946 and that I last saw deceased alive on April 17 1946

Immediate cause of death: Aortic Cardiac Failure — Duration
Due to Aortic Rheumatic Fever
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George L Palmer
Address Johns Hopkins Hosp Date signed 4-17-46

VS 150

G33145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G33145 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3015 Chesley ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Antonio J. Provenza

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Helen R.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1900

8. AGE: Years	Months	Days	If less than one day
46	2	27	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Motion Picture Opera
11. Industry or business

FATHER
12. Name Provenza
13. Birthplace Italy

MOTHER
14. Maiden Name Theresa ?
15. Birthplace Italy

16 (a) Informant Mrs. Helen R. Provenza
(b) Address 3015 Chesley Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/46 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road

19 4/18/46 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17, 1946 at 11 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Coronary disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Bellis M.D. Medical Examiner
Date signed 4-17-46

VS 151

G39146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. G39146

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp. 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs 36 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 17
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4006 Primrose Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ronald G. Chaney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-11-1945

8. AGE: Years	Months	Days	If less than one day
	4	5	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Francis Chaney
13. Birthplace Md.

MOTHER
14. Maiden Name Emma Ravoch
15. Birthplace Balto., Md.

16 (a) Informant Francis Chaney
(b) Address 4006 Primrose Ave.

17 (a) Burial (b) Date thereof 4-18-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Wm. Cobb, Inc.
(b) Address 1717 St. Paul St.

APR 18 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16- 19 46 at 2 55 P.M

21. I certify that I took charge of the remains described above, held an Hosp. autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Broncho pneumonia

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Masseis M.D.
Medical Examiner.
Date signed 4-18-46

For Franklin by Hospital by Howard J. Masseis, M.D.

639147

BALTIMORE CITY HEALTH DEPARTMENT ✓ 639147 Registered No.

CERTIFICATE OF DEATH 45F

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1724 W Franklin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits write RURAL and give town)
(d) Street No. 1724 W. Franklin St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Viola Curtis Cook

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col.	Widow

6 (b) Name of husband or wife Cephas Cook
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1901

8. AGE: Years	Months	Days	If less than one day
44	9	5	hr. min.

9. Birthplace Matthews Co. Va.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Carter Curtis
13. Birthplace Matthews Co. Va

MOTHER
14. Maiden Name Mamie Curtis
15. Birthplace Matthews Co. Va

16 (a) Informant Mamie Curtis
(b) Address 1724 W. Franklin St

17 (a) Burial (b) Date thereof April 18, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) APR 18 1946 (b) Huntington Williams
(Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15 1946, at 6.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/10 1946 to 4/15 1946, and that I last saw alive on 4/12 1946

Immediate cause of death Cancerous of throat

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. W. DeMilner M.D.
Address 4 W. N. Ave Date signed 4/16/46

Found :- Fort & Andre St., Spring Gardens

G39148 ✓ G3[illegible] Register No.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 Eutaw St. (City Morgue)
(c) ~~Hospital or Institution~~ Found - Fort & Andre St., Spring Gardens
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 N. Popplepton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Lee

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Negro | 6 (a) ~~Single~~ married, ~~widowed~~, or ~~divorced~~: M

6 (b) Name of ~~husband~~ or wife: Fanny Robinson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 14, 1890

8. AGE: Years 55 | Months 7 | Days 27 | If less than one day: hr. min.

9. Birthplace Burlington, N.C. (Town, county, and state)

10. Usual Occupation Contractor

11. Industry or business

FATHER
12. Name Martin Lee
13. Birthplace Burlington, N.C.

MOTHER
14. Maiden Name Ann ?
15. Birthplace Burlington, N.C.

16 (a) Informant Mrs. Jafnis R. Lee
(b) Address 104 N. Poppleton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 18, 1946 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Miss Katie R. Williams
(b) Address 322 W. Lexington St.

19 APR 18 1946 (Date rec'd by registrar) (b) Huntingtown, Williams, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-10- 1946 at 1 30 P.M.

21. I certify that I took charge of the remains described above, held an autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ? at 24/4 ? M.
(b) Where did injury occur? Found - Foot of Andre St.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? ?
(d) Means of injury Found drowned - City Harbor

23. Signature Howard J. Anderson M.D. Medical Examiner.
Date signed 4-11-46

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

639:49

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

639:49 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Levendale Home
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 4

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3506 Woodbrook Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Aaron Bower

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Late Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years	Months	Days	If less than one day.
84			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER
12. Name Ididore Bower
13. Birthplace Russia

MOTHER
14. Maiden Name Gittel Unkown
15. Birthplace Russia

16 (a) Informant Mrs Saeah Solomon
(b) Address 3500 Woodbrook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19, 1946 (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Road
Location Washington Blvd

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 APR 18 1946 (Date received by registrar) Livingston Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1946, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-32 1945 to 4-17 1946, and that I last saw h[illegible] alive on 4-17 1946

Immediate cause of death: Chr. card. vas. disease
Hypertension.
Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Edmund Levin, M.D.
Address Levindale Date signed 4/17/46

VS 150

X

C39150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

C39150 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. - Baltimore
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 15 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3714 Towanda Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rae Kusner

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Isaac
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1898

8. AGE: Years	Months	Days	If less than one day
48	1	16	hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business House Wife

FATHER
12. Name Nathan Evenin
13. Birthplace Russia

MOTHER
14. Maiden Name Esther Hirsch
15. Birthplace Russia

16 (a) Informant Isaac Kusner
(b) Address 3714 Towanda ave

17 (a) Burial (b) Date thereof April
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Herzl Mem
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bro
(b) Address 1124-26 W North ave

APR 18 1946 (Huntington Williams, M.D.)
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/17/46 19 . at 2:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/14 1946 to 4/17 1946 and that I last saw h alive on 4/17 1946

Immediate cause of death Respiratory Failure — Duration

Due to Internal intra-cranial pressure

Due to Pituitary Tumor

Other Conditions Pons Hemorrhage from Ca of Breast

(Include pregnancy within 3 months of death)

Date of operation 4/13/46

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John E Conrad M. D.
Address Mercy Hosp Date signed 4/17/46

X

VS 150

G3?451 ✓ G3?131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93?

Registered No. _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner & Oakland
(c) Hospital or institution: West Baltimore Gen Hosp. 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County _____
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2940 Arunah Ave.
(If rural give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3 (a) **FULL NAME** Edwin S. Gardner

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 213-10-0644

4. Sex: M.
5. Color or race: W
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Edna G. Gardner
6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 16, 1893

8. AGE: Years 52 | Months 10 | Days 1 | If less than one day: _____ hr. _____ min.

9. Birthplace Carroll Co., Md.
(Town, county, and state)

10. Usual Occupation Clerk
11. Industry or business Baltimore Transit Co.

FATHER
12. Name Wayne Gardner
13. Birthplace Carroll Co., Md.

MOTHER
14. Maiden Name Lula --
15. Birthplace Carroll Co., Md.

16 (a) Informant Mr. Myers E. Gardner
(b) Address 2940 Arunah Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/46 (month) (day) (year)
(c) Cemetery or crematory Pleasant Valley
Location Carroll Co., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto. Md. Courtesy for Williams

19 APR 18 1946 (Date rec'd by registrar) _____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 17 April 1946 at 11:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 17 April 1946 to 17 April 1946 and that I last saw h m alive on 7 April 1946

Immediate cause of death: Cardiac Failure — Duration: _____
Due to Myocardial Infarction — _____
Due to Coronary Sclerosis — _____
Due to Arteriosclerotic C.V.D. — _____
Other Conditions _____ — _____
(Include pregnancy within 3 months of death)
Date of operation _____
Major findings of operation: None. _____
of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work
(Specify type of place)
(e) Means of injury _____

Signature Lester G. Hall M.D.
Address The Bard Gen Hosp Date signed 4/17/46

VS 150

G39452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G39452 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Lombard
(c) Hospital or institution: Univ. Hosp. 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 604 Jasper Street. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Agnes Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	married

6 (b) Name of husband or wife Norman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10 1893

8. AGE: Years	Months	Days	If less than one day
53	1	4	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jim Potter
13. Birthplace Md.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Md.

16 (a) Informant Norman Johnson
(b) Address 604 Joseph St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary.
Location

18 (a) Funeral director Adolphus Hall
(b) Address 1891 Linden Hill Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-14 1946, at 6:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-13 1946, to 4-14 1946, and that I last saw her alive on 4-14 1946.

Immediate cause of death Heart failure — Duration

Due to Hypertensive CVD

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Cardiac hypertrophy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. L. Council M. D.
Address Univ. Hosp. Date signed 4-14-46

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G33153 — BALTIMORE CITY HEALTH DEPARTMENT — 94a G [illegible] Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Providence Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 549 W. Lafayette Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sully Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-5588

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1910

8. AGE: Years	Months	Days	If less than one day
36			hr. min.

9. Birthplace Talbot N.C. (Town, county and state)
10. Usual Occupation Chauffeur.
11. Industry or business

FATHER
12. Name Elijah Jones
13. Birthplace N.C.

MOTHER
14. Maiden Name Lurleny ?
15. Birthplace N.C.

16 (a) Informant Mary Alice Jones
(b) Address 706 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary.
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 1918 Pennsylvania Ave. Balto. Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/14 1946, at 4:45 A M

21. I certify that I took charge of the remains described above, held an Autopsy-Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. P. Sulinske M.D.
Medical Examiner.
Date signed 4/14/46

VS 151

G33154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G33154

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 So. Green St.
(c) Hospital or institution University of Maryland Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED: Washington
(a) State Maryland (b) County Frederick
(c) City or town Hagerstown, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 221½ Jonas Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Morgan

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary E. Morgan
6 (c) If alive, give age: 49 years
7. Birth date of deceased (mo., day, yr.): Nov. 1890
8. AGE: Years 55 | Months 5 | Days 56 | If less than one day: hr. min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual Occupation: Painter
11. Industry or business: —

FATHER
12. Name: Andrew Morgan
13. Birthplace: Rowesville, Md.

MOTHER
14. Maiden Name: Martha Ann Rohrer
15. Birthplace: Rowesville, Md.

16 (a) Informant: Mary E. Morgan - Wife
(b) Address: 221½ Jonas Ave / Hagerstown, Md.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof: Apr 20 1946 (month) (day) (year)
(c) Cemetery or crematory: Rosehill Cemetery
Location: Hagerstown, Maryland

18 (a) Funeral director: Eugene Hunter & Son.
(b) Address: Hagerstown, Maryland

APR 18 1946 (Date rec'd by registrar)
(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1946 at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 14, 1946, to April 18 1946, and that I last saw him alive on April 18, 1946

Immediate cause of death: Cerebral Edema

	Duration
Due to: Cerebral Edema	
Due to: Brain Abscess	
Other Conditions: Shock (surgical) Chronic ear infection	

(Include pregnancy within 3 months of death)

Date of operation: April 17, 1946
Major findings of operation: Brain abscess
of autopsy: None performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gerald A. Martin M.D.
Address Univ. Hosp. Date signed 4-18-46

VS 150

G39455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

G39455 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 28 - 4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City. (If outside city or town limits, write RURAL and give town)
(d) Street No. General Lemmel Aged Folks Home (If rural state location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Hilda Attmannspacher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27 1890

8. AGE: Years 56 | Months — | Days 19 | If less than one day hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Practical Nurse

11. Industry or business

FATHER
12. Name Charles Attmannspacher
13. Birthplace Germany

MOTHER
14. Maiden Name Ellen Olver
15. Birthplace Germany

16 (a) Informant Mrs Nellie Smallwood
(b) Address The Plains Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/19/46 (month) (day) (year)
(c) Cemetery or crematory Friendship
Location Fallston Md

18 (a) Funeral director Harry H Weitzke
(b) Address 4101 E Edmondson Ave

19 (a) (b) Huntington Williamsport Md

APR 18 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1946 at 7:45 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1946 to April 16 1946, and that I last saw h Cr alive on April 16 1946

Immediate cause of death Respiratory failure.

Due to Generalized (metastatic) carcinomatosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation April 3, 1946

Major findings of operation: Generalized carcinomatosis

of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. W. Lyerly, Jr. M. D.
Address University Hospital Date signed 4/16/46

X

2 Trans.

G39456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 4/46 B

Registered No. G39456

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

LEAVE MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland (Howard & Gustavus Sts.)

(b) Street address ~~[illegible]~~

(c) Hospital or institution: Mercy Hospital 201

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19da.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 517 Wildwood Pkwy. (If rural give location)

(e) Citizen of foreign country? Geo. (Yes or No)

If yes, name country

3 (a) FULL NAME James C. Gessler

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-1638

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-10-1889

8. AGE: Years	Months	Days	If less than one day hr.	min.
56 57	5	6		

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Life Insurance

11. Industry or business Prudential

FATHER 12. Name John J. Gessler

13. Birthplace Balto.

MOTHER 14. Maiden Name Jane Cantan

15. Birthplace Balto.

16 (a) Informant Mrs. Jane G. Gessler

(b) Address 517 Wildwood Pkwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1946 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location 4300 Old Frederick Rd

18 (a) Funeral director Harry H. Nitzke

(b) Address 4101 Edmondson Ave

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

APR 15 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1946, at 10:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-28 1946, to 4-16 1946, and that I last saw him alive on 4-16 1946.

Immediate cause of death	Duration
(a) Intestinal Obstruction	
Due to Peritonitis	
Due to Carcinoma of Stomach	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 4-8-46

Major findings of operation: Inoperable Ca of Stomach, Peritonitis

Findings of autopsy: Metast. to Peritoneum

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

Signature James S. O'Hare M. D.

Address McGuy Hosp. Date signed 4-16-46

(5) 639157 HB #100643

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH ✓ 117a

Registered No. 639157

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 215 Old Battle Grove Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Charles Smit

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1910

8. AGE: Years	Months	Days	If less than one day
35	10	15	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Foreman
11. Industry or business Rees

FATHER
12. Name Peter Smit(D)
13. Birthplace Maryland

MOTHER
14. Maiden Name Laura Schmidt(D)
15. Birthplace Maryland

16 (a) Informant Balto. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/46 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. Md.

18 (a) Funeral director Harry A. Wittstadt
(b) Address 4101 E. Monument Ave

19 (a) (Date received by registrar) (b) Registrar

APR 18 1946

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17, 1946, at 3:AM M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15, 46 to April 17, 1946, and that I last saw him alive on April 17, 1946.

Immediate cause of death	Duration
Ventricular Flame (Multiple) with Perforation & Pleurisy	24 hrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Maurice M. Lacy M. D.
Address Baltimore City Hospitals Date signed 4-17-46

X

639458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 B

639458 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3418 Leverton Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3418 Leverton Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ROSE BORACKI

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Martin
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) March 21, 1873

8. AGE: Years	Months	Days	If less than one day
73	0	25	hr. min.

9. Birthplace Grudziadz, Poland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Rudolph Zyblewski
13. Birthplace Grudziadz, Poland

MOTHER
14. Maiden Name Mary Michalska
15. Birthplace Gudziadz, Poland

16 (a) Informant Mrs. Helen Grubowski
(b) Address 3418 Leverton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/46 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road

18 (a) Funeral director M. J. Sadowski Sons
(b) Address 1808 Eastern Avenue

19 (a) APR 18 1946 (b) Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1946 at 11:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 6 1943 to April 16 1946 and that I last saw h/er alive on April 16 1946.

Immediate cause of death TERMINAL BRONCHO-PNEUMONIA — Duration 2 DAYS
Due to CHRONIC NEPHRITIS — 9/6/43
Due to
Other Conditions BILATERAL CATARACTS — 9/6/43
(Include pregnancy within 3 months of death)

Date of operation NONE
Major findings of operation: —
of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rudolph F. Drenga, M.D.
Address 209 N. Chester St. Date signed 4/18/46

VS 180

39153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

Registered No. 39153

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1307 Elvino Way
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1307 Elvino Way (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frances S. Martin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Leslie Martin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-12-1917

8. AGE: Years 28 29 | Months 4 | Days 6 | If less than one day hr. min.

9. Birthplace New Kensington Pa. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Julian Pishalski
13. Birthplace Poland

MOTHER
14. Maiden Name
15. Birthplace Poland

16 (a) Informant Leslie Martin
(b) Address 1307 Elvino Way.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/1946 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Wrappe Rd

18 (a) Funeral director Randall J. Rupel
(b) Address 313 S. Highland Ave

19 (Date rec'd by registrar) APR 18 1946 Huntington Nottingham, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18, 1946 at 3 M.

21. I certify that I took charge of the remains described above, held an Autopsy Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic pericarditis, Hypertrophy and dilatation of the heart, Oedema and congestion of lungs and all other viscera

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Wallace M.D. Medical Examiner.
Date signed 4-18-46

VS 151

X

G39460
490 & 37.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
48a

G39460
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 14 S. Wolfe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine Scholz.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Otto -
6 (c) If alive, give age
7. Birth date of deceased (mo., day, yr.) 11-29-06.
8. AGE: Years 39 Months 4 Days 17 If less than one day hr. min.
9. Birthplace md (Town, county, and state)
10. Usual Occupation Home-wife
11. Industry or business

FATHER
12. Name Charles Johnson
13. Birthplace Norway

MOTHER
14. Maiden Name Elizabeth Ogle
15. Birthplace md

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/1946 (month) (day) (year)
(c) Cemetery or crematory St Mathews
Location Baltimore Md

18 (a) Funeral director Wendel-Hoepner
(b) Address 312 S. Highland Ave

APR 18 1946 (Date rec'd by Registrar) (b) Location (or Notice forwarded to)

MEDICAL CERTIFICATION P

20. DATE OF DEATH April 16 1946 at 10. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 28 1946 to April 16 1946, and that I last saw him alive on April 16 1946.

	Duration
Immediate cause of death: Anemia, severe	
Hernia, terminal	
Due to Carcinoma cervix	- Months
Left N.H. with ectomia	
Due to	
Other Conditions Pleura effusion, bilateral	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy: — above	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. Russell Jordan M. D.
Address 601 N. Broadway Date signed 4-17-46

VS 150

639461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. 639461

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5829 Belair Road
(c) Hospital or institution: 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dor
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits write RURAL and give town)
(d) Street No. 406 Northern Parkway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry B Boyer, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~ widowed, or ~~divorced~~
M	W	Widowed

6 (b) Name of husband or wife Elsa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17 1882

8. AGE: Years	Months	Days	If less than one day
63	10	-	hr. min.

9. Birthplace Pheonixville, Pa.
(Town, county, and state)

10. Usual Occupation Pattern maker

11. Industry or business Donko Mfg. Co.

FATHER
12. Name Samuel Boyer
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Unknown
15. Birthplace Pennsylvania

16 (a) Informant Harry B. Boyer, Jr.
(b) Address 3109 Kentucky Ave

17 (a) burial (b) Date thereof 4/20/46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Parkwood
Location Taylor Ave, Baltimore, Md

18 (a) Funeral director William Cook Inc.
(b) Address 1817 St. Paul Street

APR 18 1946 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 17 April 1946, at 8 12 M

21 I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William G. Hoffman M.D.
Medical Examiner.
Date signed 18 April 46

VS 151

G39462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 808

G39462 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3125 Fleet Street
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore-24 (If outside city or town limits, write RURAL and give town)
(d) Street No. 3125 Fleet Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ronald A. Stalk

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec, 15th, 1942

8. AGE: Years	Months	Days	If less than one day
3	4	2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Infant
11. Industry or business

FATHER: 12. Name Andrew K. Stalk
13. Birthplace Canada

MOTHER: 14. Maiden Name Marie Cholewczynski
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Marie Stalk
(b) Address 3125 Fleet Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-46 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore, Md.

18 (a) Funeral director Neaze A Weber
(b) Address 705 Washington Boulevard

19 (a) (b) Registrar

APR 18 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17th 1946, at 10 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-4-46 19..., to 4-17-46 19..., and that I last saw h... alive on 4-17-46 19...

Immediate cause of death: Cerebral Degenerative Disease (? encephalitis Hiffens) — Duration: 2 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John [illegible] M. D.
Address 234 E. Cowbley St Date signed 4-18-46

X

G39463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. G39463

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard and Madison Sts.
(c) Hospital or institution: Maryland General Hospital 28
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County None
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5226 Guyon ~~Lake~~ Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alice Hohman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1863

8. AGE: Years	Months	Days	If less than one day
82	8	28	24 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business

FATHER
12. Name Kinsterdorff
13. Birthplace Balt. Md.

MOTHER
14. Maiden Name Carolina Cook
15. Birthplace Germany

16 (a) Informant Mrs Grace Hohman
(b) Address 5225 Guyonndale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-46 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wilson Funeral Home
(b) Address 1219 E Cold St.

19 (a) Registrar Huntington Williams

APR 19 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16 1946, at 11:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14 1946 to 4-16 1946, and that I last saw h~~e~~r alive on 4-16 1946

Immediate cause of death Respiratory Failure

Due to Abdominal tumor

Carcinoma of the cervical cancer

Due to ruptured appendix with peritonitis and cancer

Other Conditions acute ~~intestinal~~ obstruction

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: See above.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carlton Brimfield M. D.

Address 709 W Date signed 4-17-46

X

G39164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 54a

Registered No. G39164

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

REASON RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5703 Belair Road
(c) Hospital or institution: Baltimore 6 Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-
(e) Length of stay in Baltimore (yrs., mos., or days) 21 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town As in No 1 (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Herbert G Carlburg

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bernice G Carlburg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/14/1887

8. AGE: Years	Months	Days	If less than one day
59	-	4	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Minister
11. Industry or business

FATHER
12. Name Gustus Carlburg
13. Birthplace Sweden

MOTHER
14. Maiden Name Anna Peterson
15. Birthplace Sweden

16 (a) Informant Mrs Herbert G Carlburg
(b) Address 5703 Belair Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/46 (month) (day) (year)
(c) Cemetery or crematory Union City
Location Union City Pa.

18 (a) Funeral director Lansaim Funeral Home
(b) Address 7401 Belair Road

19 APR 19 1946 (Date rec'd by registrar) (b) Huntingtown Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/18/46 3:30 PM at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 22 1945 to April 18 1946 and that I last saw him alive on April 18 1946.

Immediate cause of death Glioma of Brain — Duration 6 months

Due to

Due to

Other Conditions Recurrent metastasis

(Include pregnancy within 3 months of death)
Date of operation Nov 22 - 1945
Major findings of operation: Glioma (removed)
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. V. Harbold
Address 4706 Harford Road Date signed 4/19/46

VS 150

X

633465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

633465 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Fullerton
(If outside city limits, write RURAL and give town)
(d) Street No. Old Philadelphia Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dorothy Ann Kriss

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 17 43

8. AGE: Years	Months	Days	If less than one day
2	7	0	hr. min.

9. Birthplace Baltimore - Maryland
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name James J. Kriss
13. Birthplace Baltimore - Maryland

MOTHER
14. Maiden Name Margaret Pon
15. Birthplace Fullerton Md.

16 (a) Informant James J. Kriss
(b) Address Fullerton Md.

17 (a) Burial (b) Date thereof 4/20/46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem.
Location North Avenue & Rose St.

18 (a) Funeral director John C. Wells Inc.
(b) Address 2426 E. Oliver St.

19 (a) APR 19 1946 (b) Huntingtown Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 17 April 1946, at 9:40 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Laryngeal diphtheria.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William G. Hefferd M.D.
Medical Examiner
Date signed 18 April 46

VS 151

6394 Exam Loan

491727.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180

Registered No. 6394

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Chevaco Park.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 715 Chevaco Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rottie May Matheny

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-6-1903

8. AGE: Years	Months	Days	If less than one day
5	8	10	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ornie Matheny
13. Birthplace Va.

MOTHER
14. Maiden Name Rottie Daniels
15. Birthplace

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19, 1946 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Eastern Ave.

18 (a) Funeral director Roland L. Fisher
(b) Address 2112 Dundalk Ave.

19 (a) Received by (Registrar) (b) Huntington Williamsport Md.

MEDICAL CERTIFICATION C

20. DATE OF DEATH April 16 1946 at 11.50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1946 to April 16 1946, and that I last saw h alive on April 16 1946.

Immediate cause of death Respiratory Failure

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 13-April-46 at 1 PM
(c) Where did injury occur? Chevaco Park Balto, Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? No
(Specify type of place)
(e) Means of injury Burned in House afire

23. Signature John F. Elder, Jr.
Address Johns Hopkins Date signed 4/17

Howard J. Andersen, M.D. X

VS 150

G39467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. G39467

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 661 W. Mulberry Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 661 W. Mulberry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Friend

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2 1869

8. AGE: Years	Months	Days	If less than one day
76	9	14	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation unemployed.

11. Industry or business

FATHER
12. Name ?
13. Birthplace Va.

MOTHER
14. Maiden Name ?
15. Birthplace Va.

16 (a) Informant Charlotte Lewis
(b) Address 661 Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-46 (month) (day) (year)
(c) Cemetery or crematory MD. Calvary.
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) APR 19 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-16- 1946, at 9:30 A M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Acute Pulmonary Edema

Due to Chronic Myocardial Degeneration

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 4-16-46

VS 151

639468 Fisher 639468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 410 Orchard St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 3
(e) Length of stay in Baltimore (yrs., mos., or days) 74

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 410 Orchard St (If no street No., give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Fisher

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	B	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 4, 1871

8. AGE: Years	Months	Days	If less than one day
74	4	13	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Clothing

FATHER
12. Name John Fleming
13. Birthplace Md.

MOTHER
14. Maiden name Margaret Sullivan
15. Birthplace Md.

16 (a) Informant Albert Fleming
(b) Address 410 Orchard St

17 (a) Burial (b) Date thereof 4-22-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Catholic Halstead

18 (a) Funeral director Catholic Halstead
(b) Address 1918 Linden Ave Hilton

19 (a) APR 19 1946 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/17/46 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1/46 to 4/17/46.
and that I last saw h alive on 4/17/46.

Immediate cause of death Cerebral Hemorrhage — Duration Hours

Due to Uremia, Chronic Nephritis & High Blood Pressure

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 724 [illegible] Date signed 4/18/46

VS 180

G39469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 123

G39469

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 568 N. Gay St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas O'Brien

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-10-84

8. AGE: Years	Months	Days	If less than one day
61	4	8	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business Sells Produce

FATHER
12. Name John O'Brien
13. Birthplace Ireland

MOTHER
14. Maiden Name Annie Ogden
15. Birthplace Md.

16 (a) Informant Mrs Kate
(b) Address 1920 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Md.

18 (a) Funeral director Bolt & Bon Walker
(b) Address Pratt & Fremont Sts.

19 (a) APR 19 1946 (Date rec'd by registrar) (b) Huntington Williamsport, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-18 1946 at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-13 1946 to 4-18 1946 and that I last saw h[illegible] alive on 4-18 1946

Immediate cause of death

Due to Arteria Mesaraic Occlusion - Resp. Collapse

Due to due to Massive Gastro Intestinal Hemorrhage

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4-17-1946

Major findings of operation Multiple Hemorrhages

of autopsy

Duration	
	Hours
	5 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Nature of injury
23. Signature J. W. Scott, Jr. M. D.
Address Johns Hopkins Hospital Date signed

VS 150

G39470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

Registered No. G39470

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1703 Edmondson Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 2
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1703 Edmondson Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELI LEVIN

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife GOLDIE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day hr.	min.
64				

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation GROCERY STORE
11. Industry or business

FATHER
12. Name NOT KNOWN
13. Birthplace RUSSIA

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace RUSSIA

16 (a) Informant WIFE
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-19-46 (month) (day) (year)
(c) Cemetery or crematory WASH. BLVD
Location SAME

18 (a) Funeral director JACK LEWIS INC
(b) Address 1439 E. BALTO. ST

19 (a) 4 19 1946 (Date rec'd by registrar) (b) Huntington Williamsville, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-18- 1946 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1946 to 4-18 1946 and that I last saw him alive on 4/17 1946

Immediate cause of death Carcinoma of Stomach — Duration 3 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Feb 1946

Major findings of operation: Carcinoma of Stomach

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 2904 Rest Rd Date signed M. 4 D. 19-46

X

G39471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

G39471 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 N Government Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Short

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
abt 57			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-46 (month) (day) (year)
(c) Cemetery or crematory Mount Auburn Cem
Location Wash. Blvd.

18 (a) Funeral director Jas Lewis Jr
(b) Address 1438 E. Balto. St

APR 19 1946 (Date rec'd by registrar)
(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-18 — 1946, at 1 20 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Walsh M.D.
Medical Examiner.
Date signed 4-18-46

VS 151

G39172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G39172 Registered No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave
(c) Hospital or institution: Mmai
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4978 Vennore Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LEAH R. YOFFE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rev. Israel -

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 64 | Months | Days | If less than one day: hr. min.

9. Birthplace Rutra, Russia
(Town, county, and state)

10. Usual Occupation Nurses wife

11. Industry or business

FATHER
12. Name Pentya -
13. Birthplace Russia

MOTHER
14. Maiden Name Eta -
15. Birthplace Russia

16 (a) Informant Rev. Israel Moffe
(b) Address 4978 Vennore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-46 (month) (day) (year)

(c) Cemetery or crematory Pikesdale
Location

18 (a) Funeral director Jacob Levine Inc
(b) Address 1439 E. Balto St

19 (a) Date received APR 19 1946 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-19-46 19 at 7 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 19 46 to April 19 19 46, and that I last saw her alive on April 19 19 46.

Immediate cause of death Cardiac failure

Due to Chronic interstitial nephritis - vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elliott F. Weisman M.D.
M. D.

Address Date signed

VS 150

G39473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. G39473

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3938 Rent Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3938 Rent Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY ~~KAISER~~ BURKOM

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sara
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Meat Market
11. Industry or business

FATHER
12. Name Baer
13. Birthplace Russia

MOTHER
14. Maiden Name Minna
15. Birthplace Russia

16 (a) Informant Sara ~~Barbara~~ BURKOM
(b) Address 3938 Rent. Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-46 (month) (day) (year)
(c) Cemetery or crematory Workmen Circle
Location Mt Carmel

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St

19 (a) APR 19 1946 (Date received by registrar) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-18-1946 at 11:20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1945 to 4/18 1946, and that I last saw ~~him~~ her alive on 4/18 1946.

Immediate cause of death Acute Coronary Occlusion
Due to Chronic coronary sclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Fornstein M. D.
Address 733 Argonne St Date signed 4/19/46

(over)

G39474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G39474

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place.
(c) Hospital or institution:
Elmhurst Nursing Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 - 11
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3504 Ellamont Rd. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME MAIR EICHBERG.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Bettie Eichberg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 14, 1864.

8. AGE: Years	Months	Days	If less than one day
81	6	4	hr. min.

9. Birthplace Germany. (Town, county, and state)
10. Usual Occupation Retired Office Manager.
11. Industry or business

FATHER
12. Name Emanuel Eichberg,
13. Birthplace Germany.

MOTHER
14. Maiden Name Babette ?
15. Birthplace Germany.

16 (a) Informant Mrs. Wm. S. Wellman,
(b) Address 4100 Fairview Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4.19.46. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Baltimore, Md.

18 (a) Funeral director Chas. Sonnenschein & Son
(b) Address 1902 Eutaw Place.

APR 19 1946 (Date received by Registrar) Huntington Williams, M.D.

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MEDICAL CERTIFICATION

20. DATE OF DEATH April 18th. 1946 at 1 A M
21. I certify that death occurred on the date above stated; that I attended deceased from April 1944 to April 18 1946.
and that I last saw him alive on April 17 1946.

Immediate cause of death Arteriosclerotic heart disease — Duration 2 yrs.
Due to Hemiplegia and arteriosclerosis
Due to Age
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. B. Schreiber M. D.
Address 3506 Ellamont Road Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 D

Registered No. G39475

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1292 Riverside Ave.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) about 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (30)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1292 Riverside Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME James H. Humphreys

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife (nee Ridgell): Lillian M. Humphreys

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1868

8. AGE: Years 78 | Months 2 | Days 9 | If less than one day: hr. min.

9. Birthplace Cove Point, Calvert Co., Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business —

FATHER
12. Name Richard E. Humphreys
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Mary Day
15. Birthplace Calvert Co., Md.

16 (a) Informant Richard Day Humphreys
(b) Address 1292 Riverside Ave., Balto 30 Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 20, 1946 (month) (day) (year)

(c) Cemetery or crematory St. Paul's Blumak Cem.
Location Busby's, Calvert Co., Md.

18 (a) Funeral director C. Howard Evans
(b) Address 1400 E. Chas St., Balto 39 Md

19 APR 19 1946 (Date received by Registrar) (b) Hunting for Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17, 1946 at 4:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1946 to April 16 1946 and that I last saw him alive on April 16 1946.

Immediate cause of death: Edema Endocarditis — Duration 6 mos

Due to: Arteriosclerosis — Duration 1 year

Due to: —

Other Conditions: —

(Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operations: —

Autopsy: None

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature C. B. Whelan M. D.
Address 1279 Fulton St Date signed 4/18/46

PHYSICIAN
Underline the cause to which death should be charged statistically.

VS 150

C. B. WHELAN M.D. X

639476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

639476 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2234 Lake Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LORETTA C. LOWE

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Vincent P. Lowe, Sr. 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20, 1897

8. AGE: Years	Months	Days	If less than one day
49	0	27	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Michael H. Bannon
13. Birthplace Balto.

MOTHER 14. Maiden Name Margaret Ryan
15. Birthplace Balto.

16 (a) Informant Mary Agnes Bannon
(b) Address 1807 E. 31st St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem. Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) APR 19 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17 1946, at 4:17 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-26 1946, to 4-17 1946, and that I last saw her alive on 4-17 1946.

	Duration
Immediate cause of death Cerebral vascular accident - probably hemorrhage	
Due to Septenne hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 4-9-46
Major findings of operation: Nothing unusual
of autopsy: Interstitial + coronary

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Cyrus Robert Friedman M. D.
Address Sinai Hosp., Balt. Md. Date signed 4-17-46

VS 150

X

G39477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 35

Registered No. G39477

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2 E
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 407 S Chapel St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John P. Whitner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17-1944

8. AGE: Years	Months	Days	If less than one day
2	1	1	hr. min.

9. Birthplace Baltimore md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Henry Whitner
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Sophia Jastoulski
15. Birthplace Baltimore Md

16 (a) Informant Sophia Whitner
(b) Address 404 S Chapel st

17 (a) Burial (b) Date thereof 4-22-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore md

18 (a) Funeral director George A. Weber
(b) Address 1 S Linn st

19 (a) APR 19 1946 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/18 1946 at 4:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to b.s death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bronchopneumonia

Due to Measles

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. J. Lubinski M.D.
Medical Examiner.
Date signed 4/19/46

VS 151

G33478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G33478

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 219 S. Collington Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 219 S. Collington Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ignacy Rybarczyk

3 (b) If veteran, name war

3 (c) Social Security Account No.

MEDICAL CERTIFICATION

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of ~~husband~~ wife Magdalena

6 (c) If alive, give age ~~Deceased~~ years

7. Birth date of deceased (mo., day, yr.) ? 1870

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Frances Zalzierski (Daughter)
(b) Address 219 S. Collington Ave,

17 (a) Burial (b) Date thereof 4-22-46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Ft. Stanislaus
Location Baltimore Md

18 (a) Funeral director George A. Weber
(b) Address 705 E. Lanvale St

APR 19 1946
(Date rec'd by registrar)

19 (a) (b) Registrar

20. DATE OF DEATH 4/18 1946, at 7:45 P.M.

21. I certify that I took charge of the remains described above, held an Inspection - Inquest thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to h.s death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic C.V. Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. F. Lubinski M.D.
Medical Examiner.
Date signed 4/18/46

VS 151

DAUENHAUER

639479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 639479

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 701 E. 21 St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 701 E. 21 St.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Anna M Dauenhauer.

3 (b) If veteran, name war No

3 (c) Social Security Account No. No

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ~~Mary Dauenhauer~~

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30 - 1862

8. AGE: Years 83 | Months 10 11 | Days 18 | If less than one day hr. min.

9. Birthplace Mem Tan.

(Town, county, and state)

10. Usual Occupation

11. Industry or business At. Home

FATHER

12. Name Louis Dauenhauer

13. Birthplace Germany

MOTHER

14. Maiden Name Mary Mangan

15. Birthplace Ireland

16 (a) Informant Charlotte Dauenhauer

(b) Address 701 E. 21 St.

17 (a) Burial (b) Date thereof April 20 46

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location #300 Belair Rd

18 (a) Funeral director Mount [illegible] & Supplee

(b) Address 325 S. Eutaw St.

APR 19 1946 (b) Huntington Nelligan, M.D.

(Date received) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1946 at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1946 to April 17 1946 and that I last saw her alive on April 16 1946

Immediate cause of death Uremic Acidosis

Duration

Due to Heart disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature C. D. Kirby M. D.

Address 1108 E North Date signed 4/18/46

dtr X

VS 150

G33480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G33480

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 2230 Walbrook Ave.
(a) Baltimore City, Maryland
(b) Street address 2230 Walbrook Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15+
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2230 Walbrook Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Rose L. Donohue

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife John W. Donohue
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1879

8. AGE: Years	Months	Days	If less than one day
66	6	29	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Philip Rauschling.
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Humph
15. Birthplace Germany

16 (a) Informant John W. Donohue
(b) Address 2230 Walbrook Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22, 1946 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director Martin Fahey & Sons
(b) Address 1827 W. North Ave Baltimore Md

19 (Date received by registrar) APR 19 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1946 12:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 16 1946 to April 18 1946 and that I last saw her alive on April 17 1946.

Immediate cause of death	Duration
Myocarditis	2 yrs.
Due to Hypertension	4 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Conrad Gordon M. D.
Address 2201 W. North Ave Date signed 4-18-46

VS 180

X

G33481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92c

Registered No. G33481

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1816 Clifton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1816 Clifton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank B. Ward

3 (b) If veteran, name war

3 (c) Social Security Account No. 2-9-213-14-4244

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17-1887

8. AGE: Years	Months	Days	If less than one day
59.		1	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Watchman - Christy
11. Industry or business Motor Garage

FATHER
12. Name John B. Ward
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary E. Ellwood
15. Birthplace Washington D. C.

16 (a) Informant Joseph A. Ward
(b) Address 2614 Wyeliffe Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20-1946 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore Md.

18 (a) Funeral director Maude Cook Syfer
(b) Address 1601 W. North Ave
(c) By Huntington Williams

APR 19 1946 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1946, at 5-45 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 4/18/46 19 to 4/18/46 19, and that I last saw him alive on 4/17/46 19

Immediate cause of death: Coronary Thrombosis Embolism
Due to Acute Dilatation
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: yrs. mos. days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry C. Hound, M.D.
Address 1914 W. Mount Ave. Date signed 4/19/46

VS 150

G39182

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

G39182 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3002 Cold Spring Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3002 Cold Spring Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Jackson Stubbs

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Florence Sauers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1863

8. AGE: Years	Months	Days	If less than one day
83	7	16	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Dairyman
11. Industry or business

FATHER
12. Name Edmund Stubbs
13. Birthplace Baltimore

MOTHER
14. Maiden Name Catherine Farrell
15. Birthplace Ireland

16 (a) Informant Mrs Dairyman
(b) Address 3002 Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore

18 (a) Funeral director Ellis & White
(b) Address 2846 Cold Spring Lane

19 (a) APR 19 1946 (Date rec'd by registrar) (b) Permit issued Washington, D.C.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1946 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1946, to April 17 1946, and that I last saw h[illegible] alive on April 16 1946.

Immediate cause of death	Duration
Chronic myocarditis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. H. Cutterman
Address 7324 Reisterstown Rd Date signed 4/18/46 M. D.

VS 3

G33483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G33483

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be careful correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5515 Fernpark Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 - 2
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5515 Fernpark Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry E. Kirk

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary H. Kirk
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) October 23, 1875

8. AGE: Years	Months	Days	If less than one day
70	5	24	hr. min.

9. Birthplace Hebbville, Md. (Town, county, and state)
10. Usual Occupation Garage Proprietor & Merchant
11. Industry or business Garage and Store

FATHER
12. Name John Kirk
13. Birthplace Hebbville, Md.

MOTHER
14. Maiden Name Charlotte Smith
15. Birthplace Randallstown, Md.

16 (a) Informant Mrs. Mary H. Kirk
(b) Address 5515 Fernpark Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 20, 1946 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director Miller Lamoreau
(b) Address 4610 Liberty Heights Ave.

19 (a) APR 19 1946 (b) Date received by registrar Huntington Willis Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1946, at 8.50P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1943 to Apr 17 1946 and that I last saw h[illegible] alive on Apr 17 1946

Immediate cause of death Coronary occlusion — Duration 3 days.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work)
(e) Means of injury

23. Signature A. P. Vandenberg M. D.
Address 4818 Edmondson Ave Date signed 4/18/46.

G39184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G39184

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1126 Dundalk Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1126 Dundalk Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ADAM ALLAN TOD M. D.

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna E. Tod
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21, 1870

8. AGE: Years	Months	Days	If less than one day
76	0	26	hr. min.

9. Birthplace Edinburgh, Scotland (Town, county, and state)
10. Usual Occupation Physician
11. Industry or business

FATHER
12. Name David Bryce Tod
13. Birthplace Scotland

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. Adam A. Tod
(b) Address 1126 Dundalk Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) APR 19 1946 (b) [illegible] Registrar for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17, 1946, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1946 to April 17 1946. and that I last saw h im alive on April 17 1946.

Immediate cause of death: Cerebral Hemorrhage — Duration: 5 Dy.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address 1757 W mt Date signed 4/18/46

X

639185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

639185 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 25 S. AUGUSTA AV.
(c) ~~Hospital or institution~~:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County CITY
(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 S. AUGUSTA AV. (If rural give location)
(e) Citizen of foreign country? ~~—~~ (Yes or No)
If yes, name country

3 (a) FULL NAME FRANCIS P. RYAN.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race W. | 6 (a) ~~Single~~, ~~married~~, widowed, or ~~divorced~~ WIDOWER

6 (b) Name of ~~husband~~ or wife MARY CARROLL RYAN.

6 (c) If ~~alive~~, give age D. years

7. Birth date of deceased (mo., day, yr.) Oct. 3. 1862

8. AGE: Years 83 | Months 6 5 | Days 18 15 | If less than one day ... hr. ... min.

9. Birthplace ~~[illegible]~~ - Md.
(Town, county, and state)

10. Usual Occupation RETIRED

11. Industry or business 2

FATHER
12. Name JOHN RYAN
13. Birthplace IRELAND

MOTHER
14. Maiden Name MARY NOLAN
15. Birthplace IRELAND

16 (a) Informant BARBARA RYAN
(b) Address 25 S. AUGUSTA AV.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 22-46 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location CITY

18 (a) Funeral director JOHN R. KENNY
(b) Address 1842 HEGES TER.-HALTO. MD.

19 (a) APR 19 1946 (b) Huntington Williamsport, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1946 at 9:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 26 1946 to April 18 1946 and that I last saw h~~im~~ alive on April 17 1946

Immediate cause of death Myocardial Insufficiency

Due to

Due to

Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John G. Schemmel

Address 1337 S. Charles St. Date signed 4/19/46

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

639186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. 639186

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 W. Harrison Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yr 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3520 W. Harrison Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jamiah Brown

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE Years	Months	Days	If less than one day
abt. 65			hr. min.

9. Birthplace Ellicott City, Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Edward Brown
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Elizabeth Ridgley
15. Birthplace Howard Co. Md.

16 (a) Informant Mrs. Edith Shipley
(b) Address 3520 W. Harrison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-46 (month) (day) (year)

(c) Cemetery or crematory St. Johns Epis. Church Cem.
Location Ellicott City, Md.

18 (a) Funeral director Young Boyd
(b) Address 500 S. Paca St.

19 (a) Date received by local registrar APR 19 1948 (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1946, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 31 1945 to April 17 1946, and that I last saw h alive on 4-16- 1946.

Immediate cause of death	Duration
(a) Paraplegia	5 days
Due to (b) Cerebral Hemorrhage	5 days
Due to (c) Arterio-Sclerosis	Unknown
Other Conditions Senility	10 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. B. Ellis M. D.
Address 4936 Park Ave Date signed 4-18-46

G39487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G39487

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution:
U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Parkville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2813 Oanx Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME White, John Highlander

3 (b) If veteran, name war: WW I

3 (c) Social Security Account No. 086-10-9299

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 1, 1888

8. AGE: Years	Months	Days	If less than one day
58	0	18	hr. min.

9. Birthplace ? India (at sea)
(Town, county, and state)

10. Usual Occupation Steward

11. Industry or business Seafarer

FATHER
12. Name Edward T. White
13. Birthplace Bermuda

MOTHER
14. Maiden Name Lucy Bancroft
15. Birthplace Balto, Md.

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Burial (b) Date thereof 4/20/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or ~~crematory~~ Greenmount
Location North + Greenmount Aves.

18 (a) Funeral director John O. Mitchell + Sons Inc.
(b) Address 1900 Eutaw Place

19 APR 20 1946 (b) Huntington Williams, M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 19 1946, at 3:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 17 1946 to Apr. 19 1946 and that I last saw him alive on Apr. 19 1946.

Immediate cause of death Hemorrhage, subdural, right; cause undetermined — Duration: FEW DAYS

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John L. Wilson
John L. Wilson, Sr. Surgeon M. D.
Address Clinical Director Date signed 4/19/46.
US Marine Hospital, Balto, Md.

VS 150

C39188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

C39188 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3204 Abell Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3204 Abell Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY T.F.SCHMITT

3 (b) If veteran, name war ------
3 (c) Social Security Account No. ------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
79			hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Martin Fleming
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Coffey
15. Birthplace Ireland

16 (a) Informant Miss Marie Schmitt
(b) Address 3204 Abell Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location City

18 (a) Funeral director WIEDEFELD AND SON
(b) Address Greenmount Ave & 22nd St.

APR 20 1946 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17th 1946, at 3:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 26 1943 to April 17 1946 and that I last saw her alive on April 17 1946.

Immediate cause of death	Duration
Acute myocardial collapse	5 days
Due to Coronary sclerosis	
Due to Hypertensive Cardiovascular disease	
Other Conditions Atrophic arthritis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. V. Harbold, M. D.
Address 4706 Harford Road Date signed 4/9/46

VS 150

639189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. 639189

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 674 Washington Blvd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 674 Washington Blvd. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Charles Anthony Bayrle

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Freda B. Bayrle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31, 1881

8. AGE: Years 64 | Months 10 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Policeman
11. Industry or business Retired

FATHER
12. Name George Bayrle
13. Birthplace Germany

MOTHER
14. Maiden Name Gertrude Hennebuger
15. Birthplace Germany

16 (a) Informant Freda B. Bayrle
(b) Address 674 Washington Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-46 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Md.

18 (a) Funeral director George L. Schnabel
(b) Address 210 Frederick Avenue

APR 20 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18th 1946 at 10:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 7th 1946 to Apr. 18th 1946. and that I last saw him alive on Mar. 7th 1946.

Immediate cause of death: Coronary Occlusion

Due to: Myocarditis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration
18 mo.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. E. Boulton
Address 326 Gramercy Blvd. Date signed 4/18/46

G33-1-44899 37989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 20

Registered No. G33-150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla. (b) County
(c) City or town Lake Wales (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 Lake Shore Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Irene O'Byrne

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	married

(b) Name of husband or wife Frank M. O'Byrne 6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 9-6-87

8. AGE: Years	Months	Days	If less than one day
58	7	12	hr. min.

9. Birthplace Ind. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER 12. Name Henry F. McMahan
13. Birthplace Ind.

MOTHER 14. Maiden Name Minnie Beard
15. Birthplace Ind.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/46 (month) (day) (year)
(c) Cemetery or crematory Springfield
Location Raymond, Ind.

18 (a) Funeral director John O. Metcalf & Sons, Inc.
(b) Address 1900 Eutaw Place

APR 20 1946 (Date rec'd by Registrar) (b) [illegible] for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 - 1946, at 9:06 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-24- 1946 to 4-18- 1946, and that I last saw her alive on 4-18- 1946

Immediate cause of death	Duration
Uremia	
Cystitis ? Tuberculous	?
Due to ? Tuberculosis, kidney, left	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy the above for gross findings

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature X. Russell Jordan
Address 5 of N Broadway Date signed 4-19-46 M. D.

VS 150

G39491 Roesser ✓ G39491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4315 Calborne Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4315 Calborne Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Raesser

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Widowed

6 (b) Name of husband or wife Catherine Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1860

8. AGE: Years	Months	Days	If less than one day
85	10	28	hr. min.

9. Birthplace Berlo - Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Furniture Mfg.

FATHER
12. Name Henry Roesser
13. Birthplace Germany

MOTHER
14. Maiden Name Christina Schneider
15. Birthplace Germany

16 (a) Informant Johnetta A. Roesser
(b) Address 4315 Calborne Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 22/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Road

18 (a) Funeral director Harry H. Wittstadt
(b) Address 4101 Edmondson Ave.

19 APR 20 1946 Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18, 1946 at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 28 1941 to Apr 16 1946 and that I last saw h[illegible] alive on Apr 16 1946.

Immediate cause of death Arteriosclerotic Cardio Vascular Disease — Duration ?
Due to
Due to
Other Conditions Prostatic Uria — ?
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel Rostering M. D.
Address 324 W Lombard St Date signed 4/19/46

VS 150

X

639392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 134a

639392 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3927 W. Mulberry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3927 W. Mulberry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lydia Helen Slack

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Married

6 (b) Name of husband or wife Benjamin H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1886

8. AGE: Years	Months	Days	If less than one day
59	6	22	hr. min.

9. Birthplace Howard Co. Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name William Firmay
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Catherine Brosenne
15. Birthplace Howard Co. Md.

16 (a) Informant Benjamin H. Slack
(b) Address Howard Co. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 20/46 (month) (day) (year)
(c) Cemetery or crematory Mount View Cem.
Location Howard Co. Md.

18 (a) Funeral director Harry H. Nuttle
(b) Address 4401 Eastern Ave Baltimore, Md

19 (a) APR 20 1946 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1941 to April 17 1946 and that I last saw him alive on April 17 1946

Immediate cause of death	Duration
Uremia Coma	2 days.
Due to Pyonephrosis	3 yrs.
Due to Nephrolethiasis	?
Other Conditions Horse shoe kidney	

(Include pregnancy within 3 months of death)
Date of operation May 1938.
Major findings of operation Left nephrectomy
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. P. Van Schuyland M.D.
Address 4818 Edmondson Ave Date signed 4/18/46

G33193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

$3a

Registered No. G33193

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 Covington Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JAMES, GARFIELD

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-4845

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Florence James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 15th 1885

8. AGE: Years	Months	Days	If less than one day
60	5	3	hr. min.

9. Birthplace Scranton, Penna. (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name William James
13. Birthplace Wales

MOTHER
14. Maiden Name Margaret
15. Birthplace Wales

16 (a) Informant Florence James
(b) Address 1801 Covington Street

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 4/22/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Willim Cook, Inc.
(b) Address 1217 St. Paul Street

APR 20 1946 (Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 18 1946 at 930P M

21. I certify that death occurred on the date above stated that I attended deceased from Jan 15 1946 to Apr 18 1946 and that I last saw alive on Apr 18 1946

Immediate cause of death: Edema of Lungs — Duration 2 days
Due to Cerebral Hemorrhage — 3 days
Due to
Other Conditions Hypertension
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. L. Leichtenberg
Address 708 E Monument Date signed 4/19/46

VS 150

G39194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G39194 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2921 E. Madison St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2921 E. Madison Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME ANNA SHVANDA (SVANDA)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or ~~wife~~ Charles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/22/1876

8. AGE: Years	Months	Days	If less than one day
70 yrs.	1	25	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Hradsky
13. Birthplace Czech.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Pauline Shvanda (daughter)
(b) Address 2921 E. Madison Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/46 (month) (day) (year)
(c) Cemetery or crematory ~~XXXXX~~ Oak Hill
Location Horner's Lane. Baltimore, Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601-03 E. Madison Street

19 (a) (b) Huntington Williams, M.D.

APR 20 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1946, 3:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1946, to April 18 1946, and that I last saw her alive on April 18 1946.

Immediate cause of death Myocardial failure

Due to arteriosclerotic cardio-vascular disease

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas L. Wardley Jr M. D.
Address 2900 Howard Blvd Date signed April 20, 1946

93D

63495 FC - 65860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

63495 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully checked and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 - 11 -11
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. ? St. Paul St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie Eaton

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife George
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1850

8. AGE: Years	Months	Days	If less than one day
95	5	9	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ?
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 22 (month) (day) (year)
(c) Cemetery or crematory St Pauls Reformed
Location City

18 (a) Funeral director Ellerbe Funeral Home
(b) Address 200 E Orleans St

19 APR 20 1946 (Date received) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1946, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1941 to April 19 1946, and that I last saw her alive on April 19 1946

Immediate cause of death: Heart failure — Duration: 1 mo
Due to: Arteriosclerotic cardiovascular disease — Duration: 5-10 yrs
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operations:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas J O'Neill M.D.
Address Balto City Hosp Date signed 4/19/46

VS 150

G39496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G39496 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1617 E 33rd St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-6

(e) Length of stay in Baltimore (yrs., mos., or days) 0-yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1617 E 33rd St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Fannie M. Crawford

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Geo M. Crawford

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 5 1872

8. AGE: Years	Months	Days	If less than one day
74	—	17	hr. min.

9. Birthplace Baltimore (Town, county, and state) Md

10. Usual Occupation

11. Industry or business None

FATHER

12. Name Hiram Miller

13. Birthplace Md

MOTHER

14. Maiden Name Georgiana Harbaugh

15. Birthplace Md

16 (a) Informant Mrs Frank Allen

(b) Address 1617 E 33rd St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof April 20th (month) (day) (year)

(c) Cemetery or crematory St Johns Reformed

Location Baltimore Md

18 (a) Funeral director Ulrich Funeral Home

(b) Address 2008 Pleasant St

19 (a) APR 21 (Date rec'd by registrar) (b) Huntington Williamson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19th 1946. 4:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 23 1945 to Apr 19 1946 and that I last saw h e alive on Apr 16 1946.

Immediate cause of death

Alveh Cause Die — Duration 2 days

Due to Hy pulmonic Heart Disease

Due to Arthy. Sclerosis ?

Other Conditions Cerebral Hem. Dec 2 4/1946.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature E N Meyer Jr

Address 1530 E 33rd St Date signed 4/19/46 M.D.

VS 180

G39197 Beumler BALTIMORE CITY HEALTH DEPARTMENT G39197

CERTIFICATE OF DEATH

1310 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2315 E Baltimore
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2315 E Baltimore (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John G. Beumler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Amelia Beumler
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Jan 11 1876

8. AGE: Years	Months	Days	If less than one day
70	3	7	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business Carpenter

FATHER
12. Name Henry Beumler
13. Birthplace Balto

MOTHER
14. Maiden Name Louisa Eck
15. Birthplace Balto

16 (a) Informant Amelia Beumler
(b) Address 2315 E Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20th (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem City
Location

18 (a) Funeral director Ellicott Funeral Home
(b) Address 2008 Orleans St

19 (a) (Date rec'd by registrar) (b) Registrar

APR 20 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1946 at 7a M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1 1946 to 4/18 1946 and that I last saw him alive on April 17 1946

Immediate cause of death: Cerebral Hemorrhage Heart — Duration: Postmortem

Due to Chronic Myocarditis

Due to Chronic Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh S. Scudder
Address 2315 E Balto St Date signed 4/19/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

G39198 G39198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122a

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be careful supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution:
St. Joseph's
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3104 Foster Avenue.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kraski, Elizabeth (Stanislawa)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	White	Married

6 (b) Name of husband or wife John Kraski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29, 1896

8. AGE: Years	Months	Days	If less than one day
49 50	11	19	hr. min.

9. Birthplace Baltimore, Baltimore Co., Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Michael Kryger
13. Birthplace Poland

MOTHER
14. Maiden Name Marcyanna Koscinska
15. Birthplace Poland

16 (a) Informant John Kraski
(b) Address 3104 Foster Ave.

17 (a) Burial (b) Date thereof 4/22/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem
Location German Hill Road

18 (a) Funeral director John J. Duda
(b) Address 2829 Hudson Street.

APR 20 1946 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18, 1946, at 7:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 17, 19, to April 18, 19, and that I last saw her alive on April 18 1946

Immediate cause of death Cardio - Respiratory Failure — Duration

Due to Strangulated Hernia

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation April 17, 1946
Major findings of operation: Incarcerated Incisional Hernia
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. Diaz Baraya M. D.
Address [illegible] Date signed 4/19/46

G39199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G39199

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 238 S. High St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martin Sadzynski

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	widower

6 (b) Name of husband or wife Zofia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Joseph Sadzynski
13. Birthplace Poland

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Maryanna Duklewska
(b) Address 925 S. Curley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/46 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location German Hill Rd.

18 (a) Funeral director John F. Duda
(b) Address 2829 Hudson St.

19 (a) (Date received by registrar) (b) Huntington Williams M.D.

APR 29 1946

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/18 1946, at 5:55 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic C.V. disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature P. J. Sulinski M.D.
Medical Examiner.
Date signed 4/29/46

039500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6

Registered No. 039500

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: en route from Md. Gen'l. Hosp. to Sydenham Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9

(e) Length of stay in Baltimore (yrs., mos., or days) 9 da

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County BALTIMORE

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 620 COKESBURY AVE. (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME BARBARA JOYCE RHOTEN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12 / 29 / 1944

8. AGE: Years 1 | Months 3 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace BALTIMORE, MARYLAND (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER

12. Name JAMES C. RHOTEN

13. Birthplace MARYLAND

MOTHER

14. Maiden Name OLIVE RAMBOLD

15. Birthplace MARYLAND

16 (a) Informant FATHER

(b) Address 620 COKESBURY AVE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/1946 (month) (day) (year)

(c) Cemetery or crematory Moreland Memorial Park Cem

Location

18 (a) Funeral director Joseph Farace Sr

(b) Address 2093 Greenmount Ave

19 (a) Huntington Williams, M.D.

APR 20 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 18 1946, at 1.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from dead when first seen, 19 , and that I last saw h alive on 19 .

Immediate cause of death MENINGOCOCEMIA — Duration 1 day

Due to

Due to

Other Conditions MENINGITIS

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Paul H. Hardy M. D.

Address Sydenham Hosp. Date signed 4-18-46

Howard J. Wallis, M. D. X

639.01 ✓ 639.01

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 121

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fulleno & Eaton Aves.
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2816 Mayfield Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jerome F. Murphy
3 (b) If veteran, name war None
3 (c) Social Security Account No. 213-05-7335
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec, 19, 1916
8. AGE: Years 29 Months 3 Days 29 If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business

MOTHER / FATHER
12. Name James (deceased)
13. Birthplace Md
14. Maiden Name Christine Schurly
15. Birthplace Baltimore

16 (a) Informant Jerome P. Murphy.
(b) Address 6705 Thursury Dundalk
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22-46 (month) (day) (year)
(c) Cemetery or crematory Maryland Memorial
Location Taylor ave
18 (a) Funeral director E. Walter Wray
(b) Address 619 N. Bouldin St #5
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-18-46 19 at 9:15 A. M
21. I certify that death occurred on the date above stated; that I attended deceased from 4/13 19 46 to 4/18 19 46 and that I last saw h. alive on 4/18 19 46
Immediate cause of death: Cerebral Apoplexy
Due to Peritonitis, acute
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 4/15/46
Major findings of operation Acute suppurative appendicitis
of autopsy Acute peritonitis

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Daniel Hyde Jr. M.D.
Address St Agnes Hosp Date signed 4/18/46

VS 150 APR 20 1946 Huntington Williams, M.D.

63502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170C

Registered No. 63502

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1402 Bruce Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lawrence R. Austin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Pearl C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/2/1920

8. AGE: Years 26 | Months 1 | Days 14 | If less than one day hr. min.

9. Birthplace Greensboro, N.C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Julius Austin
13. Birthplace Hillsborough N.C.

MOTHER
14. Maiden Name Malichie Pegues
15. Birthplace S.C.

16 (a) Informant Malichie P. Mann
(b) Address 425 N. Biddle St.

17 (a) Burial (b) Date thereof 4-20-1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balt. Natl Cem.
Location Baltimore, Md.

18 (a) Funeral director Thos. George W. Hall
(b) Address 16 S. Druid Hill Ave.

19 (a) Date received by City Registrar APR 20 1946 Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16, 1946, at 10:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Bronchopneumonia

Due to Multiple fractures

Other Conditions abrasions.

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 4-13-46 at 6:30 P.M. 15/11
(b) Where did injury occur? Liberty Heights Ave. Express Dated. 2 Copies
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? No
(d) Means of injury auto. overturned

23. Signature Thomas J. Mulden M.D.
Medical Examiner.
Date signed 4-17-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

639503

BALTIMORE CITY HEALTH DEPARTMENT

639503 Registered No.

CERTIFICATE OF DEATH 83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 340 Bloom St.
(c) Hospital or institution:

14-3

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 340 Bloom St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Crampton Holland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife William H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1862

8. AGE: Years 84 78 | Months 1 | Days 21 15 | If less than one day hr. min.

9. Birthplace Frederick Co. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Dennis Crampton
13. Birthplace Maryland

MOTHER
14. Maiden Name —
15. Birthplace

16 (a) Informant Genevieve H. Hall
(b) Address 340 Bloom St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 20. 1946 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location Balto. Co. Md.

18 (a) Funeral director Mrs. George W. Holland
(b) Address 1631 Druid Hill Ave

19 APR 20 1946 (Date rec'd by registrar) (b) Huntington Williams (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 15 1946, at 2.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2 1946 to Apr. 15 1946, and that I last saw [illegible] alive on Apr. 15 1946.

Immediate cause of death (1) Cerebral hemorrhage duration 24 hrs.
(2) Bronchopneumonia
Due to (1) hypertension
Due to (2) arteriosclerosis.
Other Conditions (3) Senility

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles L Nerstadt M. D.
Address 1730 Linden Ave Date signed 4/18/46

VS 150

633504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930 Registered No. 633504

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ABOVE SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland D.1x
(b) Street address 1820 Madison St
(c) Hospital or institution:
7
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1820 Madison St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Otis Rowden

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-24-3005

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 24, 1902

8. AGE: Years	Months	Days	If less than one day
43	7	25	hr. min.

9. Birthplace Woodbury, Geo.
(Town, county, and state)

10. Usual Occupation Driver

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Rena Springs
15. Birthplace Georgia

16 (a) Informant Viola Rowden
(b) Address 1625 Madison Ave.

17 (a) Burial (b) Date thereof April 25, 1946
(Burial, cremation, or removal) (Month) (day) (year)

(c) Cemetery or crematory Family Lot
Location Woodbury, Geo.

18 (a) Funeral director Geo. A. Scott
(b) Address 1641 Druid Hill Ave.

19 (a) APR 20 1946 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1946, at 8:40 M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Cerebral Hemorrhage

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
Means of injury

23. Signature C. J. Schmuhl M.D.
Medical Examiner.
Date signed 4/19/46

VS 151

X

G39503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

Registered No. G39503

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2215 Hargrove st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr 4
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2215 Hargrove st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rev. Julius Reed.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married (SEP)

6 (b) Name of husband or wife Lena

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12-27-1889

8. AGE: Years 56 | Months 3 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace Calvert Co. Md
(Town, county, and state)

10. Usual Occupation Porter

11. Industry or business Gas Co.

FATHER 12. Name James Reed.
13. Birthplace Md

MOTHER 14. Maiden Name Amelia Smith.
15. Birthplace Md

16 (a) Informant Pauline S Smith
(b) Address 2215 Hargrove st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-46 (month) (day) (year)

(c) Cemetery or crematory St Edwards Cem
Location Calvert County Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave

(c) Date received (by Registrar) APR 20 1946 (d) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1946, at 6.45 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 14 1946, to Apr 19 1946 and that I last saw him alive on Apr 19 1946.

Immediate cause of death Chronic Heart Disease — Duration Several yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. Gaston Linnell M.D.

Address 1534 Druid Hill Ave Date signed Apr 19 46

VS 150

G39506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. G39506

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1208 Bonaparte Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1208 Bonaparte Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia W. Hasson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 10, 1860

8. AGE: Years	Months	Days	If less than one day hr.	min.
85	4	9		

9. Birthplace Norfolk Va
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Shipp
13. Birthplace Norfolk Va

MOTHER
14. Maiden Name Virginia Wrenn
15. Birthplace Norfolk Va

16 (a) Informant Mrs. Myrtle H. Martin
(b) Address 1208 Bonaparte ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Milton ave & Rose St

18 (a) Funeral director Howard Y. Bright Jr.
(b) Address 4914 Belair Road.

19 (a) APR 20 1946 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/19/1946 at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/11/1945 to 4/19/1946 and that I last saw h[illegible] alive on 4/14/1946.

Immediate cause of death	Duration
Cardiac insufficiency	
Due to Chr myocarditis	
Due to Fract. left femur	
Other Conditions Hypostatic pneumonia	

(Include pregnancy within 3 months of death)
Date of operation 12/14/45
Major findings of operation: Application Thomas Splint
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 12/11/45 at 4 P.M.
(c) Where did injury occur? Balto Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Fell on Stairs

23. Signature Howard Bawden BAWDEN
Address 1517 E North Ave Date signed 4/19/46
Howard J. Bawden M.D.

VS 150

C39507 Seabease ✓ C39507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1919 E. Hoffman St.
(c) Hospital or institution:
4-7
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1919 E. Hoffman St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nellie L. Seabrease

3 (b) If veteran, name war

3 (c) Social Security Account No. [redacted]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Howard Seabrease
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) November 28, 1888

8. AGE: Years	Months	Days	If less than one day
57	4	21	hr. min.

9. Birthplace Baltimore - Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Charles L. Easterfield
13. Birthplace Baltimore - Md.

MOTHER 14. Maiden Name Carolyn Schrader
15. Birthplace Baltimore - Md.

16 (a) Informant Blanch Eddy
(b) Address 1919 E. Hoffman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Milton Ave & Rose St.

18 (a) Funeral director Howard V. Blight Jr.
(b) Address 4914 Belair Road

APR 20 1946 (Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/18 1946, at 6:20 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/15 1946 to 4/18 1946, and that I last saw h[illegible] alive on 4/17 19

Immediate cause of death Arteriosclerotic Heart Disease.

Duration 7 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sol Smith
Address 1223 E North Ave Date signed 4/18/46 (M. D.)

VS 150

G39508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G39508

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fulton & Eaton Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-3
(e) Length of stay in Baltimore (yrs., mos., or days) 65

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 616 Park Ave. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine M. C. Smith (Catherine M. C. Smith)

3 (b) If veteran, name war ######
3 (c) Social Security Account No. #########

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife: ##########
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years: 65 | Months: ? | Days: ? | If less than one day: # hr. ### min.

9. Birthplace Baltimore, md. (Town, county, and state)
10. Usual Occupation Saleslady
11. Industry or business #########

FATHER
12. Name Not Obtainable
13. Birthplace Not Obtainable

MOTHER
14. Maiden Name Not Obtainable
15. Birthplace Not Obtainable

16 (a) Informant Mrs Clara Morris
(b) Address 414 E. Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore, md.

18 (a) Funeral director Henry W. Mears & Son
(b) Address 805 N. Calvert St.

APR 20 1946 (Date received by Local Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/19 1946, at 10:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/19 1946 to 4/19 1946, and that I last saw her alive on 4/19 1946.

Immediate cause of death: Cardio. Resp. failure
Due to Bronchial Pneumonia
Due to Hemiplegia from Hypertension C-V disease.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address [illegible] Date signed 4/19/46

VS 150

G39509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

Registered No. G39509

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2600 Ridgely St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2600 Ridgely St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Harry Johnson

3 (b) If veteran, name war

(c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Camilla
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1880

8. AGE: Years	Months	Days	If less than one day
66	—	-	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Ike Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Julia ?
15. Birthplace Md.

16 (a) Informant Camilla Johnson
(b) Address 2600 Ridgely St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 20/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A A County Md.

18 (a) Funeral director Mrs. Robert A. Elliott Est.
(b) Address 1129 N. Caroline St.

APR 20 1946 (Date rec'd by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 1946, at 11.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1946 to April 17 1946.
and that I last saw him alive on April 17 1946.

Immediate cause of death

	Duration
Due to Lobar Bronchopneumonia	5 days
Due to Influenza	One week
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dan Coby S. Mathes M. D.
Address 908 S. Broadway Date signed 4/11/46

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

63810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83B

Registered No. 63810

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1600 N. Hilton St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1600 N. Hilton St. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Steuart Purcell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Julia Eichelberger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1878

8. AGE: Years	Months	Days	If less than one day
68	1	27 2/4	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Civil Engineer
11. Industry or business

FATHER
12. Name William H. Purcell
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Steuart
15. Birthplace Md.

16 (a) Informant S. M. Eichelberger
(b) Address 1600 N. Hilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John D. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place Huntington for Williams, Mgr

19 APR 20 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 8, 1946 to Apr. 17, 1946 and that I last saw h[illegible] alive on Apr. 17 1946.

Immediate cause of death Cerebral Thrombosis - Duration 14 days
Due to Arteriosclerosis -
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Isaac R. Dickerson, M. D.
Address 3055 W. North Ave Date signed 4/19/46

Dr. Dickerson 3055 W. North Ave

VS 150

G33511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

G33511

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2118 Barclay St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-4
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2118 Barclay St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest A.R.Fuller

3 (b) If veteran, name war --

3 (c) Social Security Account No. 212-14-1705

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Annie M.Fuller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31, 1872

8. AGE: Years	Months	Days	If less than one day
73	10	19	hr. min.

9. Birthplace Balto. Co.
(Town, county, and state)
10. Usual Occupation Cabniet Maker
11. Industry or business

FATHER
12. Name Wm.H.Fuller
13. Birthplace Balto. Co.

MOTHER
14. Maiden Name Martha V.Fuller
15. Birthplace Balto. Co.

16 (a) Informant Annie M.Fuller
(b) Address 2118 Barclay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 22/46 (month) (day) (year)
(c) Cemetery or crematory Hiss Cem.
Location Balto. Co.

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St.

19 (a) APR 20 1946 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19/46 19 at 1:18 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 16th 19 46 to Apr. 19, 1946. and that I last saw h im alive on Apr. 18th 19 46.

Immediate cause of death Cerebral Hemmorhage — Duration 3 days
Due to Arteriosclerosis — Unknown
Due to ------
Other Conditions ------
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. W. Morgenroth M.D.
Address 401 E. 25th. St. Date signed 4/20/46.

VS 150

G39512

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83a

Registered No. G39512

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3049 N. Carey St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Lillie May Daniels

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col.	Married

6 (b) Name of husband or wife William Daniels
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1913

8. AGE: Years	Months	Days	If less than one day
32	7	20	hr. min.

9. Birthplace Northampton Co. Va. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name James Bailey
13. Birthplace Va.

MOTHER
14. Maiden Name Jessie Satchell
15. Birthplace Va.

16 (a) Informant Blanche Kellam
(b) Address 3044 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22, 1946 (month, day, year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) APR 20 1946 (Date rec'd by Registrar) Hunting for Williams M.F.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1946, at 3:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1946, to April 18 1946, and that I last saw her alive on April 18, 1946

Immediate cause of death	Duration
Subarachnoid Hemorrhage	28 hours
Due to Hypertension	unknown
Due to	
Other Conditions Uterine Fibroids	unknown

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation: —
of autopsy Subarachnoid Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature John F. Gayle M. D.
Address University Hospital Baltimore, Md. Date signed 4/19/46

VS 150

G39513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G39513

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 502 N. Duncan St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 3
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 502 N. Duncan St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Purnell Rideout

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife: Helen Price Rideout
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Feb. 26, 1889

8. AGE: Years	Months	Days	If less than one day
57	1	17	hr. min.

9. Birthplace Cambridge, Md. (Town, county, and state)
10. Usual Occupation Handy-Man
11. Industry or business

FATHER
12. Name William Rideout
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Purnell
15. Birthplace Md.

16 (a) Informant Helen Price
(b) Address 502 N. Duncan St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Bradley Ave

19 (Registered by) APR 20 1946 Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/15 1946, at 4:01 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/10 1946 to 4/15 1946 and that I last saw h[illegible] alive on 4/15 1946.

Immediate cause of death Uraemia — 5 days — Duration

Due to Chronic Myocardial Artery sclerosis

Due to Chronic nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. Truslow M. D.
Address 1211 W Lea Date signed 4/19/46

G39514 37823 BALTIMORE CITY HEALTH DEPARTMENT G39514

CERTIFICATE OF DEATH 124B

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 N. Gilmore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME West Sadie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	Col	Widow

6 (b) Name of husband or wife George A. West

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-10-1892

8. AGE: Years	Months	Days	If less than one day
53	10	9	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Joseph Jenkins
13. Birthplace Md

MOTHER
14. Maiden Name Emma Mahamdtt
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23-46 (month) (day) (year)

(c) Cemetery or crematory Ft. Auburn Cem. Location Westport Balto. Md.

18 (a) Funeral director George T. Gibson & Co.
(b) Address 1735 Eutaw Hill ave

19 (d) APR 20 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April - 19-1946 at 2:38 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-8- 1946 to 4-19- 1946 and that I last saw her alive on 4-19- 1946.

Immediate cause of death Obstruction of hepatic bile duct

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4-17-46

Major findings of operations Cirrhosis of liver

of autopsy Obstruction of hepatic duct

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bruce Jr. Trump
Address The Johns Hopkins Hosp. Date signed 4-19-46 M. D.

VS 150

G39515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G39515

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1510 William St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 William St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie M. Dennis

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Terrence F.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10 - 1862

8. AGE: Years 83 | Months 7 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Michael Burns

13. Birthplace Ireland

MOTHER 14. Maiden Name Bridget McLaughlin

15. Birthplace Ireland

16 (a) Informant Mrs Julia Fay

(b) Address 1510 William St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-1946 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore Md.

18 (a) Funeral director Fleming & Fleming

(b) Address No Light St

19 (a) APR 20 1946 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17 - 1946, at M

21. I certify that death occurred on the date above stated, that I attended deceased from March 1 1945 to April 16 1946, and that I last saw h[illegible] alive on April 16 1946

Immediate cause of death — Cerebral Hemorrhage — Duration 1 day

Due to — Hypertension Arterial — 1 year

Due to Arterio Sclerosis — 1 year

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. B. Whalen MD

Address 1279 Williams St Date signed 4/18/46 M. D.

VS 150

G39516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G39516 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2914 Southland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Betty Jean Bridges

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-16-46

8. AGE: Years	Months	Days	If less than one day
	1	3	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Bridges
13. Birthplace N.C.

MOTHER
14. Maiden Name Fannie Lewis
15. Birthplace N.C.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md

18 (a) Funeral director Charles G. Cooper
(b) Address 512 N. Carrollton Ave

19 APR 20 1946 (Registrar's signature) (b) Huntingtown, Williams, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1946 at 8 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1946 to Apr 19 1946 and that I last saw deceased alive on Apr 19 1946.

Immediate cause of death Tracheal Obstruction

Due to Bronchopneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George A Palmer, M. D.
Address Harriet Lane Home Date signed 4-19-46

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39517 HB 100651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

65B

Registered No. G39517

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1Day
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 Braddish Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie White

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
--	none	F	W	Widowed

6 (b) Name of husband or wife Charles White
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 2, 1885

8. AGE: Years	Months	Days	If less than one day
55 60	6	15	hr. min.

9. Birthplace Texas, Dallas
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Moses Baum (D)
13. Birthplace Germany

MOTHER
14. Maiden Name Betty ?(D)
15. Birthplace Md.

16 (a) Informant Balto. City Hospitals (Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore, Md.

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pennsylvania Aves

19 (a) (b) Huntington Williams, M.D. Registrar

APR 20 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17, 1946 at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 16, 1946 to April 17 1946, and that I last saw h[illegible] alive on April 17 1946.

Immediate cause of death: Respiratory failure

Due to

Due to

Other Conditions: Malnutrition

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

Bronchopneumonia, bilateral

of autopsy: Bronchopneumonia, bilateral

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Doyle Walker M. D.
Address B C H Date signed Apr 18 '46

639518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

639518 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3904 Juniper Rd (If rural give location)
(e) Citizen of foreign country (Yes or No)
If yes, name country

3 (a) FULL NAME Dr. Walter Edward Dandy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sadie Martin Dandy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-6-86

8. AGE: Years	Months	Days	If less than one day
60	0	13	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Surgeon

11. Industry or business

FATHER 12. Name John Dandy
13. Birthplace Eng

MOTHER 14. Maiden Name Rachael Kilpatrick
15. Birthplace Ire.

16 (a) Informant Records Dept.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (c) [illegible] Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1946 at 10 Est. A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1946 to April 19 1946. I last saw alive on 19

Immediate cause of death: Myocardial infarction

Due to: Arteriosclerotic heart disease

Due to:

Other Conditions: Diabetes Mellitus, mild
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at A.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John H. Dandy III M.D.
Address Johns Hopkins Hosp. Date signed 4/19/46

93D

VS 150

G39519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G39519 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3704 Yosemite Ave.
(c) Hospital or institution:

15-11

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3704 Yosemite Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM HEALD

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Esther D. Heald
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1858

8. AGE: Years	Months	Days	If less than one day
87	5	13	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired Accountant
11. Industry or business

FATHER
12. Name John Richard Heald
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Eleanor Virginia Essex
15. Birthplace Georgetown, Va.

16 (a) Informant Mr. Herbert Leland
(b) Address 3704 Yosemite Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) APR 20 1946 (Date rec'd by registrar) (b) Transcription for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 19, 1946, at 9:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1-1946 to 4-19-1946, and that I last saw alive on 4-19-1946.

Immediate cause of death	Duration
Chr. Myocardial degen	1½ yr.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN - Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard H. Warren M. D.
Address 2457 Garrison Blvd Date signed 4-20-46

VS 150

633520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 633520

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2222 W. North Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 4
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2222 W. North Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LAURA VIRGINIA GRUBER

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Wm. George Gruber
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1868

8. AGE: Years	Months	Days	If less than one day
77	6	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm. Maxfield
13. Birthplace Manchester, Md.

MOTHER
14. Maiden Name Rebecca Stansbury
15. Birthplace Baltimoe , Md.

16 (a) Informant Mr. William F. Hamilton
(b) Address 2800 Westfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) APR 20 1946 (Date received by Local Registrar) (b) Huntington for Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19, 19 46 at 8:20A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1/45 19 to 4/19/46 and that I last saw h[illegible] alive on 4/19/46

Immediate cause of death Cardiac Hemorrhage Resulting from Chronic Myocarditis Due to Hostilities Assumed Mobilities Assumed Duration 3 Mos 1 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm C Hamilton M.D.
Address 1624 Linden Ave Date signed 4/20/46

GBB.521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 B

Registered No. GBB.521

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully inquired. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 212 S. PATTERSON PK. Apt
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 212. S. PATTERSON Pk. Apt (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANTONI IGLINICKI

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	White	MARRIED

6 (b) Name of husband or wife HELEN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JUNE 13. 1894

8. AGE: Years	Months	Days	If less than one day
51	10	6	hr. min.

9. Birthplace POLAND (Town, county, and state)

10. Usual Occupation GROCERMAN

11. Industry or business

FATHER
12. Name MICHAEL IGLINICKI
13. Birthplace POLAND

MOTHER
14. Maiden Name A. CIECIERSKI
15. Birthplace POLAND

16 (a) Informant HELEN IGLINICKI
(b) Address 212 S. PATTERSON PK Apt

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof APR 23/46 (month) (day) (year)
(c) Cemetery or crematory HOLY ROSARY
Location BALTIMORE

18 (a) Funeral director Fred W. Ogagowski
(b) Address 1930 EASTERN Ave, Baltimore, Md

19 (a) APR 20 1946 (Date received) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 19 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-18 1946 to 4-19 1946, and that I last saw him alive on 4-18 1946.

Immediate cause of death	Duration
Bronchopneumonia	
Due to	
Due to Prostatic Carcinoma	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of building)
(e) Means of injury

23. Signature A. Grant M. D.

Address 123 S. Paca St Date signed 4/20/46

VS 130

G33522 ✓ G33522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124a

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp. 15-1 ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3406 Park Heights Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Clardo

3 (b) If veteran, name war —
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Carmela Spina
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1889

8. AGE: Years	Months	Days	If less than one day
56	11	3	hr. min.

9. Birthplace Italy (town, county, and state)
10. Usual Occupation Retired
11. Industry or business Grocer

FATHER
12. Name Vincent Clardo
13. Birthplace Italy

MOTHER
14. Maiden Name Mary Felise
15. Birthplace Italy

16 (a) Informant 3406 Park Heights Ave
(b) Address Mrs. Jos. Clardo

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 22, 1946 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 APR 20 1946 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1946; at 10:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 9 1946, to April 18 1946, and that I last saw h[illegible] alive on April 18 1946.

Immediate cause of death Carcinoma of Liver, Primary Cyst — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: See above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Weinstein M. D.
Address Sinai Hospital Date signed 4/21/46

VS 150

X

639523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124B

Registered No. 639523

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood Sts.
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. RD. Westminster (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John A. Easton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Clara
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) July 19, 1888

8. AGE: Years	Months	Days	If less than one day
57	9	0	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Grover Easton
13. Birthplace Md.

MOTHER
14. Maiden Name Martha Hook
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-46 (month) (day) (year)
(c) Cemetery or crematory Bethesda
Location Bist, Carroll Co. Md.

18 (a) Funeral director C. M. Walz
(b) Address Winfield, Md.

19 (Date rec'd by registrar) APR 20 1946 Huntington, Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/19 1946, at 2:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/15 1946, to 4/19 1946, and that I last saw him alive on 4/19 1946.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Sclerosis of Coronary Vessels	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation —
of autopsy Sclerosis, Cirrhosis of Liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. H. Massenburg, M. D.
Address University Hospital Date signed 4/19/46

VS 150

94a

639524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

639524 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Brun Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster R.D. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Wright

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Geo. A. Wright deceased

6 (b) Name of husband ~~or wife~~
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8 1880

8. AGE: Years	Months	Days	If less than one day
65 65	5	11	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Geo. J. Reaver
13. Birthplace Md.

MOTHER
14. Maiden Name Leaanna Long
15. Birthplace Md.

16 (a) Informant Fred. Wright
(b) Address New Windsor Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4-22-46 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Taylorsville
Location Taylorsville Carroll Co Md

18 (a) Funeral director C. M. Wolfe
(b) Address Westfield Md

19 APR 20 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1946 at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1946 to April 19 1946 and that I last saw her alive on April 19 1946.

Immediate cause of death 2nd & 3rd Degree burns of 86% body surface
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 16 1946 at 3:00 P.M.
(c) Where did injury occur? Church (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Farm (Specify type of place) While at work?
(e) Means of injury Burns from kerosene

23. Signature Charles R. Robertson M.D.
Address Univ. Hosp. Date signed 4/20/46

VS 150

For B.J.R. Davis, by Howard J. Walker, M.D.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

39525 — 39525 — Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1632 Ashland Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thelma Carter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 2, 1946

8. AGE: Years | Months: 3 | Days: 16 | If less than one day: hr. min.

9. Birthplace Baltimore, Md (town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER — 12. Name Lee Carter
13. Birthplace Tenn.

MOTHER — 14. Maiden Name Mary D. Henry
15. Birthplace Tenn

16 (a) Informant Lee Carter
(b) Address 1632 Ashland ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Elroy D. Wilson
(b) Address 1000 Brightly ave

19 (a) (Date received by registrar) APR 20 1946 (b) Huntington Williams M.D. Registrar

VS 15.1

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18, 1946 at 6 45 A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Bronchio-pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard A. Mesesis M.D. Medical Examiner.
Date signed 4-18-46

639526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

639526 Registered No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1108 Poplar Grove St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1108 Poplar Grove St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Julia O'Neill

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 19, 1865

8. AGE: Years	Months	Days	If less than one day
80	5	20	hr. min.

9. Birthplace Ellicott City, Md. (Town, county, and state)
10. Usual Occupation Retired Dressmaker
11. Industry or business At home

FATHER
12. Name Michael O'Neill
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Conry
15. Birthplace Ireland

16 (a) Informant Miss Gertrude Temmink
(b) Address 1108 Poplar Grove St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore City

18 (a) Funeral director C. Vernon Lessmann.
(b) Address 4611 Park Heights Ave.

19 (a) APR 22 1946 (Date received) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19th 1946 at 7.30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1, 19 46 to 4/19/ 19 46, and that I last saw her alive on 4/18/ 19 46.

Immediate cause of death: Myocarditis (Chronic) — Duration: 1 years

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene L. Perrazzo M. D.
Address 2314 E. Balto. St. Date signed 4/19/46

VS 150

G33527 BALTIMORE CITY HEALTH DEPARTMENT G39538
Registered No.

CERTIFICATE OF DEATH

121

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna. (b) County
(c) City or town Oxford
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes Hutchison

3 (b) If veteran, name war: No
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 8, 1873

8. AGE: Years	Months	Days	If less than one day
72	5	12	— hr. — min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Samuel Hutchison
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Mary Irving
15. Birthplace Pennsylvania

16 (a) Informant Mrs. James Hutchison
(b) Address Oxford Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22, 1946 (month) (day) (year)
(c) Cemetery or crematory Oxford Pa.
Location Oxford Chester Co. Pa.

18 (a) Funeral director C. P. Rogers
(b) Address Oxford Pa

19 (a) APR 21 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1946, at 11:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 30 1946, to April 20 1946, and that I last saw her alive on April 20 1946.

Immediate cause of death	Duration
Respiratory and circulatory failure	
Due to Peritonitis	
Due to Ruptured diverticulum	
Other Conditions Appendicostomy done 5 days before death (Include pregnancy within 3 months of death)	

Date of operation April 15, 1946
Major findings of operation: Intestinal obstruction from adhesions
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert H. Dudley, Jr. M. D.
Address Union Memorial Hosp. Date signed Apr 20 1946

VS 150

G33528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

G33528 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3438 Reisterstown Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3438 Reisterstown Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ABRAHAM KROOPNICK

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Jennie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 67 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business: None

FATHER
12. Name: Moses Kroopnick
13. Birthplace: Russia

MOTHER
14. Maiden Name: Sarah - -
15. Birthplace: Russia

16 (a) Informant: Dr. Godfrey Kroopnick
(b) Address: 3438 Reisterstown

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 21/46 (month) (day) (year)
(c) Cemetery or crematory: Shaarie Zion Cemetery
Location: Hamilton Avenue, Rosedale

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124-26 West North Avenue

APR 21 1946 (Date received by local registrar) (b) Thurlington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 19, 1946, at 10:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 15, 1946, to April 19, 1946, and that I last saw him alive on 4-19 1946.

Immediate cause of death	Duration
Chronic Cardiac Insufficiency	1 Yr.
Due to Cardiac Hypertrophy	
Due to Hypertension.	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Theodore Cooper
Address 2201 Eutaw Place Date signed 4/20/46

Theodore Cooper X

G39529 ✓ G39529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55B Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 115 North Lugerne Ave
(c) Hospital or institution: Sinai Hosp. of Balto. Inc.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto.
(c) City or town ✓
(If outside city or town limits, write RURAL and give town)
Street No. 115 N. Lugerne Ave
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Russia

3 (a) FULL NAME Pauline W. Chaaanow

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-8722

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rebecca
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace Rumovich, Russia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Abraham
13. Birthplace Russia

MOTHER
14. Maiden Name Ada
15. Birthplace Russia

16 (a) Informant Lillian Ashman
(b) Address 5554 Gwynn Oak Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-46 (month) (day) (year)
(c) Cemetery or crematory Pinedale
Location

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St.

19 (a) APR 1 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1946 at 5:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1 1940 to 4-20 1946, and that I last saw h[illegible] alive on 4-20 1946.

Immediate cause of death Osteosarcoma — Duration 6 Yrs

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo Ashman M. D.
Address 1201 Eutaw Place St Date signed 4-20-46

X

G39530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

G39530 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3346 Hickory ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 80 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3346 Hickory Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Richard H Simonds

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or Race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Laura V.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, year) Nov 1 - 1860

8. AGE: Years 85 | Months 5 | Days 19 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Retired Laborer

11. Industry or business

FATHER 12. Name Richard H Simonds

FATHER 13. Birthplace Va.

MOTHER 14. Maiden Name Harriet Athey

MOTHER 15. Birthplace unknown

16 (a) Informant Richard H Simonds

(b) Address 3346 Hickory ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 23. 46 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Baltimore Md.

18 (a) Funeral director Frank H Seitz

(b) Address 814 N Eutaw St

APR 21 1946 (Date received by Registrar) (b)

Huntington Hillsdale, Md

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20, 1946 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1946 to April 20 1946 and that I last saw him alive on April 19 1946

Immediate cause of death: Chronic Myocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]

Address 210 E Lee St Date signed 4/21/46

M. D.

X

G39531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G39531 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: MARYLAND GENERAL HOSPITAL 9
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1901 Boone Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES M. HARKINS

3 (b) If veteran, name war —
3 (c) Social Security Account No. 212-01-0518

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Annie Belle Harkins
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 12 1873
8. AGE: Years 72 | Months 5 | Days 6 | If less than one day: hr. min.
9. Birthplace Harford Co. Maryland (Town, county, and state)
10. Usual Occupation Cred. Manager
11. Industry or business U.S. Rubber Guano Co

FATHER
12. Name John Wesley Harkins
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Ann Pyle
15. Birthplace Maryland

16 (a) Informant A. Harkins
(b) Address 1901 Boone Street
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22 1946 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Maryland
18 (a) Funeral director Durgee Funeral Home
(b) Address 3631 Falls Road
19 (a) APR 21 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/18 1946 at 5:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 4/3 1946 to 4/18 1946 and that I last saw him alive on 4/17 1946.

Immediate cause of death CONGESTIVE HEART FAILURE — Duration 15 DAYS
Due to HYPERTENSION AND DILATION OF HEART
Due to
Other Conditions BRONCHOPNEUMONIA
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Charles W. Stewart, Jr. M.D.
Address Maryland Gen. Hosp. Date signed 4/19/46

VS 150

G39532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1860

G39532
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give township)
(d) Street No. 3660 Keswick Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME: Miss Josephine Gosnell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Fe | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10-1869

8. AGE: Years 76 | Months 10 | Days 9 | If less than one day hr. min.

9. Birthplace Carroll Co. Maryland (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Mordecai J. Gosnell
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Amy Simmons
15. Birthplace Maryland

16 (a) Informant Mrs. Jessie C. Harding
(b) Address 3210 Christine Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22-1946 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Maryland

18 (a) Funeral director Durgee Funeral Home
(b) Address 3631 Falls Road

APR 21 1946 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1946, at 3:35 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fracture Skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury April 19 46 at 3:35 P.M.
(b) Where did injury occur? 3660 Keswick Road
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work?
(d) Means of injury Fell down Stairs

23. Signature William F. Helfrich M.D. Medical Examiner.
Date signed April 19 46

VS 151

639533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

639533 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1402 Patapsco

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1402 Patapsco Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Eliza J. Berrytold

3 (b) If veteran, name war No

3 (c) Social Security Account No. No

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Charles H. Berrytold

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 8 1865

8. AGE: Years 81 | Months 3 | Days 10 | If less than one day hr. min.

9. Birthplace Balto Md (town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Joseph Nelson

13. Birthplace Va

MOTHER 14. Maiden Name Jane Dudley

15. Birthplace Va

16 (a) Informant Charles H. Berrytold

(b) Address 1402 Patapsco Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22/46 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Baltimore

18 (a) Funeral director J. Pugh Ellis

(b) Address 1400 N. Charles St

APR 21 1946 (Date filed by registrar)

(b) Registrar

Washington for Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1946, at 8:29 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1946 to April 16 1946; and that I last saw him alive on April 15 1946.

Immediate cause of death: Myocardial insufficiency

Due to

Due to

Other Conditions Arteriosclerosis

Myocardium

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John G. Schemm M. D.

Address 337 S. Charles St Date signed 4/19/46

VS 150

G39534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

G39534 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2105 Bolton St

(c) Hospital or institution: Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. City. (If outside city or town limits, write RURAL and name of town)

(d) Street No. 2105 Bolton St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) No

If yes, name country

3 (a) FULL NAME Julia Capran Cassard

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife William L. Cassard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 4, 1867

8. AGE: Years 78 | Months 8 | Days 19 | If less than one day: hr. min.

9. Birthplace Centerville, Louisianna (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER

12. Name Edward Capran

13. Birthplace Pike N. Y.

MOTHER

14. Maiden Name Emily Carey

15. Birthplace Providence R. I.

16 (a) Informant Mrs. Louis L. Cassard

(b) Address 2105 Bolton St

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4-22-46 (month) (day) (year)

(c) Cemetery or crematory Green Mount

Location Balto. City —

18 (a) Funeral director STEWART & [illegible] COMPANY

(b) Address (W. F. Woodes Suc.) 106 N. North Avenue

19 (a) APR 21 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1946, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 1945 to April 19 1946, and that I last saw h.e.r. alive on April 18 1946.

Immediate cause of death

Carcinoma of Parotid Gland & metastasis to lymph glands

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation August 1945

Major findings of operation: Carried lymph gland & metastasis from Parotid gland

of autopsy: —

Duration

1 year

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?

(e) Means of injury

23. Signature Francis W Glucr M. D.

Address 715 Park ave Date signed 4/19/46

VS 180

639535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. 639535

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert - Saratoga
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Balt.
(c) City or town Balt. - 9.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6014 - Smith ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Evelyn Guider (Evelyn Hollis Guider)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 6-25-1893

8. AGE: Years 52 | Months 9 | Days 26 | If less than one day hr. min.

9. Birthplace Balt. Md.
(Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name G. Charles Guider
13. Birthplace Balt.

MOTHER
14. Maiden Name Kate W Neat
15. Birthplace Balt.

16 (a) Informant Miss. H. Louise Golder.
(b) Address 6014 - Smith Ave - Balt. 9.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr-22-46 (month) (day) (year)

(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (H. F. WOODEN SUC.) 100 E. NORTH AVENUE

19 (a) Apr 1946 Huntington Williams M.D.
Date received by registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-20 1946, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15 1946 to 4-20 1946, and that I last saw h alive on 4-00 1946.

Immediate cause of death Resp. Failure
Cerebral Hemorrhage

Due to Hypertension

Due to Encephalitis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Subarach noid Hemorrhage

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. Thomas Lasbery M. D.
Address Mercy Hospital Date signed

VS 150

633536 ✓ X 633536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1227B

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette & Glen Sts., Balto., Md.
(c) Hospital or institution:
Hospital for Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Essex Balto.
(c) City or town Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 612 B. Delaware Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA MARIE LANARSKY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband ~~or wife~~ STANISLAW LANARSKY
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) AUGUST 3, 1890

8. AGE: Years	Months	Days	If less than one day
55	8	15	..... hr. ..... min.

9. Birthplace BALTIMORE, MARYLAND
(Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name JAMES F. ROCK
13. Birthplace BALTIMORE, MARYLAND

MOTHER
14. Maiden Name ROSE AGNES DELANEY
15. Birthplace BALTIMORE, MARYLAND

16 (a) Informant MRS. JOHN WM. SMITH
(b) Address 503 E. RANDALL ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 22nd 1946 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto National
Location Frederick Road

18 (a) Funeral director Leo F. Leavy
(b) Address 1701-03 N. Patterson Park Ave

19 (a) APR 21 1946 (Date received by registrar) (b) ..... Registrar

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 18 1946, at 10:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 24, 1946, to April 18, 1946, and that I last saw her alive on April 18 1946.

Immediate cause of death Intestinal obstruction of recto-sigmoid due to diverticulitis

Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation MARCH 25, 1946

Major findings of operation: Intestinal obstruction of recto-sigmoid due to diverticulitis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leah Rosenblatt M. D.
Address Hosp. for Women of Md. Date signed Apr. 18, 1946

X

G39537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 115c

Registered No. G39537

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ST. JOSEPHS Hosp.
(c) Hospital or institution: CAROLINE STREET
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 day

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3544 Old York Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BABY BOY OTTER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 18-46

8. AGE: Years | Months | Days 3 | If less than one day hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Herbert G Otter
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Dorothy Stenger
15. Birthplace Cleveland Ohio

16 (a) Informant Herbert G Otter
(b) Address 3544 Old York Road

17 Burial (Burial, cremation, or removal) (b) Date thereof 4-23-46 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Baltimore Co. Md.

18 (a) Funeral director Gallagher, Corkran
(b) Address 1219 St Paul St

19 Filed APR 22 1946 (b) Registered by Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 21 1946, at 1:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 19 1946, to Apr 21 1946; and that I last saw h[illegible] alive on Apr. 21 1946.

Immediate cause of death	Duration
Cardiac failure	
Due to septicemia	
Due to acute pharyngitis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John B Wells
Address Hosp Date signed M. D. Apr 21-X

VS 150

G39538 B-200252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1242

Registered No. G39538

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22days
(e) Length of stay in Baltimore (yrs., mos., or days) 30yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1030 McAleer Ct. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William W. Gilbert

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Gertrude
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11- 1872

8. AGE: Years	Months	Days	If less than one day
73	11	10	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Michael Gilbert
13. Birthplace Md.

MOTHER
14. Maiden Name Mary J. Sharon
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 Burial (Burial, cremation, or removal) (b) Date thereof 4/24/46 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md

18 (a) Funeral director Wilson & Son
(b) Address 1219 E Cont St.

19 (a) (Date received by registrar) APR 22 1946 (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21- 1946, at 10 AM M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-29- 1946 to 4-21- 1946, and that I last saw him alive on 4-21- 1946

Immediate cause of death: Bronchopneumonia, bilateral — Duration: 24-48 hrs

Due to —

Due to —

Other Conditions Cirrhosis of Liver; Urinary Tract Infection

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None & none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. R. Hearborough M. D.
Address 4940 Eastern Ave. Date signed 4-21-46

107

G39539

491367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G39539

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 202 N. Hugh St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Siciliano

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Salvatore

6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) 4-28-90 1889

8. AGE: Years	Months	Days	If less than one day
56	11	27	hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Home - wife

11. Industry or business Cancelled

FATHER
12. Name Salvatore
13. Birthplace Italy

MOTHER
14. Maiden Name Angela Macaluso
15. Birthplace Italy

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 APR 22 1946 (Date and City received) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1946 at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1946 to April 19 1946 and that I last saw h alive on April 19 1946.

Immediate cause of death	Duration
Myocardial Infarction, Anterior	12 Days
Due to: Myocardial Infarction, Anterior	1 DAY
Due to: DIABETES AND HYPERTENSION	8 YRS
Due to:	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: AS ABOVE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work)
(e) Means of injury

23. Signature Maxwell Williams M. D.
Address Johns Hopkins Hosp Date signed 4-20-46

VS 150

G39540 ✓ (G39540)

AB-89670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

Registered No.

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr- 7 mos- 14days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. St. Mary's Industrial School
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Halbig

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28-1881

8. AGE: Years	Months	Days	If less than one day
63	8 10	21 22	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Halbig (D
13. Birthplace Md.

MOTHER
14. Maiden Name Annie ? (D
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 22/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Road

18 (a) Funeral director Harry H. Nitzke
(b) Address 410 E Edmondson ave.

19 APR 22 1946 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION All

20. DATE OF DEATH April 19 1946 at 10.25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-5- 1944 to 4-19- 1946 and that I last saw h im alive on 4-19- 1946

Immediate cause of death	Duration
Terminal bronchopneumonia	1 wk
Due to Pyonephrosis	1 mo
Due to Adenocarcinoma of prostate & metastasis	1 yr.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 1-30-46
Major findings of operation: as above (Carcinoma)
of autopsy: a. none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas J. O'neill M. D.
Address Balto City Hospitals Date signed 4-19-46

VS 150

G39541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G39541

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2849 W. Lanvale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2849 W. Lanvale St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lennox Earle Griffin

3 (b) If veteran, name war: No.

3 (c) Social Security Account No. 214-18-0730

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Feb. 12, 1885

8. AGE: Years 61 | Months 2 | Days 18 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Richard S. Griffin
13. Birthplace Maryland

MOTHER
14. Maiden Name Jesse S. Bell
15. Birthplace Maryland

16 (a) Informant Emma B. Wallace
(b) Address 2849 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore

18 (a) Funeral director Geo. W. Little
(b) Address 2700 Edmondson Ave.

19 APR 22 1946 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1946, at 2.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1946 to April 20 1946, and that I last saw h~~im~~ alive on April 20 1946.

Immediate cause of death: Cerebral Hemorrhage. — Duration: 1½ hours.

Due to: Generalized arteriosclerosis chronic, Coronary thrombosis, Nephritis — Duration: several years

Due to: Hypertension — Duration: Years

Arteriosclerotic type Heart Dis. with hypertrophy

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Mitchell M. D.

Address 2901 Edmondson Ave Date signed Apr. 20, 46

VS 150

G39542 ✓ G39542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County —
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1600 BOLTON ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JENNINGS, MISS LORA M.

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: SINGLE
6 (b) Name of husband or wife: NONE
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): 4 | 19 | 76
8. AGE: Years 70 | Months 00 | Days 2 | If less than one day hr. min.
9. Birthplace NEW YORK, NEW YORK (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business NONE

FATHER
12. Name JENNINGS, SAMUEL
13. Birthplace NEW YORK

MOTHER
14. Maiden Name CLARK, FRANCES
15. Birthplace NEW YORK

16 (a) Informant GREEN, MRS ROBERT
(b) Address 1600 BOLTON

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-23-46 (month) (day) (year)
(c) Cemetery or crematory LONDON PARK CEMT. Location FREDRICK AVE
18 (a) Funeral director John C. Mitchell & Sons
(b) Address 1920 EUTAW PLACE
APR 22 1946 Washington Williams M.D. (Date received by Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 21 1946 at 9:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/9 1946 to 4/21 1946 and that I last saw her alive on 4/20 1946.

	Duration
Immediate cause of death BRONCHO - PNEUMONIA - BILATERAL	30
Due to EMBOLIC (POPLITEAL) GANGRENE - LEFT LEG	7 days
Due to GENERALIZED ARTERIOSCLEROSIS ARTERIO-SCLEROTIC H.D. AURICULAR FIBRILLATION	?
Other Conditions CEREBRAL THROMBOSIS	10 days

(Include pregnancy within 3 months of death)
Date of operation NONE
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. D. Patton, M.D.
Address Church Home Hospital Date signed 4/21/46

VS 190

×

G39543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 939

Registered No. G39543

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fremont & Madison Ave
(c) Hospital or institution: Maryland G. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2501 Roslyn Ave apt #6 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clarence Herbert Slater

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Margaret Keen
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) March 5, 1873

8. AGE:

Years	Months	Days	If less than one day
73	1	14	hr. min.

9. Birthplace Harford Co. Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John Slater
13. Birthplace Harford Co. Md.

MOTHER
14. Maiden Name Mary Stonebraker
15. Birthplace Harford Co. Md.

16 (a) Informant Mrs. Margaret K. Slater
(b) Address 2501 Roslyn Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemy
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Pl.
(c) [illegible] (Date received by registrar) Huntington Williams M.D. (Registrar)

APR 22 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19th 1946, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 10th 1946 to April 19 1946, and that I last saw him alive on April 19 1946.

Immediate cause of death	Duration
Terminal pneumonia	9 days
Due to C. V. Disease with decompensation (Hypertension)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. E. Gonzalez, M.D.
Address Maryland G. Hospital Date signed 4/19/46

VS 150

X

G39544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1340

Registered No. G39544

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 52 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 206 Hawthorne Road Bland Park
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Scarlett Stolpp

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Lilia Ross
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/21 1878

8. AGE: Years	Months	Days	If less than one day
68	2	19	hr. min.

9. Birthplace Cincinnatti, O.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name W. A. Stolpp
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Elizabeth Evans
15. Birthplace Balto. Md.

16 (a) Informant Miss Corrilla H. Stolpp
(b) Address Blackstone Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemy.
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) APR 22 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21st 1946, at 6 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/19/46 19..., to 4/21 1946 and that I last saw h[illegible] alive on April 21 1946.

Immediate cause of death Terminal pneumonia — Duration

Due to C. V. D. & Anemia — 52 days

Due to

Other Conditions Calculus of Rt Kidney, Hypertrophy of Prostate
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. E. Gonzales M. D.
Address Maryland Gen. Hospital Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS 150

93D

633.545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

633.545

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dor
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 613 East Baltimore
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MICHAEL J. Boyle

3 (b) If veteran, name war: Spanish War.

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Ireland.
(Town, county, and state)

10. Usual Occupation
11. Industry or business Dont. Know

FATHER
12. Name Dont. Know
13. Birthplace Ireland

MOTHER
14. Maiden Name Dont. Know
15. Birthplace Ireland.

16 (a) Informant August. Rossa
(b) Address 3100 Linwood & Parkville Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/46 (month) (day) (year)
(c) Cemetery or crematory New National
Location Old Frederick Rd

18 (a) Funeral director Thos. A. Jordan
(b) Address 3000 E. Baltimore St

19 APR 23 1946 Huntington Williams M.R. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/18/46 19 , at 3:20 M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Davis M.D.
Medical Examiner.
Date signed 4/18/46

G33546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47a

Registered No. G33546

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution:
US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 130 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3718 Falls Rd.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) **FULL NAME** Giddings, Grover Cleveland

3 (b) If veteran, name war: WW I

3 (c) Social Security Account No.:

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Anna Pearl Campbell

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 11, 1888

8. AGE: Years 57 | Months 8 | Days 8 | If less than one day: hr. min.

9. Birthplace: Howard Co. Md.
(Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business: Seafarer

FATHER
12. Name: Geo. Giddings
13. Birthplace: Md.

MOTHER
14. Maiden Name: Leanna Cross
15. Birthplace: Md.

16 (a) Informant: Records
(b) Address: US Marine Hospital

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof April 22 46 (month) (day) (year)
(c) Cemetery or crematory: Baltimore National.
Location: Braudmh Road.

18 (a) Funeral director: John Funeral Home Inc
(b) Address: 4644 York Rd No 12.

19 (a) APR 22 1946 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr. 19 1946, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 10 1945 to Apr. 19 1946, and that I last saw him alive on Apr. 19 1946.

Immediate cause of death: Pneumonia, lobular, left lung — Duration: MORE THAN 1 WK.

Due to:

Due to:

Other Conditions: Carcinoma of larynx — UNKNOWN

(Include pregnancy within 3 months of death)

Date of operation: 12/18/45

Major findings of operation: Carcinoma of hypopharynx

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: John L. Wilson
John L. Wilson, Sr. Surgeon
Address: Clinical director, US Marine Hospital, Balto, Md. Date signed 4/10/46

VS 150

G39547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

Registered No. G39547

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ARROWS RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1421 E Eager St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1421 E. Eager St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hattie Steeples

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Married

6 (b) Name of husband or wife Lee Steeples

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER

12. Name unknown

13. Birthplace "

MOTHER

14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Thomas Blount

(b) Address 1421 E. Eager st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/46 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Pk.

Location

18 (a) Funeral director Elroy A Wilson

(b) Address 1000 Brantley ave

(c) Huntington Williams M.E. (Date received by registrar) (Registrar)

APR 22 1946

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18th 1946, at 6:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 27 1945 to Apr. 18 1946, and that I last saw her alive on Apr. 18 1946.

Immediate cause of death Carcinoma Ovary & Adenopa

Due to

Due to

Other Conditions Acute Bronchitis Hemiplegia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Edward R. Lofgren

Address 512 N. Broad St Date signed 4/22/46

X

Dr. Edwards Talbott
1700 St Paul St

BALTIMORE CITY HEALTH DEPARTMENT ✓ G39548
CERTIFICATE OF DEATH 130
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1392 W. North Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1392 W. North Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence V. Gordon

3 (b) If veteran, name war	3 (c) Social Security Account No. 215-22-2306

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Elizabeth J. Gordon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18-1872

8. AGE: Years	Months	Days	If less than one day
73	4	2	hr. min.

9. Birthplace Penna
(Town, county, and state)
10. Usual Occupation Clerk in Chain Store
11. Industry or business Food Store

FATHER
12. Name Thomas Gordon.
13. Birthplace Unknown.

MOTHER
14. Maiden Name Unknown.
15. Birthplace Unknown

16 (a) Informant Mrs. Frances S. Hockney
(b) Address 1392 W. North Ave.

17 (a) Burial (b) Date thereof April 23/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Asbury Cemetery
Location Reisterstown Md

18 (a) Funeral director Maggie Cook Dyer
(b) Address 1600 W. North Ave.

19 (a) APR 22 1946 Huntington Williams, M.D.
Date Rec'd by Registrar 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 · 1946 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1946 to April 20 1946 and that I last saw him alive on April 19 1946

Immediate cause of death	Duration
Uremia	3 da
Due to Acute Nephritis	1 wk
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edwards Talbott
Address 2123 St Paul Date signed 4/22/46 M. D.

VS 150

X

Dr French
G33929 arundel Ave

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131 B

Registered No. G39549

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1301 Poplar Grove St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1301 Poplar Grove St
(If rural give location)
(e) Citizen of foreign country? (~~Yes or~~ No)
If yes, name country

3 (a) FULL NAME Charles H. Knapp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband~~ or wife Josephine W. Knapp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 9-1869

8. AGE: Years	Months	Days	If less than one day
76	6	11	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Pipe fitter

FATHER
12. Name Knapp
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore Md.

16 (a) Informant Charles W. Knapp
(b) Address 4709 Dartford Ave.

17 (a) Baltimore (Burial, cremation, or removal) (b) Date thereof April 23/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Baltimore Md.

18 (a) Funeral director Francis Cook Sykes
(b) Address 1600 W. North Ave.

19 APR 22 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1946, at 3:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 15 1946 to Apr 20 1946, and that I last saw him alive on Apr 19 1946.

Immediate cause of death
Myocarditis
Coronary Occlusion
Due to Myocarditis
Due to Peremchymatous nephritis: chronic
Other Conditions None

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. H. French M.D.
Address 2379 Arundel Date signed 4/22/46

French

VS 130

G33550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63a

G33550

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Providence Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1142 Dorsey St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Hayes

3 (b) If veteran, name war: World War I

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1900

8. AGE: Years 46 Mos. Days 17 If less than one day hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James Hayes
13. Birthplace Va.

MOTHER
14. Maiden Name Lena Horsher
15. Birthplace Va.

16 (a) Informant Mrs. Rachel Hayes
(b) Address 620 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 23, '46 (month) (day) (year)
(c) Cemetery or crematory National Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

APR 22 1946 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/18 19 46 at 7:29 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. P. Lubinski M.D.
Medical Examiner.

Date signed 4/19/46

G39551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

118

Registered No. G39551

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Rayner & Dukeland

(c) Hospital or institution Nat'l Balto. Gen. Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....

(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County .....

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1831 N. Fulton Ave. (If rural give location)

(e) Citizen of foreign country? ..... (Yes or No) If yes, name country .....

3 (a) FULL NAME John MacDonald

3 (b) If veteran, name war .....

3 (c) Social Security Account No. 107-06-5185

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife --

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Mar. 3, 1890

8. AGE: Years	Months	Days	If less than one day
56	1	18	hr. ..... min.

9. Birthplace Scotland (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business British Overseas Airways

FATHER — 12. Name John

13. Birthplace Scotland

MOTHER — 14. Maiden Name Barbara

15. Birthplace Scotland

16 (a) Informant Mr. Howard Mooers

(b) Address 1831 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/46 (month) (day) (year)

(c) Cemetery or crematory Western Cem.

Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Balto., Md.

19 (a) APR 22 1946 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21, 1946, at ..... M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1946 to April 21 1946, and that I last saw h/ alive on April 21 1946.

Immediate cause of death Resp. Failure — **Duration** .....

Due to Pneumonia, lobar, bilateral — .....

Due to ..... — .....

Other Conditions Hypertensive CV Dis — .....

Cirrhosis of Liver & Fatty Metamorphosis — .....

(Including pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: Hours

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....

(Specify trade or place)

(e) Means of injury Jerked a Steel J

23. Signature .....

Address St. Balto Gen Hosp Date signed 4/24/46

VS 150

633552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. 633552

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 507 Woodbourne Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 507 Woodbourne Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME REBECCA M. BURRUSS

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Wm. J. Burruss
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 20, 1848

8. AGE: Years	Months	Days	If less than one day
98	3	1	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation -
11. Industry or business

FATHER
12. Name Isaac M. Moss
13. Birthplace England

MOTHER
14. Maiden Name Mary Holtz
15. Birthplace England

16 (a) Informant Miss Adalaide Burruss
(b) Address 507 Woodbourne Ave.

17 (a) Burial (b) Date thereof 4/23/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Govans Presby. Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) Date received by Registrar APR 22 1946 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21, 1946 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1937 to April 21 1946.
and that I last saw him alive on April 20 1946.

Immediate cause of death Cancer of Uterus

Due to Cachexia - Sclerosis Generalized

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Years
Years.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry L. Hanson M. D.
Address 20 E. Preston St. Date signed 4/22/46

X

G39553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. G39553

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dod
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 751 W. Redwood St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Evelyn Corbin Marks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	C.	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1945 - October 15

8. AGE: Years	Months	Days	If less than one day
	6	4	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William Marks

13. Birthplace Md.

MOTHER 14. Maiden Name Dorothy Corbin

15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Dorothy C. Marks

(b) Address 750 N. Redwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April '46 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N. Schroeder St

19 (d) APR 22 1946 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19, 1946, at 5 P. M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Broncho-Pneumonia.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.

Date signed 4-20-46

VS 151

G33554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1577

Registered No. G33554

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: MARYLAND GENERAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4102 Alto Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA MARIE ROBBINS

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12-1945

8. AGE: Years	Months	Days	If less than one day
1	3	7	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name James L. Robbins
13. Birthplace Chicago, Ill.

MOTHER
14. Maiden Name Josephine Brinker
15. Birthplace Cumberland, Md

16 (a) Informant Mrs. Josephine Robbins
(b) Address 4102 Alto Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director J. Howard Strong
(b) Address 3207 W. North Ave

19 APR 22 1946 (b) Huntington Williams, Md.
(Date received by local registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/19 1946, at 7^00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/11 1946 to 4/19 1946, and that I last saw HER alive on 4/19 1946.

Immediate cause of death SUB ARACHNOID HEMORRHAGE — Duration 8 DAYS

Due to PROBABLE BIRTH INJURIES

Due to

Other Conditions MICROCEPHALIA

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles W. Stewart, Jr. M. D.
Address MD. GEN. HOSP. Date signed 4/19/46

X

G39555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48 B

Registered No. G39555

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 5014 Preston St. Admitted Dec 26 '45

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 H

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

City or town Baltimore (If outside city or town limits, write RURAL and give town)

(c) Street No. 5014 Preston St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) **FULL NAME** Lucy MAE Butcher

3 (b) If veteran, name war —

3 (c) Social Security Account No. 234-16-1717

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fr.	W.	Divorced

6 (b) Name of husband ~~or wife~~ Samuel N. Butcher

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16. 1900

8. AGE: Years	Months	Days	If less than one day
45	10	5	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation File Clerk

11. Industry or business Glen L Martin Co.

FATHER — 12. Name Elmer Sharp

13. Birthplace Ohio

MOTHER — 14. Maiden Name O'Dell

15. Birthplace W. Va.

16 (a) Informant

(b) Address 5014 Preston St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-22-46 (month) (day) (year)

(c) ~~Cemetery or crematory~~ Clay. W. Va.

Location

18 (a) Funeral director G. Howard Strong

(b) Address 3207 W. North Ave

APR 22 1946 (Date received by Local Registrar) (b) Huntington Williamson, W. Va. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1946 at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1945. to April 21 1946. and that I last saw him alive on April 20 1946:

Immediate cause of death Carcinoma of Uterus — Duration 18 mos.

Due to metastases to Bladder and Brain

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Coral Gordon M. D.

Address 2201 W North Ave Date signed 4-21-46

X

639556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

639556 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 829 China St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 829 China St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elsie Mae Hughes

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/12/1919

8. AGE: Years 27 | Months 2 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county and state)

10. Usual Occupation Homemaker

11. Industry or business

FATHER 12. Name Atlas Hughes
13. Birthplace Md

MOTHER 14. Maiden Name Josephine Harris
15. Birthplace Md

16 (a) Informant Atlas Hughes
(b) Address 517 W Baltimore St

17 (a) Burial (b) Date thereof 4-23-46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location B. & O. Md

18 (a) Funeral director Isaiah T. Brown
(b) Address 108 W Montgomery St

APR 22 1946 Huntington Williams Mgr
(Date Received by Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1946, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 to April 19 1946 and that I last saw h alive April 19 1946

Immediate cause of death — Duration

Acute Bronchopneumonia — 5 days

Due to Influenza — 2 weeks

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lindsley Shatter M. D.

Address 908 S. Wolfe Date signed 4/22/46

VS 150

G39557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49a

Registered No. G39557

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St
(c) Hospital or institution: Union Memorial Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1918 W. Lanvale St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Elizabeth Rebecca Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	widowed

6 (b) Name of husband or wife Mr Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 19, 1884

8. AGE: Years	Months	Days	If less than one day
62	2	2	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Calvin Cooley
13. Birthplace ~~Queen Anne's County~~ Maryland

MOTHER
14. Maiden Name Agnes Cooley
15. Birthplace Maryland

16 (a) Informant Union Mem. Hos.
(b) Address Calvert & 33rd Sts.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/22/46 (month) (day) (year)
(c) Cemetery or crematory
Location Washington, D.C.

18 (a) Funeral director D. H. Haines Co.
(b) Address Washington, D.C.

19 (a) (Signature of local registrar) (b) Huntington Williams, M.D. Registrar

APR 22 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1946 at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1946 to April 21 1946 and that I last saw her alive on April 21 1946.

Immediate cause of death Respiratory failure — Duration immediate

Due to Widespread metastatic Carcinoma — 3 years?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Crawford M. Kirkpatrick, Jr. M. D.
Address Union Memorial Hosp. Date signed 4-22-46

William Kunkel, Jr. M.D. ×

G39558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G39558 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2715 St. Paul St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2715 St. Paul St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Wilson Nicolls

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Katherine Sherman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1874

8. AGE: Years	Months	Days	If less than one day
72	3	--	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation insurance
11. Industry or business

FATHER
12. Name Robert Nicolls
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Rider
15. Birthplace Md.

16 (a) Informant Mr. Robt. Addison Nicolls
(b) Address 816 Evesham Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/22/46 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Greenmount
Location North & Greenmount Aves.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

APR 22 1946 (Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan' 1946, to April 16 1946. and that I last saw h[illegible] alive on April 15 1946.

Immediate cause of death	Duration
pulmonary embolism	1 Min.
Due to chronic myocarditis	3 Months
Due to arteriosclerosis.	1 year
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robt. H. Mortimer Jr. M.D.
Address 2706 St Paul St Date signed 4/21/46

VS 150

G39559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G39559

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leroy M. Conner

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Elsie V. Conner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1894

8. AGE: Years	Months	Days	If less than one day
51	4	5	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Policeman
11. Industry or business City of Baltimore

FATHER
12. Name Edward M. Conner
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Hunt
15. Birthplace Balto., Md.

16 (a) Informant Mr. W. V. Simering, cousin
(b) Address 19 Holmehurst, Catonsville 28

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/46 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (b) Huntington Williams, M.D. Registrar

APR 22 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21st 1946, at 4:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 20th 1946 to April 21st 1946, and that I last saw h alive on April 21st 1946.

Immediate cause of death: Recurrent coronary occlusion — Duration: 14 hrs.
Due to: Coronary sclerosis
Due to: Generalized arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. E. Gonzalez M. D.
Address Maryland G. Hosp. Date signed 4/21/46

X

639560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

639560

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1006 Appleton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 Appleton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY A. ROSSMAN

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-22-4510

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Alfred H. Rossman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 19, 1888

8. AGE: Years 57 | Months 8 | Days 2 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Frank Duffy
13. Birthplace Ireland

MOTHER
14. Maiden Name Delia Cuff
15. Birthplace Ireland

16 (a) Informant Mr. Alfred H. Rossman
(b) Address 1006 Appleton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) APR 22 1946 (Do not write in this space) (b) Thurston Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21, 1946 at 1:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1945 to Apr. 21 1946 and that I last saw her alive on Apr. 20 1946.

Immediate cause of death: Respiratory failure — Duration

Due to Carcinoma of breast

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature I. Shorofsky M. D.

Address 601 N. Monroe St. Date signed 4/22/46

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

639561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

72 B

Registered No. 639561

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 E Monument (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Wilbur Walker (John Wilbert Walker)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11 - 16 - 40

8. AGE: Years 5 | Months 5 | Days 3 | If less than one day hr. min.

9. Birthplace Md. (town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name John W. Walker

13. Birthplace S.C.

MOTHER 14. Maiden Name Ida May Shaw

15. Birthplace N.C.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof 4/21/46 (month) (day) (year)

(c) Cemetery or crematory Glen Cemetery

Location Baltimore Co. Md.

18 (a) Funeral director Robert L. Caruso

(b) Address 1216 N. Carlisle St.

APR 22 1946 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1946 at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1946 to April 19 1946 and that I last saw deceased alive on April 17 1946.

Immediate cause of death

Intracranial Hemorrhage

Due to Hemophilia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Intracranial Hemorrhage

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank W. Keller

Address Johns Hopkins Date signed 4/21/46

VS 150

G39562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G39562

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 427 Hanover St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 427 W Hanover St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ephfraim E Jones
3 (b) If veteran, name war (c) Social Security Account No. 220-03-2190

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	married

6 (b) Name of husband or wife Mary L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8 1882

8. AGE: Years	Months	Days	If less than one day
63	11	10	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name Edward Jones
13. Birthplace Va

MOTHER
14. Maiden Name Frances Cole
15. Birthplace Va

16 (a) Informant Mary L Jones
(b) Address 427 W Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Md

18 (a) Funeral director Daniel L Bowers
(b) Address 1 or 2 Montgomery St

19 (a) APR 22 1946 (Date received by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/18/46 19 , at 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/7/1946 to 4/18/1946 and that I last saw him alive on 4/18/46

Immediate cause of death Pulmonary Edema — Duration

Due to Hypostatic Pneumonia

Due to

Other Conditions Enterocolitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. A. Harrell M. D.
Address 601 N Arlington Ave Date signed 4-22-46

G39563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1218

Registered No. G39563

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1231 Battery Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1231 Battery Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine E. Weiler

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22 - 1878

8. AGE: Years	Months	Days	If less than one day
68	1	29 25	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Teacher of music
11. Industry or business Own home

FATHER
12. Name Rochus Weiler
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Beichert
15. Birthplace Germany

16 (a) Informant Miss Sophia Weiler
(b) Address 1231 Battery Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 23-46 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Ritchie Highway A.A. Co.

18 (a) Funeral director Elizabeth Hartle Funeral
(b) Address 115 E. West St.

19 (a) [illegible] Washington Williams [illegible]

APR 22 1946

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1946, at 1100 P M

21. I certify that death occurred on the date above stated that I attended deceased from March 5 1946 to April 19 1946 and that I last saw h[illegible] alive on April 19 1946.

Immediate cause of death: Myocardial Insufficiency

Duration

Due to

Due to

Other Conditions Hypertension
Chronic Nephritis
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations:

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature Irene E. Schwend, M.D.
Address 1337 S. Charles St. Date signed 4/22/46

639564

AB-100353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

639564 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1261 Riverside Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Davis

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-34-8177

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Catherine Sinskey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1886

8. AGE: Years	Months	Days	If less than one day
60 years	0	4	hr. min.

9. Birthplace Virginia
Unable to obtain further information
10. Usual Occupation
11. Industry or business

FATHER 12. Name John J. Davis
13. Birthplace Virginia

MOTHER 14. Maiden Name Annie E. McCord
15. Birthplace Virginia

16 (a) Informant Baltimore City Hospitals Record
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location E. North Ave.

18 (a) Funeral director John F. Denny Inc.
(b) Address 740 Light St.

19 APR 22 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1946, at 5.10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3- 1946 to 4-20 1946 and that I last saw h.IM. alive on 4-20-46 1946

Immediate cause of death: Respiratory failure — Duration

Due to Starvation — Extreme Malnutrition

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Extreme malnutrition
of autopsy: Broncho-pneumonia

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work)
(e) Means of injury

23. Signature Earl Doyle Wallace M. D.
Address B.C.H. Date signed Apr 22 '46

VS 150

G39565

BALTIMORE CITY HEALTH DEPARTMENT

TN. 97929

CERTIFICATE OF DEATH

937

G39565

Registered No.

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1- 1- 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 735 E. 36th St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles W. [illegible] Wilkens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12th 1872

8. AGE: Years	Months	Days	If less than one day
74	1	8	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Henry Wilkins
13. Birthplace Maryland

MOTHER 14. Maiden Name Hanna Lassic
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 4/23/46 (month) (day) (year)
(c) Cemetery or Location London Park Frederick Road

18 (a) Funeral director Chas P. Evans & Son
(b) Address 1040 Mt. Royal Ave

APR 22 1946

19 (a) (Date rec'd by registrar) (b) Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20th 1946 at 4.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 17 1945 to Apr. 20 1946 and that I last saw him alive on Apr. 20 1946

Immediate cause of death Cardiac Failure.

Due to Arteriosclerotic Heart Disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: See above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert A. Fuller, M.D.
Address Balt. City Hosp. Date signed 4-21-46

VS 150

639566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122a

Registered No. 639566

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd. ST.
(c) Hospital or institution:
UNION MEMORIAL HOSPITAL.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County BALTIMORE.
(c) City or town TOWSON
(If outside city or town limits, write RURAL and give town)
(d) Street No. 201 W. CHESAPEAKE AVE.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

3 (a) FULL NAME CHARLES AUGUSTUS BISHOP

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED.

6 (b) Name of husband or wife ELIZABETH
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) May 8 - 1876

8. AGE: Years	Months	Days	If less than one day
69	11	13	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation NONE.
11. Industry or business —

FATHER
12. Name HENRY BISHOP
13. Birthplace GERMANY

MOTHER
14. Maiden Name MARIANA CHAUSSEN
15. Birthplace GERMANY.

16 (a) Informant CHARLES A. BISHOP, JR.
(b) Address COCKEYSVILLE, MD

17 (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof APRIL 22 - 1946 (month) (day) (year)
(c) Cemetery or crematory HOMEWOOD CEMETERY
Location EAST LIBERTY, PITTSBURGH, PA.

18 (a) Funeral director Chas. D. Evans & Son Inc.
(b) Address 118 W. Mt. Royal Ave

19 (a) APR 22 1946 (Date received by registrar) Huntington Williamsport, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 21 1946, at 3:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from APRIL 14, 1946 to APRIL 21, 1946 and that I last saw HIM alive on APRIL 21, 1946.

Immediate cause of death
UREMIA — Duration # days

Due to RENAL INSUFFICIENCY — VIII days

(SECONDARY) Due to INTESTINAL OBSTRUCTION.

Other Conditions
RIGHT INGUINAL HERNIA.
(Include pregnancy within 3 months of death)
Date of operation APRIL 15, 1946
Major findings of operation: ADHESIONS CAUSING INTESTINAL OBSTRUCTION
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William D. Penner M. D.
Address Union Memorial Hosp. Date signed 21 Apr 46

VS 150

X

G39567

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

$3a

G39567 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1406 W. Lanvale St
(c) Hospital or institution: 14

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1406 W. Lanvale St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Simon W. Garrison

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Col	Widower

6 (b) Name of husband or wife Dora Garrison
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-15-1889

8. AGE: Years	Months	Days	If less than one day
56	10	6	hr. min.

9. Birthplace Kent Co. Md. (Town, county, and state)
10. Usual Occupation Packer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace ✓

MOTHER
14. Maiden Name [illegible] Sarah?
15. Birthplace ✓

16 (a) Informant Lillian Donaldson
(b) Address 1406 W. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-46 (month) (day) (year)
(c) Cemetery or crematory Arlington
Location Balto. Co.

18 (a) Funeral director Sam'l. M. Chase & Son
(b) Address 638 N. Fulton Ave
APR 22 1946 (Date rec'd by Local Registrar) Tomlinson Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1946, at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/18/ 1946. to 4/20/ 1946
and that I last saw him alive on 4/20/ 1946.

Immediate cause of death Cerebral Hemorrhage. — Duration 4 days

Due to Arterial Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. M. Lawrence M.D.
Address 1038 W. Lanvale St. Date signed 4/22/46

X

639568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

639568 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W.B.&A.H 136
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da
(e) Length of stay in Baltimore (yrs., mos., or days) 2 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 2221 Eutaw pl (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sandra Sue Cunshaw

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-15-1946

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Clyde Cunshaw

13. Birthplace Anatonia N.C.

MOTHER 14. Maiden Name Lucille Hooper

15. Birthplace High point N.C.

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location Johns Hopkins Medical School APR 22 1946 Commissioner of Health

18 (a) Funeral director

(b) Address

19 (a) APR 22 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-17 1946, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15 1946, to 4-17 1946 and that I last saw her alive on 4-17 1946

Immediate cause of death Respiratory failure

Due to atelectasis + intracranial hemorrhage

Due to prematurity

Other Conditions none

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman M. D.

Address 2231 Eutaw Pl Date signed 4/22/46

VS 150

3434

G39569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G39569 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2708 Huntington Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2708 Hunington Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine F Cochran

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day
82	—	—	hr. min.

9. Birthplace Penna
(Town, county, and state)

10. Usual Occupation Home Work

11. Industry or business

FATHER
12. Name — Stevens
13. Birthplace Penna

MOTHER
14. Maiden Name not known
15. Birthplace not known

16 (a) Informant Mrs Howard Cochran
(b) Address 2708 Huntington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-46 (month) (day) (year)
(c) Cemetery or crematory St Johns
Location Hyde Balto Co Md.

18 (a) Funeral director Joseph E Kurtz
(b) Address Jane Lowe Md.

19 (a) (Signature of Registrar) (b) Huntingtown Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 40 19 1,15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 22 1946. to April 22 46
and that I last saw her alive on April 22 1946.

Immediate cause of death	Duration
Chronic Myocarditis	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B R Cochran M. D.
Address 2757 Un Mont Date signed 4/25/46

APR 25 1946

VS 8

G39570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/31a

G39570 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The spaces are especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Homewood Apartments
(b) Street address — Charles & 31st Sts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 88 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Charles & 31st Sts. (If rural give location)
(e) Citizen of foreign country? ----- (Yes or No) If yes, name country ------

3 (a) FULL NAME Sarah Kate Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age --years

7. Birth date of deceased (mo., day, yr.) May 15, 1857

8. AGE: Years	Months	Days	If less than one day
88	11	5	--hr. ---min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation --------
11. Industry or business --------

FATHER
12. Name William Robinson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Sarah Nicoll
15. Birthplace Baltimore, Maryland

16 (a) Informant Helen C. Blake
(b) Address Homewood Apartments

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/46 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore, Md.

18 (a) Funeral director H. W. Meares and Son
(b) Address 805 N. Calvert Street

19 (a) Filed APR 23 1946 (b) [signature] Registrar
Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20th 1946 at 4.20 p M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1945 to April 20 1946 and that I last saw her alive on April 19 1946

Immediate cause of death Hypostatic Pneumonia. — Duration

Due to Bronchitis. —

Due to Arteriosclerosis. —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Nelson Blake, M. D.
Address 100 St Paul St Date signed 4-22-46

X

G39571

492103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G39571

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Annapolis
(If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D. #3 Box - 1256
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Rachey.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female.	White.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-19-46

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER | FATHER

12. Name Patricia Rachey. 2.

13. Birthplace 2.

14. Maiden Name Moody 2.

15. Birthplace 2.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 21, 46 (month) (day) (year)

(c) Cemetery or crematory Mount Cemetery

Location Annapolis

18 (a) Funeral director C. L. Hopkins Jr.

(b) Address Annapolis Md.

APR 23 1946 (Date filed by registrar) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April - 21 1946 at 9.05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April - 19 1941, to April - 21 1946 and that I last saw h[illegible] alive on April - 21 1946

Immediate cause of death Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address Johns Hopkins Hosp. Date signed 4-23-46 M. D.

VS 150

G39572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 5131B

Registered No. G39572

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 66 S Marley St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 66 S Marley St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Keller

3 (b) If veteran, name war 10
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Divorced
6 (b) Name of husband or wife: Helen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 21, 1881

8. AGE: Years 64 | Months 5 | Days 30 | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Coal Miner Retired
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Martha Hampton
(b) Address 66 S Marley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/46 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore MD

18 (a) Funeral director Gilhooly & Son Inc
(b) Address 1219 E Lanvale St

APR 23 1946 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1943 to April 22 1946, and that I last saw alive on April 22 1946.

Immediate cause of death: Chronic Nephritis & Hypertensive uremia — Duration: 1 Month

Due to

Due to

Other Conditions: Parkinsons Syndrome — 5 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Ashman M.D.
Address 1916 North Ave Date signed 4/22/46 M. D.

VS 150

X

G39573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G39573 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ga. (b) County
(c) City or town Macon
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2619 Second St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Hamlin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-1-44

8. AGE: Years	Months	Days	If less than one day
2	2	21	hr. min.

9. Birthplace Ga.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Eldridge Hamlin
13. Birthplace Ga.

MOTHER
14. Maiden Name Sarah Bowden
15. Birthplace Ga.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/46 (month) (day) (year)

(c) Cemetery or crematory
Location Macon, Ga.

18 (a) Funeral director John D. Mitchell Home
(b) Address 1908 Eatons Place, Macon, Ga.

APR 23 1946 (Date received by local registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22-1946 at 5 46 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-16-1946 to 4-22-1946 and that I last saw h[illegible] alive on 4-22-1946.

Immediate cause of death	Duration
Leukemia	3 mo.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Leukemia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Margaret Sullivan M.D.
Address Johns Hopkins Hosp. Date signed 4-23

VS 150

633574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 148 B

Registered No. 633574

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1556 N.Fulton Ave. ~~Street~~
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1556 N.Fulton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Dovey Bell

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col.	Married

6 (b) Name of husband or wife Richard Bell
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 19, 1907

8. AGE: Years	Months	Days	If less than one day
39	-	-	..... hr. ..... min.

9. Birthplace Carrolton, Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Bevery Brown
13. Birthplace Va.

MOTHER
14. Maiden Name Mary E.Goodwin
15. Birthplace Va.

16 (a) Informant Richard Bell
(b) Address 1556 N.Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 23 46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mem. Park
Location Baltimore County Md.
18 (a) Funeral director Watkins & Gibbons
(b) Address 916 Penna. Ave.
19 (a) Filed (Registrar) (b) Huntington Williams, M.D.
APR 23 1946

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19, 1946 at 2:45 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 16 1946 to Apr. 19 1946 and that I last saw her alive on Apr. 19 1946.

Immediate cause of death Carcinoma, Uterus — Duration Unknown
Due to ?
Due to .....
Other Conditions None
(Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....
23. Signature Henry McDonald M. D.
Address 844 N. Carey Street Date signed 4/23/46

X

G39575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G39575

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 505 W. Cross St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nathaniel Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1911

8. AGE: Years	Months	Days	If less than one day
32			hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name [illegible] Brown
13. Birthplace S. C.

MOTHER
14. Maiden Name Jane Alvin DELVIN
15. Birthplace

16 (a) Informant
(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 24-46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director James A Hayes
(b) Address 1142 W Fayette St

APR 23 1945 (Date rec'd by registrar)

(b) Huntington for Baltimore, Md.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1946 at 8 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1946, to April 21 1946, and that I last saw him alive on April 21 1946.

Immediate cause of death: Convulsions

Due to Syphilitic Meningitis

Due to CNS syphilis

Other Conditions Healing lung abscess

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C Austrian M.D.

Address Johns Hopkins Hosp Date signed 4-25-46

VS 150

G39576 G39576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3112 Kentucky Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 6
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3112 Kentucky Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hazel Penrod

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Harry Penrod
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 1896

8. AGE: Years	Months	Days	If less than one day
49	10	15	hr. min.

9. Birthplace Ohiopyle Pa
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Aaron Finderman
13. Birthplace Ohiopyle Pa

MOTHER
14. Maiden Name Mary Orndorff
15. Birthplace Zepp Va

16 (a) Informant Mrs Harry Penrod
(b) Address 3112 Kentucky ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24 46 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto

18 (a) Funeral director Jos J Sterrystone
(b) Address 3001 Kentucky ave

19 (a) APR 23 1946 (Date received by registrar) (b) Kentucky Ave William Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 21 APRIL 1946 at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 21 APRIL 1946 to 21 APRIL 1946 and that I last saw her alive on 21 APRIL 1946.

Immediate cause of death	Duration
LEFT HEMIPLEGIA, CEREBRAL HEMORRHAGE	12 hrs
Due to ARTERIAL HYPERTENSION 250/150	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William L. Feaney M. D.
Address 3025 Belair Rd Date signed 22 April 1946

For P. J. Finkowski, by Howard J. Malding, M. D.

G39577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

Registered No. G39577

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address So. Balto Gen. Hosp.
(c) Hospital or institution: 1200 Light St

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 wks
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 Rivercrest Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marie Catherine Reitz

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Edward Reitz
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1906

8. AGE: Years	Months	Days	If less than one day
39	6	10	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Joseph Mclean
13. Birthplace Balto Md.

MOTHER 14. Maiden Name Catherine Herbert
15. Birthplace Balto. Md.

16 (a) Informant Edward Reitz
(b) Address 1001 Rivercrest Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 24 46 (month) (day) (year)
(c) Cemetery or crematory Mem. Cathedral
Location Old Fredrick Rd

18 (a) Funeral director Browne Funeral Home
(b) Address 1416 S. Charles st.

19 (a) APR 23 1946 (Date received by Registrar) Registrar Washington Millimaci M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/20/1946 at 2"45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/11/1946 to 4/20/1946, and that I last saw h[illegible] alive on 4/20/1946.

Immediate cause of death Carcinoma of Cervix uteri — Duration 1 year

Due to

Due to

Other Conditions Cachexia

(Include pregnancy within 3 months of death)

Date of operation March 5 1946

Major findings of operation: Colotomy

Biopsy positive for Carcinoma of Cervix

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Brad Miller M. D.
Address 1125 Mercer St Date signed 4/22/46

VS 150

G39578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

G39578 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 618 S Decker Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 603 S Rose St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christina Jory

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	Married

6 (b) Name of husband or wife Edgar Jory
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Oct 5, 1877

8. AGE: Years	Months	Days	If less than one day
68	6	16	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name August King
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant Mrs Mary Brenner
(b) Address 618 S Decker Ave

17 (a) Buried (b) Date thereof Apr 29
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount and Moore Park
Location City

18 (a) Funeral director Ullrich Funeral Home
(b) Address 200 E Orleans St

19 (a) (b)
(Signature of Registrar) Registrar

APR 29 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 27 1946, at 1 06 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/18/46, 19 4/27/46, 19 and that I last saw h[illegible] alive on 4/30, 1946

Immediate cause of death: Chronic Nephritis
Myocarditis
Due to
Due to
Other Conditions Senility Anemia

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration 2 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Mathias F. Hammond M. D.
Address 1076 E. East Ave Date signed 4/29/46

G33579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G33579

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 East Street
(c) Hospital or institution: City Morgue
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3813 Yolanda Rd (If rural give location)
(e) Citizen of foreign country (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Connor Kenney

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Freeland C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Maine (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Connor
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Johnson
15. Birthplace Ireland

16 (a) Informant Ewald Kenney
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-46 (month) (day) (year)
(c) Cemetery or crematory Mt Pleasant
Location Bangor Maine

18 (a) Funeral director Benj. A Fogler
(b) Address Fulton & Lafayette

Filed (Date filed by registrar) (b) Huntington Ave Baltimore, Md

APR 23 1946

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23, 1946 at 10 20 A.M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to Hes death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Waldeck M.D.
Medical Examiner.
Date signed 4-23-46

G39580 BALTIMORE CITY HEALTH DEPARTMENT G39580

CERTIFICATE OF DEATH √13B Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 Da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 302 N Gilts St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1918

8. AGE: Years	Months	Days	If less than one day
38			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace Md

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Mrs Scott
(b) Address 302 N Gilt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) Apr (day) 23 (year) 1946

(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 96 E Edmondson Ave

19 (a) APR 23 1946 (Date rec'd by registrar) Herrington Williams, MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 19 April 46, at 6 A M

21. I certify that I took charge of the remains described above, held an Inquest thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pulmonary Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William J Kelly M.D.
(Medical Examiner)
Date signed 19 April 46

VS 151

OLIVER DRAPER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G39581

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 938 Eutaw St
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City (If outside city or town limits, write RURAL and give town)
(d) Street No. 938 Eutaw St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Eutaw

3 (a) FULL NAME Oliver Draper

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Widowed

6 (b) Name of husband or wife Mamie Draper 6 (c) If alive, give age years
7. Birth date of deceased (mo., day) Aug 3, 1870

8. AGE: Years	Months	Days	If less than one day
75	8	19	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Minnie Johnson
(b) Address 938 Eutaw St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cemetery
Location Md

18 (a) Funeral director Adolph Rafferty
(b) Address 918 Druid Hill Ave

APR 23 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22-46 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14-46 19 4-22-46 ; and that I last saw h[illegible] alive on 4-21-46

Immediate cause of death (a) Pneumonia — Duration 7 days

Due to

Due to

Other Conditions Arteriosclerosis 7 days (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lee Ellison M. D.
Address 524 North Ave Date signed 4-24-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

639582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 81a

639582 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Dr. Blakan's Office
(b) Street address 1113 Hamilton Ter.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 717 Druid Hill ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Brenda Mealy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex

5. Color or race C

6 (a) Single, married, widowed, or divorced,

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/30/44

8. AGE: Years 1 | Months 9 10 | Days 22 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Walter E. Mealy
13. Birthplace Maryland

MOTHER
14. Maiden Name Florence Colston
15. Birthplace Md.

16 (a) Informant Florence Colston
(b) Address 717 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Cedar Hill Md.

18 (a) Funeral director Adolphus Whitehead
(b) Address 918 Druid Hill Ave.

19 (a) APR 24 1946 (Date received by registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22- 1946, at 11:45 A.M.

21. I certify that I took charge of the remains described above, held an Inspection Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Streptococcus Meningitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Walker M.D.
Medical Examiner.
Date signed 4-22-46

G39583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

G39583 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1323 Lemmon St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1323 Lemmon St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Briscoe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Laura

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1892

8. AGE: Years	Months	Days	If less than one day: hr.	min.
54	3	1		

9. Birthplace Kent Co. Md. (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER
12. Name Benjamin Briscoe
13. Birthplace Kent Co. Md.

MOTHER
14. Maiden Name ? ? ?
15. Birthplace Maryland

16 (a) Informant Laura Briscoe
(b) Address 1323 Lemmon St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Wm. Geary & H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) (Date rec'd by Registrar) APR 23 1946 Registrar

VS Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1946 at 6:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15-1946 to 4-20-1946 and that I last saw h[illegible] alive on 4-19-1946.

Immediate cause of death Chronic valvular Disease of heart — Duration 18 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John E. J. Campes M. D.
Address 639 N. Carey St Date signed 4-23-46

X

G39584 BALTIMORE CITY HEALTH DEPARTMENT G39584

CERTIFICATE OF DEATH 131a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1312 Riggs ave
(c) Hospital or institution: 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1312 Riggs ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rev. Jennie Gray

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	c	married

6 (b) Name of husband or wife Fannie Owens Gray
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 16 1874

8. AGE: Years	Months	Days	If less than one day
71	4	3	hr. min.

9. Birthplace Va
(Town, county, and state)
10. Usual Occupation minister
11. Industry or business

FATHER
12. Name Thomas Gray
13. Birthplace Va

MOTHER
14. Maiden Name Sarah Tucker
15. Birthplace Va

16 (a) Informant Fannie Owens Gray
(b) Address 1312 Riggs ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-46 (month) (day) (year)
(c) Cemetery or crematory Mt Zion am md
Location

18 (a) Funeral director George S. Nelson
(b) Address 1303 Presstman St

19 APR 23 1946 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-19 1946 at 3 30 M

21. I certify that death occurred on the date above stated, that I attended deceased from 4-17 1946 to 4-19 1946 and that I last saw h alive on 4-19- 1946

Immediate cause of death
Uremia
Due to Hypertensive Cardio Renal Vascular Syndrome
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration 4 Days
13 Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B. J. Fletcher M. D.
Address 1725 Pentz Date signed

X

G39585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G39585 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 526 Laurens St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 526 Laurens St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eva Campbell

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/17/1889

8. AGE: Years 57 | Months 1 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Allen Ball
13. Birthplace Va.

MOTHER
14. Maiden Name Julia Johnson
15. Birthplace Va.

16 (a) Informant William Campbell
(b) Address 526 Laurens St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/46 (Month) (day) (year)

(c) Cemetery or crematory Arlington
Location Md.

18 (a) Funeral director Geo. G. Kehoe
(b) Address 1303 Pleasalman

19 (a) (Date rec'd by Local Registrar) (b) Registration No.

APR 23 1946 Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19 1946, at 6 15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1 1946 to Apr 19 1946, and that I last saw him alive on April 18 1946.

Immediate cause of death	Duration
Respiratory failure	
Due to Hemiplegia	
Due to Hypertensive + arteriosclerotic Cardiovascular renal disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

Signature A. Sborofsky M.D.
Address 601 N. Monroe St Date signed 4/22/46

Sborofsky

G39586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 83a

Registered No. G39586

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1714 John St.
(c) Hospital or institution:

14

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 John St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) FULL NAME MARGARET F. DUNN

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Marshall Clinton Dunn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1850

8. AGE: Years	Months	Days	If less than one day
95	9	24	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation --
11. Industry or business

FATHER
12. Name George W. Van Daniker
13. Birthplace Penna.

MOTHER
14. Maiden Name Margaret Banard
15. Birthplace Unknown

16 (a) Informant Mrs. John C. Lettow
(b) Address 1714 John St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

APR 23 1946 (Date rec'd by Local Registrar) (b) Thurlington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21, 1946 at 2:00P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1946 to Apr 21 1946 and that I last saw he alive on Apr 21 1946.

Immediate cause of death

	Duration
Due to Cerebral Hemorrhage	1/10/46
Due to Senile Arteriosclerosis	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John D Burbert M. D.
Address 4803 Park Heights Av Date signed 11/22/1946

VS 150

X

G39587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

G39587 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3500 Belvedere Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3500 Belvedere Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH C. KROEGER

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Annie R. Kroeger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible] 10, 1874

8. AGE: Years	Months	Days	If less than one day
71	5	11	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Cigar Maker
11. Industry or business Self.

FATHER
12. Name - ? Joseph Kroeger
13. Birthplace - ? Germany.

MOTHER
14. Maiden Name Elizabeth Mutal
15. Birthplace ? Germany.

16 (a) Informant Mrs. Nora Kroeger
(b) Address 142 S. Loudon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 APR 28 1946 (Date rec'd by reg.) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21, 1946, at 8:30PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1946, to Apr 21 1946, and that I last saw alive on Apr 21 1946.

Immediate cause of death	Duration
Exhaustion	
Due to Carcinoma of Rectum	6 Mo
Due to —	
Other Conditions Senile Pneumonia	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Charles J. Kroeger M. D.
Address 516 Park Sights Date signed Apr 22 46

VS 150

G39588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/31a

G39588 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 504 West Lee St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore 15 (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County V
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 504 West Lee Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clara Latham 4/21-46

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10 1882

8. AGE: Years	Months	Days	If less than one day
63	11	11	hr. min.

9. Birthplace Selma Alabama
(Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Morgan Benson
13. Birthplace Selma, Alabama

MOTHER
14. Maiden Name Martha Skelton
15. Birthplace Selma Alabama

16 (a) Informant Victoria Brantley
(b) Address 1434 Severing St Somerville Mass

17 (a) Burial (b) Date thereof April 25, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Baltimore City

18 (a) Funeral director Joseph G. Lively
(b) Address 409 N Mount St
(c) Signature of local registrar Lexington Williams M.D.

APR 23 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/24/46, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/15 1946, to 4/24 1946, and that I last saw her alive on 4/24 1946.

Immediate cause of death Cer. Nephritis — Duration
Due to Uremia
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ben Rhett M. D.
Address 213 [illegible] Date signed 4-24-46

VS 3

639589 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 639589

CERTIFICATE OF DEATH ✓83a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 2246 Bank St | 5 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Carmelita Doughney Ware

If U. S. Veteran specify WAR .....

(a) Residence: No. 2246 Bank St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Grayson Ware

6. DATE OF BIRTH (month, day, year) Sept 2, 1899

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas P. Doughney

14. BIRTHPLACE (city or town) (State or country) Baltimore City

MOTHER

15. MAIDEN NAME Mary Mc Donough

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Ronald Doughney
(Address) 2246 Bank St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 24, 1946

19. UNDERTAKER Frank V. Pipitone
(Address) 281 E Baltimore St

20. FILED ..... 19.....
APR 23 1946 (Huntington Williams, M.D.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1946

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1946 to April 21, 1946
I last saw h.... alive on April 20, 1946 Death is said to have occurred on the date stated above, at 1 00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Arterial Hemorrhage	4/12/46
Arterial Hypertension Generalized and Malignancy	10 yrs.

Other contributory causes of importance:

Pathem fibrosis	for 8 yrs.

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Geo A. Lisby M. D.

(Address) 4327 Eastern Ave 4/22/46

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S.S.

G39590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1312

Registered No. G39590

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2123 Cliftwood Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2123 Cliftwood Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA MARGARET THOMPSON

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	none	F	W	Married

6 (b) Name of husband or wife Robert Thompson
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) June 4, 1870

8. AGE: Years	Months	Days	If less than one day
75	10	18	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Andrew Roehrer
13. Birthplace Germany

MOTHER
14. Maiden Name ? Baum
15. Birthplace Baltimore, Md.

16 (a) Informant Robert Thompson
(b) Address 2123 Cliftwood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-46 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Parkville, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

APR 23 1946 (Date received by Registrar) Huntington Williamsport Md

MEDICAL CERTIFICATION A. M.

20. DATE OF DEATH April 22 1946 at 3.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/27 1946 to 4/21 1946 and that I last saw h alive on Apr. 21 1946

Immediate cause of death Uraemia coma — Duration
Due to Nephritis. —
Due to —
Other Conditions Myocarditis, Bronchitis — 2 wks
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. MacMurchy M. D.
Address 1716 Normal Ave Date signed 4/24/46

VS 150

G39591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G39591

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 522 W. Cross St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 522 W. Cross St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mildred Carter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years 57 | Months | Days | If less than one day hr. min.

9. Birthplace West Point Va. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Albert Randall
13. Birthplace Va

MOTHER
14. Maiden Name Sallie ?
15. Birthplace Va

16 (a) Informant Carol F. Carter
(b) Address 522 W Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/23/46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy D. Wilson
(b) Address 1000 Brantly Lane

19 (a) (b) (Date rec'd by registrar) Huntington Williams M.D.

APR 23 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1946 at 2:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1946 to Apr 20 1946, and that I last saw her alive on Apr 20 1946.

Immediate cause of death Chronic cardio-renal disease. Duration about 9 mo.

Due to Cause Unknown

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John W. Gaines M. D.
Address 507 W. Hamburg St Signed 4/22/46

X

G39592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 185

Registered No. G39592

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 805 McDonough St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Garrett Faulcon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 25 1924

8. AGE: Years	Months	Days	If less than one day
21/6	4	25	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Garriett Faulcon
13. Birthplace N.C.

MOTHER
14. Maiden Name Alice Williams
15. Birthplace N.C.

16 (a) Informant Alice Faulcon
(b) Address 805 McDonough St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof April 23 /46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A.A. County Md.

18 (a) Funeral director Mrs. Robert Pelham Jr
(b) Address 1129 N. Carrollton St.

19 (a) APR 23 1946 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1946, about 8:30 A M

21. I certify that I took charge of the remains described above, held an Inquest thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Epilepsy

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. J. Turbitt M.D.
Medical Examiner.
Date signed 4/20/46

VS 151

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 63a

G39593 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1214½ Pennsylvania Ave
(c) Hospital or institution: D.O.A.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1214½ Pennsylvania Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eugene J. Lindsey

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 216-09-3747

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace ? (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Alice Mowell (sister)
(b) Address 1305 W Franklin St

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 4/23/46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto. Md

18 (a) Funeral director Chas. H. Forbes
(b) Address 512 Cancellor Ave.

19 (a) (Date rec'd by registrar) APR 23 1948 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/18 1946 at 2:15 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ... death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. P. Lubrano M.D.
Medical Examiner.
Date signed 4/19/46

X

G39594

G39594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/31a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 718 Woodington Rd.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 718 Woodington Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mary F. Burns

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Charles H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5 1876

8. AGE: Years 70 | Months 1 | Days 15 | If less than one day hr. min.

9. Birthplace Mass. (Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER 12. Name Thomas F. Tuohy

13. Birthplace Ireland

MOTHER 14. Maiden Name Anna Landertin

15. Birthplace Ireland

16 (a) Informant Elizabeth Burns

(Address) 718 Woodington Rd Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 24 45 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Old Frederick Rd

18 (a) Funeral director Mart W.C. Riggel

(b) Address 32 S. Eutaw St

19 (a) APR 23 1946 (Date received by registrar)

Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1946 at 11:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/6 1944 to 4/20 1946 and that I last saw h[illegible] alive on 4/20 1946

Immediate cause of death

Pulmonary edema — Duration 1 day

Due to a Arteriosclerotic nephritis — 3 wks. +

Due to

Hypertension. — ?

Other Conditions

(Include pregnancy within 3 months of death.)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Robert A. Reiter M.D.

Address 3408 Windsor Ave Date signed 4/22/46

X

C39595 BALTIMORE CITY HEALTH DEPARTMENT C39595

CERTIFICATE OF DEATH 1937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address D.U.H.
(c) Hospital or institution: University Hospital 19

(d) Length of stay in hospital (or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1607 W. Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Icie Newberry Elliott

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1892

8. AGE: Years	Months	Days	If less than one day
54	-	8	hr. min.

9. Birthplace Keyser, W. Va.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name	Albert Elliott
FATHER 13. Birthplace	Taylor Co., W. Va.
MOTHER 14. Maiden Name	Elizabeth Newberry
MOTHER 15. Birthplace	Wirt Co., W. Va.

16 (a) Informant Bartlett Funeral Home
(b) Address Grafton, W. Va.

17 (a) Removal (b) Date thereof 4-23-46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Grafton, W. Va.

18 (a) Funeral director Wm. J. Bartlett Sons
(b) Address Baltimore, Md.

19 APR 23 1946 (b) Registered by [illegible] Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/23 1946, at 2:30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Hypertensive C.V.D. Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. L. Galbreath M.D.
Medical Examiner.
Date signed 4/23/46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. The

G39596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1710

G39596

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3304 Woodland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joyce Dorothy Yates

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	S.

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 17, 1941

8. AGE: Years	Months	Days	If less than one day
4	9	3	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

MOTHER / FATHER
12. Name Wm. Yates, Jr.
13. Birthplace Fall Church, Va.
14. Maiden Name Irene Sanders
15. Birthplace Balto. Md.

16 (a) Informant Wm. F. Yates, Jr
(b) Address 3304 Woodland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. City

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights Ave.

19 (a) (b) Huntington Hillcrest, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-20- 1946, at 4 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

Autopsy, Inspection or Inquiry

IMMEDIATE CAUSE OF DEATH (DAVICK)
Fractured skull and hemorrhage of brain

Due to

Other Conditions Multiple fractures and body burns.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 4/20/46 at 3:45 P. M.
(b) Where did injury occur? Woodland Ave & Beaufort Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? —
(d) Means of injury Struck by auto

23. Signature Homer J. Walters M.D.
Medical Examiner.
Date signed 4-22-46

APR 23 1946

VS 151

X

G39597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

G39597 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1418 Druid Hill Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1418 Druid Hill Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Matilda Coombs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Joseph
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 22, 1880
8. AGE: Years 65 Months 9 Days 29 If less than one day hr. min.
9. Birthplace Charles Co. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Albert Lee
13. Birthplace Charles Co. Md.

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Maryland

16 (a) Informant Mary McLane
(b) Address 1936 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24, 1946 (month) (day) (year)
(c) Cemetery or crematory Laurel Hill Cem.
Location Lay Plata, Md.

18 (a) Funeral director Wm. George H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) APR 23 1946 (Registrar's signature) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1946, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 11 1946, to April 21 1946, and that I last saw h-r alive on April 21 1946.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to: Hypertensive Heart Disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Hamilton Phillips M. D.
Address 543 Penna. Ave. Date signed 4/23/46

VS 150

G39598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1634

G39598 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The name, birthplace, and other information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2305 E. Lafayette
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph H. Sipp

3 (b) If veteran, name war

3 (c) Social Security Account No. 242-01-4239

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11- 1910

8. AGE: Years	Months	Days	If less than one day
35 36	11	11	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Motorman
11. Industry or business Transit Co

FATHER
12. Name Lawrence Sipp
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Della
15. Birthplace Balto. Md.

16 (a) Informant Anna M. Sipp
(b) Address 2305 E Lafayette Ave

17 (a) Burial (b) Date thereof 4/25/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Belair Highway

18 (a) Funeral director H. N. Holenton
(b) Address 2326 Aisquith St

19 (a) APR 23 1946 Huntington Williams, M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1946, at 8 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Asphyxiation due to illuminating gas

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury April 22, 1946 M.
(b) Where did injury occur? 2305 E Lafayette
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury. Inhaled gas fumes

23. Signature Thomas J. Waldeck M.D.
Medical Examiner.
Date signed 4-22-46

VS 151

G39599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G39599 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1514 Division St.

(c) Hospital or institution: Provident Hospital 14

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days

(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)

(d) Street No. 1616 Druid Hill Ave. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) **FULL NAME** Ernest W. Webb

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Negro	Married

6 (b) Name of husband or wife Nannie Webb

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 4-14-1877

8. AGE: Years	Months	Days	If less than one day
69	-	8	hr. min.

9. Birthplace New Orleans, La. (Town, county, and state)

10. Usual Occupation Messenger

11. Industry or business Government

FATHER

12. Name Unknown

13. Birthplace Unknown

MOTHER

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Alvin A. Webb.

(b) Address 1873 California, St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-46 (month) (day) (year)

(c) Cemetery or crematory Woodlawn,

Location Washington D.C.

18 (a) Funeral director W. Ernest Jeanes Co

(b) Address 1432 Fort St. N.W. Washington D.C.

23 1946 (Date rec'd by registrar) Registered

Huntington Hollins, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22 1946, at 2:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15 1946 to 4-22 1946 and that I last saw h IM alive on 4-22 1946.

Immediate cause of death Uremia — Duration Approx. 7 days

Due to Cardio-Renal Hypertensive Disease — Duration Abt. 20 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: Large Cystic Kidneys & Gl. Hy.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Dr. George MacDonald, M.D.

Address Provident Hospital Date signed 4-23-46

Dr. Goldsborough
504 Somerset Road

G33600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

G33600
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5001 Aldebar Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5001 Aldebar Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katherine Schneider

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife: Andrew Schneider
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 12, 1875

8. AGE: Years	Months	Days	If less than one day
71	3	9	hr. min.

9. Birthplace: Bavaria, Germany (Town, county, and state)
10. Usual Occupation: at home
11. Industry or business

FATHER
12. Name: John Benkert
13. Birthplace: Hermany

MOTHER
14. Maiden Name: ? Stangel
15. Birthplace: Germany

16 (a) Informant: Mrs. Katherine B. Yuhn
(b) Address: 5001 Aldebar Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/46 (month) (day) (year)
(c) Cemetery or crematory: Saint Mary's
Location: Govans-- Baltimore, Md.

18 (a) Funeral director: Leonard J. Ruck
(b) Address: 5305 Harford Road

19 (a) Date received (b) Washington Williams, M.D. Registrar
APR 23 1946

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21st, 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/8/44 19..., to April 21 1946, and that I last saw h.r alive on 4/21/46 19...

Immediate cause of death	Duration
Hypertension Cardio Vascular Disease	Unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature Thos. R. Goodwin M.D.
Address 2422 St Paul St Date signed 4/23/46

X

G39601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

G39601 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 919 Gorsuch Ave
(c) Hospital or institution:

9-5

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 919 Gorsuch Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gilbert L. Schweizer

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-2675

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Minnie C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14th 1887

8. AGE: Years	Months	Days	If less than one day
59	0	6	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Celeste
11. Industry or business

FATHER
12. Name William Schweizer
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary
15. Birthplace Baltimore Md

16 (a) Informant Minnie A Schweizer
(b) Address 919 Gorsuch Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director John C Horan
(b) Address 3000 E Baltimore St

19 (a) [illegible] (b) (Signature of Registrar) Registrar

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1946, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-2- 1945 to 4/20 1946 and that I last saw him alive on 4/20/46.

Immediate cause of death Generalized carcinomatosis -

Due to carcinoma of prostate

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 10-2-45

Major findings of operation: Carcinoma of prostate (adeno.)

of autopsy: non

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature S. Durand
Address Medical Arts Bldg Date signed 4-27-46 M.D.

X

G33602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

√13B

Registered No. G33602

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution Provident 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 Myrtle Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HARRY JOHNSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years 47 ? | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James Johnson
13. Birthplace Va.

MOTHER
14. Maiden Name Sarah Holmes
15. Birthplace Va.

16 (a) Informant Mrs. Emma Johnson
(b) Address 1620 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem.
Location Baltimore Co., Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

APR 24 1946 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/21/46 19 at 5:20 AM

~~20-a~~ I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pulmonary Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Davis, M.D. Medical Examiner.
Date signed 4/22/46

X

G39603

HB#100587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G39603
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 71 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 330 Flicker Ct.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Henry Gassaway

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Florence
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1875

8. AGE: Years	Months	Days	If less than one day
71	2	6	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Clem Gassaway
13. Birthplace Md.

MOTHER
14. Maiden Name Delia?
15. Birthplace Md.

16 (a) Informant Balto. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 26-'46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore - Md

18 (a) Funeral director Mrs. Frances A. Hennessy
(b) Address 509 W. Biddle St

19 APR 24 1946 (Date rec'd by registrar) Huntington Wms

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21, 1946 at 7:P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1946 to April 21 1946, and that I last saw h... alive on April 21, 1946.

	Duration
Immediate cause of death	
Bronchio pneumonia	10 days
Due to	
Due to Dilatation cardiac insufficiency	9 days
Other Conditions Senility	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O. Russell Huff M. D.
Address Baltimore City Hosp. Date signed 23 April 46

G33604

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83a

G33604
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2515 Madison Ave.
(c) Hospital or institution:

13

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2515 Madison Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Birdie Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4 1885

8. AGE: Years	Months	Days	If less than one day
61		18	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name William H. Ivory
13. Birthplace Md.

MOTHER
14. Maiden Name Georgie Pottes
15. Birthplace Md.

16 (a) Informant Mrs. Bessie Young
(b) Address 2315 Madison Av.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore, Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St

19 (a) (Date received by local registrar) (b)

APR 24 1946 Registrar for Baltimore, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22, 1946, at 2P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1 1946 to Apr 22 1946, and that I last saw h[illegible] alive on Apr 16 1946.

Immediate cause of death Cerebral Apoplexy — Duration 2 days

Due to Arterio Sclerosis

Due to Hypertension

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature H. Pleasants M. D.
Address 825 N. Fremont Ave Date signed 4-23-46

X

633603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 633603

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1554 Mc Kean Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1554 Mc Kean Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Blanche Addie Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1892

8. AGE: Years 55 | Months 10 | Days 23 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Thomas
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah R. Brown
15. Birthplace Md.

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-46 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co., Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) Date received by Local Registrar APR 24 1946 (b) Huntington Millburne M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22, 1946 at 1 40 P. M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic cardio-vascular disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Wheeler M.D.
Medical Examiner
Date signed 4-23-46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G3360 G3360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161C

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dor
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1224 Madison Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles A. Dorsey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 1946

8. AGE: Years | Months: 1 | Days: 14 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Charles A. Dorsey
13. Birthplace Md.

MOTHER
14. Maiden Name Lucielle Brown
15. Birthplace La.

16 (a) Informant Charles A. Dorsey
(b) Address 1224 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Jesse W. Redden
(b) Address 436 W. Biddle St.

19 (a) APR 24 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18, 1946 at 9 A. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Jaundice

Due to

Other Conditions Broncho-pneumonia, terminal
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard S. Worden M.D. Medical Examiner.
Date signed 4-18-46

VS 151

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. The

G39607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G39607 Registered No.

This CERTIFICATE, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 954 - Forrest St.
(c) Hospital or institution: Maryland Penitentiary Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 3 22
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince Georges
(c) City or town Laurel (If outside city or town limits, write RURAL and give town)
(d) Street No. Box #8 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Abraham Ballard

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Widower

6 (b) Name of husband or wife: Florence Dant Ballard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1864

8. AGE: Years	Months	Days	If less than one day
80	✓	7	hr. min.

9. Birthplace Prince Georges Co. Md. (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Leaven Ballard
13. Birthplace Maryland

MOTHER
14. Maiden Name Jennie Dickman
15. Birthplace Maryland

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School APR 23 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 APR 24 1946 (Date rec'd by Registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1946 at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 6 1945 to April 14 1946 and that I last saw him alive on April 14 1946.

Immediate cause of death: Cerebral hemorrhage — Duration
Due to arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph F. Lanham
Address Temple Court Apts Date signed 4-14-46 M. D.

VS 180

3441

G33608

AD-99786

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13 B

G33608
Registered No.

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mos-2days 11-1
(e) Length of stay in Baltimore (yrs., mos., or days) 36yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
No Home-Salvation Army
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David Shockey

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30- 1903-1904 or

8. AGE: Years	Months	Days	If less than one day
41-or-42	8	10	hr. min.

9. Birthplace Pa.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Shockey (D
13. Birthplace Pa.

MOTHER
14. Maiden Name Lena Kellerman (D
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School APR 23 1946
Commissioner of Health

18 (a) Funeral director
(b) Address

19 APR 24 1946 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 10- 1946 at 1 PM M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-8- 1946 to 4-10 1946 and that I last saw h im alive on 4-10 1946.

Immediate cause of death	Duration
Due to Pulmonary tuberculosis	1yr?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John R. Kelsey M.D.
Address City Hosp. Date signed 4-17-46

VS 150

F 3440 X

G33609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

G33609 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 261 East Hamburg
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Ott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
78			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Unknown

(b) Address Unknown

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location University Medical School APR 23 1946

18 (a) Funeral director Commissioner of Health

(b) Address

19 APR 24 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/13/46 19 , at 2 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry

by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Generalized Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature John R. Evans M.D.
Medical Examiner

Date signed

5442

VS 151

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information above is carefully supplied. The

639610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

639610 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3033 Windsor Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3033 Windsor Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John A. Quayle Quayle

3 (b) If veteran, name war: No
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Maryann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11 1870

8. AGE: Years 75 | Months 5 | Days 11 | If less than one day: hr. min.

9. Birthplace Cuba (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Cigar and Lace

FATHER
12. Name Daniel Quayle
13. Birthplace England

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Augusta Quayle
(b) Address 2840 Ellicott Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/46 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto. Md.

18 (a) Funeral director Williams & Son Inc
(b) Address 1219 E Fayette St

19 (a) (b) Registrar

APR 24 1946

VS 150

Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1946, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1945 to April 22 1946, and that I last saw deceased alive on April 22 1946.

	Duration
Immediate cause of death: Cardiac failure.	2 days.
Due to: Arteriosclerotic Heart Disease.	3 yrs.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation: Not performed
Major findings of operation: None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Milton E. Lawrence M. D.
Address 5913 Park Heights Ave Date signed 4-24-46

X

G39611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

Registered No. G39611

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 22nd & Calvert Sts.

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1hr 28 min.

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3818 Roland Ave. (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) **FULL NAME** Mrs. Florida Snyder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife James Snyder (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1, 1872

8. AGE: Years	Months	Days	If less than one day
73	4	22	hr. min.

9. Birthplace West Virginia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Joseph Place (D)

13. Birthplace West Virginia

MOTHER 14. Maiden Name Betty Jane Adams

15. Birthplace West Virginia

16 (a) Informant Mrs. Pauline Schneider

(b) Address 1611 N Hilton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-46 (month) (day) (year)

(c) Cemetery or crematory Greenhill

Location Martinsburg W. Va.

18 (a) Funeral director Frederick A. Cole

(b) Address 1200 W. Lombard

19 (a) (b)

APR 24 1946

VS 150

Huntington Williamson, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1946, at 11:53 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1946 to April 23 1946, and that I last saw h.er alive on April 23 1946.

	Duration
Immediate cause of death Coronary Thrombosis	16 hrs.
Due to Arteriosclerotic Heart Disease	11 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E. H. Jones Jr.

Address U.M.H. Date signed M. 4 D. 24 46

E. H. Jones X

G33612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. G33612

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1501 N. Pulaski St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1501 N. Pulaski St

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Rebecca Sachs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife JOSEPH SACHS

6 (c) If alive, give age years

WIDOW

7. Birth date of deceased (mo., day, yr.) 1845

8. AGE: Years	Months	Days	If less than one day
81			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

FATHER

12. Name Mayer

13. Birthplace Russia

MOTHER

14. Maiden Name Florence

15. Birthplace Russia

16 (a) Informant Mamie Sachs (Dau)

(b) Address 3613 Woodvale Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-46 (month) (day) (year)

(c) Cemetery or crematory Mount Pleasant Cem

Location Mount Hebron Ave

18 (a) Funeral director Jacob Levine Inc

(b) Address 1431 E. Baltimore St

19 (a) APR 24 1946 (Date received by Registrar)

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1946 to April 22 1946. and that I last saw her alive on April 22 1946

Immediate cause of death	Duration
Bronchopneumonia	
Due to Arterio-sclerosis	
Due to Hypertension	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Harry A. Zinn M. D.

Address 118 Druid Park Dr. Date signed 4/24/46

VS 150

X

G33613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G33613 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3302 Liberty Heights ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs

(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3305 Fallstaff Road (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry Rothman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	widowed

6 (b) Name of husband or wife Dora

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day
82			hr. min.

9. Birthplace Lith (Town, County, and State)

10. Usual Occupation retired

11. Industry or business

FATHER

12. Name Jaukel

13. Birthplace Lith

MOTHER

14. Maiden Name Toba

15. Birthplace Lith

16 (a) Informant William Rothman

(b) Address 3302 Liberty Heights ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-46 (month) (day) (year)

(c) Cemetery or crematory Hebrew Herring Law

Location

18 (a) Funeral director Jack Lewis Inc

(b) Address 1409 E Baltimore St

19 (a) (Signature of local registrar) (b) Huntington Williams, M.D. Registrar

APR 24 1946

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MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22- 1946, at 6 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1945 to April 22 1946 and that I last saw him alive on April 22 1946

Immediate cause of death Acute coronary failure — Duration

Due to Arteriosclerotic C-V disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Louis R. Mason M.D.

Address 4327 Park Heights Ave Date signed 4-25-46 M. D.

C33614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

C33614 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4613 Park Heights Ave

(c) Hospital or institution: Mt Sinai Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 1814 Walbrook Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** BESSIE BADDOCK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Joseph Baddock 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 74 Months Days If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Lehrman Canarn –

13. Birthplace Russia

MOTHER 14. Maiden Name Eqthn –

15. Birthplace Russia

16 (a) Informant Abraham Baddock

(b) Address 1814 Walbrook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-46 (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship Cem Co

Location

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E Balto St

19 (a) (Date rec'd by registrar) (b) Huntington Williams Inc Undertakers

VS 180 APR 24 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22-46 19 , at 6A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1927a to April 22, 1946. and that I last saw her alive on April 14 1946.

Immediate cause of death Cardiac failure - dehydration diabetic coma.

Due to Diabetes - Carcinoma of large bowel, myocarditis,

Due to arteriosclerosis.

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

Duration: diabetes about 10 years. Carcinoma of about 3 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Nathaniel Shmitz, M.D. M. D.

Address 1810 Eutaw Pl. Date signed 4/22/46.

X

G33615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 128

Registered No. G33615

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene Sts.

(c) Hospital or institution: University Hospital 15

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days

(e) Length of stay in Baltimore (yrs., mos., or days) 2½ mos.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1642 Linden Ave.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Steven Lipnick

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 13/46

8. AGE: Years	Months	Days	If less than one day
—	2	10	hr. min.

9. Birthplace Balto Md.

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name David Lipnick

13. Birthplace Maryland

MOTHER

14. Maiden Name Judith Ellison

15. Birthplace Maryland

16 (a) Informant David Lipnick

(b) Address 1642 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/46 (month) (day) (year)

(c) Cemetery or crematory Hebrew Herring Run

Location Brawley Lane

18 (a) Funeral director Sol Levinson Bros

(b) Address 1124 W Baltimore

19 (a) APR 24 1946 (b) Registrar, M. D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 19 46 at 6⁰⁰ P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 19 46 to April 23 19 46 and that I last saw him alive on April 23 19 46

Immediate cause of death Cystic Fibrosis of Pancreas — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Louis H. Taylor, M. D.

Address University Hosp. Date signed April 23 46

G39616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G39616
Registered No.

State of Maryland 30F

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Granite
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sharon Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-14-46

8. AGE: Years	Months	Days	If less than one day
	1	6	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert Anderson
13. Birthplace Md.

MOTHER
14. Maiden Name Dorothy Jackson
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School APR 23 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 APR 24 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1946, at 12.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1946, to April 20 1946 and that I last saw him alive on April 20 1946.

Immediate cause of death Intra cranial hemorrhage

Due to

Due to

Other Conditions Malnutrition Anemia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harrison Clark Jansen M.D.
Address Johns Hopkins Hosp Date signed 4-20-46

VS 150

G39616

G39617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G39617 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 4 wks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1021 N. Fulton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Cottman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/22/46

8. AGE: Years	Months	Days	If less than one day
	1	28	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Randolph F. Cottman
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mabel E. Whitehead
15. Birthplace Baltimore Md

16 (a) Informant Mabel Cottman
(b) Address Balto, Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School APR 23 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 APR 24 1946 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1946 at 6:42 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1946 to April 20 1946 and that I last saw her alive on April 19 1946

Immediate cause of death Respiratory failure — Duration

Due to Atelectasis

Due to Prematurity

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Peter H. Ogden M. D.
Address University Hosp. Date signed 4-23-46

VS 150

5445

G39618

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1159

G39618 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 619 Zeppelin ST. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country 619

3 (a) **FULL NAME** Baby Girl ADAMS

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-16-46

8. AGE: Years	Months	Days	If less than one day
—	—	4	hr. min.

9. Birthplace BALTIMORE, MARYLAND (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name FRANK Robert
13. Birthplace unknown

MOTHER
14. Maiden Name Elizabeth D. ADAMS
15. Birthplace Washington, D.C.

16 (a) Informant Elizabeth ADAMS
(b) Address 619 Zepp'n AVE.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School APR 23 1946
18 (a) Funeral director Commissioner of Health
(b) Address
19 APR 24 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-20 1946, at 1:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-16 1946, to 4-20 1946, and that I last saw her alive on 4-19 1946.

Immediate cause of death Atelectasis due to prematurity. — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Bevorhaus M. D.
Address Univ. Hosp. Date signed 4-22-46

VS 150

G39619 G39619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160c

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W.B.D.H 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 Min
(e) Length of stay in Baltimore (yrs., mos., or days) 17 Min

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1316 Poplar Grove St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Driemegarde
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Female
5. Color or race W
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 4-21-'46
8. AGE: Years | Months | Days | If less than one day hr. 17 min.
9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business
FATHER 12. Name Gabriel Driemegarde
13. Birthplace Dundalk Md
MOTHER 14. Maiden Name Mildred Bagdale
15. Birthplace Balt Md
16 (a) Informant
(b) Address
17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School APR 23 1946
18 (a) Funeral director Commissioner of Health
(b) Address
19 APR 24 1946 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-21 1946, at 6 30 M
21. I certify that death occurred on the date above stated; that I attended deceased from 4-21 1946 to 4-21 1946 and that I last saw her alive on 4-21 1946.

Immediate cause of death	Duration
Intra Uterine Asphyxia Due to Shoulder Dystocia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Joseph M. Kurth M. D.
Address Date signed

VS 150

5443 X

G33680 99844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 82

Registered No. G33620

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 41 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 931 Mount St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clem Emerson Norris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Sep.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 28, 1879

8. AGE: Years	Months	Days	If less than one day
66	3	24 25	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Mary Norris
15. Birthplace Md.

16 (a) Informant B. C. H. records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. Co. Md.

18 (a) Funeral director Robert E. Jennings
(b) Address 927. N. Front St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS APR 24 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22, 1946, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 11 19 46 to April 22 19 46, and that I last saw h im alive on April 22 19 46

Immediate cause of death Respiratory failure

Due to Leukemia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy? Findings not reported

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Doyle Valdon M. D.
Address B C H. Date signed Apr 23 '46

X

G39621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

G39621. Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 406 Diamond St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 Diamond St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Annie Richardson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 5-23-1903

8. AGE: Years 42 | Months 11 | Days 30 | If less than one day hr. min.

9. Birthplace Virginia (town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER 12. Name John Dillon

13. Birthplace Va

MOTHER 14. Maiden Name Anna ?

15. Birthplace Va.

16 (a) Informant George Dill

(b) Address 404 Diamond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 27 46 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn cem

Location Baltimore Md

18 (a) Funeral director William A Jackson

(b) Address 916 Penna ave

19 (a) APR 24 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1946, at 7 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/6 1946 to 4/23 1946, and that I last saw him alive on 4/23 1946

Immediate cause of death Myocarditis — Duration 3 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.

Address 717 Eutaw Date signed 4-24-46

VS 150

Petrulek 633622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 937

Registered No. 633622

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 812 N. Castle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 812 N. Castle St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Petrlik

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.	6 (b) Name of husband or wife	6 (c) If alive, give age
Male	White	Married	Mary Petrlik	52 years

7. Birth date of deceased (mo., day, yr.) May 2, 1889

8. AGE: Years	Months	Days	If less than one day: hr.	min.
56	11	20		

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation Butcher
11. Industry or business

FATHER
12. Name Jacob Petrlik
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Caroline Pavlik
15. Birthplace Czechoslovakia

16 (a) Informant Mary Petrlik
(b) Address 812 N. Castle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-46 (month) (day) (year)
(c) Cemetery or crematory Holy Sepulchre
Location Balto Md

18 (a) Funeral director Hugh Coachton
(b) Address 900 N. Chester St

19 (a) (b) Date received APR 24 1946 Registrar for Baltimore, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1946 at 3:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1945 to April 22 1946 and that I last saw him alive on April 22 1946

Immediate cause of death: Coronary Occlusion — Duration 4/21/46
Due to: Myocarditis — Duration 4/1945
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature William J. Ryan M.D.
Address 801 N. Kenwood Ave Date signed 4/25/46

G39623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G39623 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 821 E 33rd St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 821 E 33rd St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mary Elizabeth McLoud

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, ~~married, widowed~~, or ~~divorced~~.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10 1874

8. AGE: Years 71 | Months 7 | Days 14 | If less than one day hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Lodgewoman (Retired)
11. Industry or business Dept Store

FATHER
12. Name Christopher McLoud
13. Birthplace Balto Md

MOTHER
14. Maiden Name Harriette Bowen
15. Birthplace Balto Md

16 (a) Informant Lobelia E McLoud
(b) Address 821 E 33rd St

17 (a) Burial (b) Date thereof Apr 26 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director Butler Bros
(b) Address 2324 Eutaw Pl

19 (a) (b) Huntington Williams, M.D. Registrar

APR 24 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1946, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1934 19__, to Apr 24 1946 and that I last saw her alive on Apr 23 1946.

Immediate cause of death: Pulmonary Tuberculosis — Duration 12 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Homer U. Todd
Address 2108 St Paul St Date signed 4/24/46 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

639324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

639324 Registered No. P

Please write plainly in INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 810 W Gilmore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 810 W. Gilmore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Edward Hawthorne

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Levinia Hawthorne 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1883

8. AGE: Years	Months	Days	If less than one day hr.	min.
62	9			

9. Birthplace Dinwiddie Va (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Thomas Hawthorne
13. Birthplace Dinwiddie Va.

MOTHER 14. Maiden Name Sarah Coleman
15. Birthplace Dinwiddie Va.

16 (a) Informant Estelle M. Cargo
(b) Address 810 W. Gilmore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24, '46 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs. Katie R Williams
(b) Address 322 N Schroeder St.
(c) Date received by registrar APR 24 1946 (d) Registrar Huntington Williams, MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1946, at 330 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10 1946, to 4-22 1946, and that I last saw him alive on 4-22 1946.

Immediate cause of death: Cerebral Hemorrhage — Duration 12 days

Due to Hypertension — Duration 2

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. M. Pigott, M.D.
Address 1546 W. Lanvale St. Date signed 4-24-46

G33625

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

G33625 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1333 N. Carey
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1333 N. Carey St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edith A. Caldwell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

64

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name William F. Caldwell
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Johnson
15. Birthplace Md.

16 (a) Informant Annie Smith
(b) Address 1333 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location City

18 (a) Funeral director Samuel W. Sullivan Jr.
(b) Address 1011 W. Arlington Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. (Registrar)

APR 24 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1946, at 9.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-16 1946 to 4-22-1946, and that I last saw h.. alive on 4-20 1946

Immediate cause of death: Carcinoma of Breast — Metastases — Duration: 6 Mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Jackson M. D.
Address 600 N. Glenwood Date signed 4/23/46

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

63626 — BALTIMORE CITY HEALTH DEPARTMENT — 1937 — 63626 Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2120 Bank Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2120 Bank Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Michael Waszkowski (Waskaski)

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-7645

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 14, 1900

8. AGE: Years	Months	Days	If less than one day
36	8	9	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Assembly

11. Industry or business General Motors

FATHER — 12. Name Joseph Waszkowski

13. Birthplace Poland

MOTHER — 14. Maiden Name Marcela Pawloski

15. Birthplace Poland

16 (a) Informant Marcella Waszkowski

(b) Address 2120 Bank Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-46 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Balto. Co.

18 (a) Funeral director Wm. L. Fialkowski

(b) Address 2007 Eastern Ave

19 (a) APR 24 1946 (Date received by registrar)

VS 151

Huntington Publishing Co.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23, 1946 at 5:30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic Ulcerated Myocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard Medical Examiner, M.D.

Date signed 4-23-46

Correct use of especially important. Physicians: please write the causes of death clearly and legibly.

G39627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. G39627

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution: q+b
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 2962 Harford Rd. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country Germany

3 (a) FULL NAME John F. Mashmeyer

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-20-7479

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	

6 (b) Name of husband or wife Jane Mashmeyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25 1874

8. AGE: Years	Months	Days	If less than one day: hr.	min.
71	8	27		

9. Birthplace Germany (Town, county and state)
10. Usual Occupation Steel Clerk.
11. Industry or business Bethlehem Steel Co.

FATHER
12. Name Unknown
13. Birthplace Germany -

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany -

16 (a) Informant Mrs Jane Mashmeyer
(b) Address 2962 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-46 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave

18 (a) Funeral director Wendell E. Humphreys
(b) Address 6067 Harford Rd

19 (a) APR 24 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22nd 1946, at 8 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 15th 1945 to Apr 22 1946, and that I last saw him alive on Apr. 21 1946.

Immediate cause of death — Duration

Carcinomatosis - extensive
Due to metastases
Due to Primary site undetermined (J. H. H.)
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Jacobs M. D.
Address 1700 Eutaw Place Date signed 4-23-46

VS 180

(17) ×

G33628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 479

G33628 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3356 Hickory Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3356 Hickory Avenue (Or rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Howard Risner

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-03-5726

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lavinia E. Risner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15 1891

8. AGE: Years 54 | Months 8 | Days 7 | If less than one day: hr. min.

9. Birthplace Parkton Maryland (Town, county, and state)

10. Usual Occupation Cement Finisher

11. Industry or business

FATHER
12. Name Abram F. Risner
13. Birthplace Maryland

MOTHER
14. Maiden Name Rozetta Amy McCullough
15. Birthplace Maryland

16 (a) Informant Carl F. Risner
(b) Address 3007 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26 1946 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md.

18 (a) Funeral director Burgee Funeral Home
(b) Address 3600 Harford Road

19 (a) APR 24 1946 (Date received by registrar) (b) Huntingtown Millington Md. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1946, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1945 to April 22 1946; and that I last saw alive on April 20 1946.

Immediate cause of death: Carcinoma of Lung. — Duration 1 Yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None.

Major findings of operations —

of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Abram Duncan

Address 846 W 36 St. Date signed 4/27/46 (M. D.)

VS 150

X

633623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

Registered No. 633623

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) ~~Hospital~~ or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Doz
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give township)
(d) Street No. 2610 Paca Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Woodrow Graham

3 (b) If veteran, name war

3 (c) Social Security Account No. 250-20-6257

4 Sex: Male | 5 Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sittie Graham

6 (c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) May 24, 1915

8. AGE: Years 30 | Months 10 | Days 27 | If less than one day: hr. min.

9. Birthplace: Kingsburg So Carolina (Town, county, and state)

10. Usual Occupation: Lodge Shreeman

11. Industry or business

FATHER
12. Name: Lonnie Graham
13. Birthplace: Kingsburg So Carolina

MOTHER
14. Maiden Name: Ophie Baddy
15. Birthplace: Kingsburg So Carolina

16 (a) Informant: Mrs Sittie Graham
(b) Address: 2610 Paca Street

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof: April 27 1946 (month) (day) (year)
(c) Cemetery or crematory: Florence So Carolina
Location: Florence County

18 (a) Funeral director: Joseph A. Lively
(b) Address: 409 Mount Street

19 (Signature of registrar) Huntington Williams M.D.

APR 24 1946

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21, 1946 at 2 45 AM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: External hemorrhage due to severance of vessels of thigh & arm

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 4-21-46 2 30 A. M.
(b) Where did injury occur? Lexington & Stockton
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Stabbing

23. Signature: Howard J. Andersen M.D. Medical Examiner.
Date signed 4-23-46

639650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 ✓

Registered No. 639650

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 3 W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 114 Albemarle Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Longacre (Freeland)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
68	5 mo		hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Not known
13. Birthplace Not known

MOTHER
14. Maiden Name Not known
15. Birthplace Not known

16 (a) Informant Grover Campbell
(b) Address 1812 Hennman Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof April 25-46 (month) (day) (year)

(c) Cemetery or crematory St. Matthews
Location Dowell St.

18 (a) Funeral director John A. Miller
(b) Address 2234 Jefferson St

19 (a) APR 24 1946 (Date rec'd by registrar) Thurlington for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23- 1946, at 10 50 AM

21. I certify that I took charge of the remains described above, held an Autopsy / Inquiry thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-vascular Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard A. Wallace M.D.
Medical Examiner.
Date signed 4/25/46

VS 151

X

G39631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G39631

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Dorchester
(c) City or town Wingate.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Meredith, Delma (Miss)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace Toddville, Dorchester, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Asbury C. Meredith.
13. Birthplace Md.

MOTHER
14. Maiden Name Dewinda Todd.
15. Birthplace Md.

16 (a) Informant Roland Meredith
(b) Address Toddville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/46 (month) (day) (year)
(c) Cemetery or crematory Family
Location Toddville, Md.

18 (a) Funeral director LeCompte Funeral Home
(b) Address Cambridge, Md.

Date APR 24 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April, 24 1946 at 2 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14 1946 to 4-24 1946 and that I last saw her alive on 4-24 1946

Immediate cause of death	Duration
Increased intracranial hemorrhage	
Due to Extradural hematoma	
Due to Post operative hemorrhage	
Other Conditions Diabetes	

(Include pregnancy within 3 months of death)
Date of operation 4-23-46
Major findings of operation: Extradural clot.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gerald A. Martin M. D.
Address University Hosp Date signed 4-24-46

VS 150

G39632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G39632

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3421 Federick Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3421 Federick Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herman E. Wubbold

3 (b) If veteran, name war: World War # 1
3 (c) Social Security Account No. 217-14-6829

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/27/1895

8. AGE: Years	Months	Days	If less than one day
50	8	27	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Auto. Comm. Office

FATHER
12. Name Henry Wubbold
13. Birthplace Germany

MOTHER
14. Maiden Name Augusta Reis
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Marie M. Gunn
(b) Address 3421 Federick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/46 (Month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location E. 501 Federick Ave

18 (a) Funeral director Colvin Conway & Co
(b) Address 901-03 Edmondson Blvd

19 (a) APR 24 1946 (Date received by local registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23rd 1946 at 8:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1946 to April 23 1946, and that I last saw him alive on April 23 1946

Immediate cause of death
(a) Acute Cardiac Failure
(b) Pulmonary Edema
Due to (c) Chronic Hypertensive Myocarditis
Due to (d) Hypertension

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration
1 day
Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Wubbold M.D.
Address 1721 W. North Ave Date signed 4/25/46

VS 150

G39833 ✓ G39633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1606 Bolton St.
(c) Hospital or institution:
none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1606 Bolton St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Emma E. Buckey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife John W. Buckey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18, 1869

8. AGE: Years	Months	Days	If less than one day
76	9	4	hr. min.

9. Birthplace Salisbury, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Frank R. Buckey
(b) Address Ingleside Ave., Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/46 (month) (day) (year)
(c) Cemetery Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director John D. Mitchell & Sons, Inc.
(b) Address 1901 Eutaw Place

APR 24 1946 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1925 to 4/22 1946 and that I last saw h[illegible] alive on 4/20 1946.

Immediate cause of death
Coronary occlusion — Duration 3 hrs
Due to Chronic Cardio Vascular disease — 10 yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [signature] M. D.
Address 1901 Eutaw Place Date signed

VS 150

G39634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1579

G39634 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CAROLINE STREET
(c) Hospital or institution: ST JOSEPH'S Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 12

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTO Cy.
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3728 Old Frederick Rd
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME BABY BOY. ROHE, JAMES E.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4 - 11 - 46

8. AGE: Years	Months	Days	If less than one day
—	—	12	hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles J. Rohe
13. Birthplace Md.

MOTHER
14. Maiden Name Phyllis Shipley
15. Birthplace Md.

16 (a) Informant Chas. J. Rohe
(b) Address 3728 Old Frederick Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-46 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Ilchester Md

18 (a) Funeral director Joseph L. Fahey
(b) Address Fulton & Fayette

19 (a) (Date rec'd by registrar) APR 24 1946 (b) Huntington Williamsport Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 23 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-11 1946 to 4-23 1946 and that I last saw h[illegible] alive on 4-23- 1946

Immediate cause of death CARDIAC FAILURE.

Due to PULMONARY INFARCTIONS (MULT)

Due to HEMORRHAGIC DISEASE OF NEWBORN

Other Conditions GANGRENE BOWEL. PYLORIC STENOSIS

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy MESENTERIC THROMB

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John B. Wells M.D.
Address St Joseph's Hosp Date signed 4-23-46

X

G39635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G39635

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3819 Mt. Pleasant St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3819 Mt. Pleasant St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Grande

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-3343

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Pauline Grande
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16 1875

8. AGE: Years	Months	Days	If less than one day
70 71	11 10	25 5	hr. min.

9. Birthplace Italy
(Town, county, and state)
10. Usual Occupation Retired Tailor
11. Industry or business

FATHER
12. Name Joseph Grande
13. Birthplace Italy

MOTHER
14. Maiden Name Pauline De Tina
15. Birthplace Italy

16 (a) Informant Theresa Trotta
(b) Address 3819 Mt. Pleasant St

17 (a) Burial (b) Date thereof April 23 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Sepulchre
Location Belair Road

18 (a) Funeral director Heindel & Riegel
(b) Address 312 S. Howard St

19 (a) APR 24 1946 (To be filled in by the Registrar) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/21 1946, at 9:30 M.

21. I certify that I took charge of the remains described above, held an Inquest on Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic C.V. Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature H. J. Williams M.D.
Medical Examiner.
Date signed 4/22/46

Physicians: please write the causes of death clearly and legibly. Use only standard abbreviations. Do not use ditto marks. Be especially important. Physicians: please write the causes of death clearly and legibly. Use only standard abbreviations. Do not use ditto marks. Be especially important.

639636 #6 — League #6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. 639636

1. PLACE OF DEATH: Found Foot of Eastbourne Ave
(a) Baltimore City, Maryland
(b) Street address 700 Fleet Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ? (b) County
(c) City or town ? (If outside city or town limits, write RURAL and give town)
(d) Street No. ? (If rural give location)
(e) Citizen of foreign country? ? (Yes or No) If yes, name country

3 (a) FULL NAME Unknown White Male

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 891

8. AGE: Years	Months	Days	If less than one day
55 ?			hr. min.

9. Birthplace ? (Town, county, and state)
10. Usual Occupation ?
11. Industry or business ?

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY APR 23 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 APR 24 1946 (Date rec'd by registrar) (Signature) Hunter for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-15- 1946, at 9:30 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ? at ? M. 26/6
(b) Where did injury occur? ?
(c) Did injury occur at home, on farm, industrial place, in public place? ? While at work? ?
(d) Means of injury Found drowned - City harbor Foot of Eastbourne Ave

23. Signature Howard J. Triadeis M.D. (Medical Examiner)
Date signed 4-16-46

VS 151

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39637
JL - 100742

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83a

G39637
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 215 N. Curley St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael J. Fullem

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1871

8. AGE: Years	Months	Days	If less than one day
74	7	22	hr. min.

9. Birthplace Ireland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John J. Fullem
13. Birthplace Ireland

MOTHER
14. Maiden Name Jane McCarty
15. Birthplace Ireland

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/46 (month) (day) (year)
(c) Cemetery or crematory Mem. Bath.
Location Old Frederick Rd.

18 (a) Funeral director John A. McGan
(b) Address 3 Wesley Ave Catonsville, Md.

19 (a) APR 24 1946 (b) (Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 19 46 at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 19 46 to April 23 19 46 and that I last saw h im alive on April 23 1946

Immediate cause of death Shock

Due to Cerebro-Vascular Accident

Due to Arteriosclerosis

Other Conditions Jaundice, Cancer Undetermined,
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert R. Fowler, M.D.
M. D.
Address Balt. City Hosps. Date signed 4-23-46

VS 150

G39638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G39638
Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 306 Hanley st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gordon Jennings

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of ~~husband or wife~~ Margaret Jennings
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 19-1904

8. AGE: Years	Months	Days	If less than one day
42	3MT	3	hr. min.

9. Birthplace Crewe, Va
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Patrick Jennings
13. Birthplace Va

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Va

16 (a) Informant Margaret Jennings
(b) Address 306 Worsley st

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof Apr 24-46 (month) (day) (year)
(c) Cemetery or crematory Crewe, Va
Location Virginia

18 (a) Funeral director Rayner Sanders
(b) Address 1462 E. Preston St

19 APR 24 1946 (b) Huntington Williams Funeral Home
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22-1946, at 9:20 A. M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
(Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Acute Congestive Cardiac Failure

Due to

Other Conditions Chronic myocardial degeneration, Acute Gastro-enteritis,
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed April 22, 1946

VS 151

G39639 new

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161C

G39639 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W. B. D. H
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3da
(e) Length of stay in Baltimore (yrs., mos., or days) 3 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balt Baltimore Co.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6213 Liberty Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sandra Kathryn Sewell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4 - 20, 1946

8. AGE: Years | Months | Days: 3 | If less than one day: hr. min.

9. Birthplace W. Balt. Bal'o. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Thomas Sewell
13. Birthplace Rock Hall, Md

MOTHER 14. Maiden Name Elizabeth Zeigler
15. Birthplace Balt Md

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School APR 24 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 APR 24 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-22- 1946 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20 1946 to 4-22 1946 and that I last saw her alive on 4-22 1946.

Immediate cause of death: Respiratory failure — Duration

Due to Jaundice + Anemia

Due to Erythroblastosis fetalis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph M. Keith M. D.
Address West Balto. Md. Date signed

VS 150

3454

G39640 BALTIMORE CITY HEALTH DEPARTMENT G39640
Registered No.

CERTIFICATE OF DEATH

1276

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Pk. Drive & 31st St.
(c) Hospital or institution: U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 152 days
(e) Length of stay in Baltimore (yrs., mos., or days) 152 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Ga. (b) County:
(c) City or town: Atlanta (If outside city or town limits, write RURAL and give town)
(d) Street No.: 616 Arlington Rd. NE (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country:

3 (a) FULL NAME: Potter, William Asa
3 (b) If veteran, name war:
3 (c) Social Security Account No.: 124-05-1566
4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Feb. 15, 1903
8. AGE: Years 43 | Months 2 | Days 8 | If less than one day: hr. min.
9. Birthplace: Brunswick, Ga. (Town, county, and state)
10. Usual Occupation: 2nd Engineer
11. Industry or business: Seafarer
FATHER 12. Name: Wm. A. Potter
FATHER 13. Birthplace: Wilmington, N.C.
MOTHER 14. Maiden Name: Josephine Atkinson
MOTHER 15. Birthplace: Brunswick, Ga.
16 (a) Informant: Records
16 (b) Address: US Marine Hospital
17 (a) Burial, cremation, or removal: Burial (b) Date thereof: 4/25/46 (month) (day) (year)
17 (c) Cemetery or crematory: Brunswick
Location: Brunswick Ga
18 (a) Funeral director: Fellows, Cook Inc
18 (b) Address: 121 E. Paul St
19 (a) 4/24/1946 (b) Filed by registrar: Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Apr. 23 1946, at 8:25 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 22 1945 to Apr. 23 1946, and that I last saw h. in alive on Apr. 23 1946
Immediate cause of death: Hepatitis, subacute; etiology undetermined — Duration: SEVERAL WEEKS
Other conditions: Compression of cord — Duration: THREE YEARS
Due to:
Other Conditions: Deformity congenital of dorsal vertebrae
(Include pregnancy within 3 months of death)
Date of operation: 12/20/45 & 4/8/46
Major findings of operation: (OVER)
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:
23. Signature: John L. Wilson
John L. Wilson, Sr. Surgeon M.D.
Address: Clinical Director Date signed: 4/24/46

VS 180

G35641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 B

G35641 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Edward A. Chase
(b) Street address University Hospital
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town P.O. Mt Airy
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mrs Daysie Condon

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	

6 (b) Name of ~~husband or~~ wife Daisy D Condon

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) May 11, 1873

8. AGE: Years	Months	Days	If less than one day
72	11	12	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Ephraim B. Condon
13. Birthplace Maryland

MOTHER
14. Maiden Name Ruth E. Penn
15. Birthplace Maryland

16 (a) Informant Mrs. Daisy D. Condon
(b) Address Mt Airy, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-46 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Taylorsville
Location Taylorsville, Carroll Co. Md

18 (a) Funeral director C. M. Craetz
(b) Address Westminster, Md

19 (a) (b) Registrar
(Date rec'd by registrar)

APR 25 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/23/1946, at 3:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/10/1946, to 4/23/1946, and that I last saw him alive on 4/23/1946.

Immediate cause of death	Cardiac failure	Duration
Due to	Uremia	
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chester A Hawkins M. D.
Address Univ Hospital Date signed 4/23/46

X

G33642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52a

Registered No. G33642

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1931 Herbert st.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1931 Herbert St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Weber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ John W. Weber
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31st 1883

8. AGE: Years	Months	Days	If less than one day
62	8	23	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Louis Schlimzel
13. Birthplace Germany

MOTHER
14. Maiden Name Anna (Unknown)
15. Birthplace Germany

16 (a) Informant John A. Weber (Son)
(b) Address 1931 Herbert St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/26/46 (month) (day) (year)
(c) ~~Cemetery or crematory~~ Lorraine
Location Balto. Co. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1219 St. Paul St. Huntington Williams

19 (a) 4/25/46 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24th 1946, at 2:30 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1944 to April 24 1946, and that I last saw her alive on April 24th 1946.

Immediate cause of death (Hypernephroma) Left Kidney & Metastases — Duration Years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Cushman M D
Address 1911 W Saratoga Date signed 4/24/46

VS 150

X

63364 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

63364 3 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 401 Francis St Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Howard Mills

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Mary E. Mills

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9 1877

8. AGE: Years 68 Months 10 Days 13 If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Sam Mills
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary "
15. Birthplace Ireland

16 (a) Informant Annie Jones (Stepdaughter)
(b) Address 354 Townsend Ave. Essex Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/46 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul st.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/22/46 19 , at 8:15 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Davis, M.D. Medical Examiner.
Date signed 4/23/46

VS 151

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G33644 BALTIMORE CITY HEALTH DEPARTMENT G33644

CERTIFICATE OF DEATH 94a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 405 N Vaca St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ernest Hocker

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13 1865

8. AGE: Years	Months	Days	If less than one day: hr.	min.
80	9	10		

9. Birthplace Germany (Town, county and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Henry Hocker
13. Birthplace Germany

MOTHER
14. Maiden Name Louisa Shallohorn
15. Birthplace Germany

16 (a) Informant Carrie Ryan
(b) Address 405 N Vaca St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilhelm Funeral Home
(b) Address 1219 E Fayette St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 23 1946 at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 10 - 1946 to Apr. 22 1946 and that I last saw h[illegible] alive on Apr. 22 1946

Immediate cause of death: Coronary Thrombosis — Duration
Due to: adv. Atherosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Jacobs M. D.
Address 1700 Eutaw Pl (17) Date signed 4-24-46

VS 150

G33645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G33645 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 516 S. Bond Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 516 S. Bond Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walenty Chelstowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Anna Chelstowski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Chelstowski
13. Birthplace Poland

MOTHER
14. Maiden Name unknown
15. Birthplace Poland

16 (a) Informant Mrs. Anna Chelstowski
(b) Address 516 S. Bond Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 25 46 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Balto County

18 (a) Funeral director John M. Welby
(b) Address 401 S. Chester Street

19 (a) (b) Huntingtor Williams MD
(Date received by local registrar)

APR 25 1946

MEDICAL CERTIFICATION 230

20. DATE OF DEATH April 23 1946, at A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1946, to April 23 1946.
And that I last saw him alive on April 22 1946.

Immediate cause of death	Duration
Myocardial insufficiency	1 day
Due to Broncho-pneumonia	4 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John V. Fijatkowski M. D.
Address 1802 Eastern Ave Date signed 4-24-46

G33646 BALTIMORE CITY HEALTH DEPARTMENT G33646
CERTIFICATE OF DEATH 937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address DOA
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 12yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 113 N. 22nd St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John H. Hopkins

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M

6 (b) Name of husband or wife Rosie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
57 56			hr. min.

9. Birthplace Missouri (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER 12. Name
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant Rosie Hopkins
(b) Address 2402 Madison Sq. Phila

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 Apr 46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. W. Kelson
(b) Address 1303 Preastman St

19 (a) (b)

APR 25 1946 Vs 151 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/21 1946, at 1 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to D.S. death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Chronic Myocardial Degeneration

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. P. Rubenstein M.D.
Medical Examiner.
Date signed 7/5/46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39647
491990

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

8/a

G39647
Registered No.

PRINCE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1201 Whatcoat St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Jones.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black.	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2 2-96

8. AGE: Years	Months	Days	If less than one day
50,			hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Robert Jones.
13. Birthplace 2.

MOTHER
14. Maiden Name Sylvia. 2.
15. Birthplace 2.

16 (a) Informant Rhonda.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 4/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Cemetery or crematory St. Peters
Location Md.

18 (a) Funeral director Wm. H. Nelson
(b) Address 1203 Pennsylvania Ave

19 (a) Date received by registrar (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1946 10.37 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1946 to April 22 1946 and that I last saw h alive on April 22 1946.

Immediate cause of death Resp. failure — Duration

Due to Meningitis

Due to

Other Conditions Arteriosclerosis, L. hemiplegia
(Include pregnancy within 3 months of death)

Date of operation 2 3 Apr 46

Major findings of operations: Tub. brain meninges - bronchopneumonia

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Huntington Williams
Address Date signed 4/26/46 M. D.

VS 150

G39648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G39648

Registered No. 82c

THESE WHITE FLANKS, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Queen + Redwood
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1430 Pruestman St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Cuppett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Married

6 (b) Name of husband or wife Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 1887

8. AGE: Years	Months	Days	If less than one day
59	5 8		hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Henry Cuppett
13. Birthplace Va

MOTHER 14. Maiden Name Casey Holden
15. Birthplace Va

16 (a) Informant Rose Cuppett
(b) Address 1430 Priestman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 / 25 / 46 (month) (day) (year)

(c) Cemetery or crematory Antrim
Location Md.

18 (a) Funeral director Edg. G. Kelson
(b) Address 1302 Pennsylvania Ave

19 APR 25 1946 (Date received by registrar) Thurlow Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22, 1946, at 1035 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-21 1946, to 4-22 1946, and that I last saw him alive on 4-22 1946.

Immediate cause of death Heart failure

Due to Hypertension

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Microscopic Exam by Dr. Stevenson

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter L Cronch M. D.
Address University Hospital Date signed 4-23-46

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G33649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 B

Registered No. G33649

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address I38 Jackson Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 37 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. I38 Jackson Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bernard Kammerman

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-9167

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widow

6 (b) Name of husband or wife Late Zelda
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1881

8. AGE: Years	Months	Days	If less than one day
64	4		hr. min.

9. Birthplace Austria
(Town, county, and state)

10. Usual Occupation
11. Industry or business Tailor

FATHER
12. Name Louis Kammerman
13. Birthplace Austria

MOTHER
14. Maiden Name Unknow
15. Birthplace Austria

16 (a) Informant Bertrum Kammerman
(b) Address I38 Jackson Place

17 (a) Burial (b) Date thereof 4/25/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run, Lemt
Location Bowley Land

18 (a) Funeral director Lob Levinson & Bros
(b) Address 1124-26 W. North ave

19 (a) (b) Huntington Williams, M.D.
(Date received by local registrar)

APR 25 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 19 46, at 4.25 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1946 to April 24 1946 and that I last saw h.im alive on April 24 1946.

Immediate cause of death Carcinoma of Stomach — Duration 6 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Exploratory March 1946

Major findings of operation: Carcinoma

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph Swidler, M.D.
Address 1701 E. Fayette St. Date signed 4/25/46

633650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 B

Registered No. 633650

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2214 No Monroe St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da

(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2214 No Monroe St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME H. Samuel Kamenetz

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-9770

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Goldie M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 26-1893

8. AGE: Years 52 Months 6 Days 27 If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business

FATHER

12. Name Louis

13. Birthplace Russia

MOTHER

14. Maiden Name Hannah

15. Birthplace Russia

16 (a) Informant Goldie M. Kamenetz

(b) Address 2214 N Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-25-46 (month) (day) (year)

(c) Cemetery or crematory Shar Israel

Location Northern Ave

18 (a) Funeral director Jack Levin Inc

(b) Address 1430 E Balto St

19 (a) Date received by registrar APR 25 1946 Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23-1946 at 11:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/2/45 19 to 4/23/46 19, and that I last saw him alive on 1/23/46 19.

Immediate cause of death	Duration
Cardio-Respiratory Failure	
Carcinoma of Stomach	
Due to Diffuse abdominal metastasis &	
Due to obvious liver and GB metastases.	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Feb 1945

Major findings of operation: Ca of stomach & metastasis

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Lorean Appelfeld M. D.

Address 2511 Reisterstown Rd Date signed 4/24/46

X

G39651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1248

G39651

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dora
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 824 W. Fairmount Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henrietta Mitchell

3 (b) If veteran, name war No

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Clarence

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-12-1900

8. AGE: Years	Months	Days	If less than one day
45 (Sixty)		10	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Dennis Sergeant
13. Birthplace Md

MOTHER
14. Maiden Name Agnes Jones
15. Birthplace Md

16 (a) Informant Clarence Mitchell (H)
(b) Address 824 W Fairmount Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 4/25/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 512 N. Carrollton Ave

19 (a) (Date rec'd by registrar) **(b)** Huntington Williams M.D. Registrar

PR 25 1946

MEDICAL CERTIFICATION

55

20. DATE OF DEATH April 22, 1946 at 6 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary disease, Hypertrophy and dilatation of heart

Due to

Other Conditions Arteriosclerosis Cirrhosis of liver
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard A. Mueller M.D.
Medical Examiner.
Date signed 4-23-46

X

039652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

039652 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2409 Montebello Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto.
(If outside city or town limits write RURAL and give town)
(d) Street No. 2409 Montebello Terrace
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Liggie Holmes Torney

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	Colored	widow

6 (b) Name of husband or wife Moses Torney
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1882

8. AGE: Years	Months	Days	If less than one day
64	2	2	— hr. — min.

9. Birthplace Essex County, Va.
(Town, county and state)
10. Usual Occupation Domestic Worker
11. Industry or business —

FATHER
12. Name Charles Holmes
13. Birthplace Virginia

MOTHER
14. Maiden Name Jennie Ruff
15. Birthplace Virginia

16 (a) Informant Eva Brown
(b) Address 2409 Montebello, Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-46 (month) (day) (year)
(c) Cemetery or crematory St. John's
Location Calvert Co. Md.

18 (a) Funeral director Charles G Cooper
(b) Address 512 N. Carrollton Ave

19 (a) — (b) — (Date rec'd by registrar) Huntington Williams, M.D. Registrar

APR 25 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22, 1946 at 9:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11.24.44 19 , to 4.22.46 19 , and that I last saw her alive on 4.21.46

Immediate cause of death	Duration
Congestive heart failure	2.22.46
Due to Cardio renal vascular disease	11.24.44
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Thomas M. Carr
Address 400 N. Carrollton Ave M. D.
Date signed 4-24-46

X

G39653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G39653

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3302 Walbrook Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
3302 Walbrook Ave.
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MINNIE M. EMMONS

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Howard M. Emmons

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): August 2, 1868

8. AGE: Years 77 | Months 8 | Days 21 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Welcome White
13. Birthplace: Vermont

MOTHER
14. Maiden Name: Maryetta F. Read
15. Birthplace: Vermont

16 (a) Informant: Mr. Howard M. Emmons
(b) Address: 3302 Walbrook Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/46 (month) (day) (year)
(c) Cemetery or crematory: Lorraine Cem.
Location: Woodlawn, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) APR 25 1946 (Date received by Registrar) Huntington Williams, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23, 1946, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1946 to April 23, 1946 and that I last saw h alive on April 23, 1946.

Immediate cause of death: Circulatory failure meth emia. — Duration: 5 days

Due to: Arterio Sclerosis

Due to:

Other Conditions: Senile Amentia — 3 yrs.

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice L. Shamer M. D.
Address 3300 W. Belvedere Ave. Date signed 4/24/46

VS 150

G33654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10

G33654 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital, Balto 12, Md. 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4838 Wright Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Giddings Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 25 1936

8. AGE: Years	Months	Days	If less than one day
9	7	28	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation child

11. Industry or business

FATHER
12. Name John H Giddings Sr.
13. Birthplace Md.

MOTHER
14. Maiden Name Thelma Clinedinst
15. Birthplace Baltimore, Md.

16 (a) Informant step father
(b) Address 4838 Wright Ave ?

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/46 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem. Pk.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 APR 25 1946 (b) Huntington Williams, M

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 23 1946, at 9:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4 - 17 1946, to 4 - 23 1946, and that I last saw him alive on 4 - 23 1946.

Immediate cause of death	Duration
Myocarditis	12 days total
Due to Diphtheria	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Katherine Sprunt M. D.
Address Sydenham Hospital Date signed 4-24-46

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dist. 107

G336[illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G336[illegible]5
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 412 S. Paca Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Shirley Foster White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 12 - 1946

8. AGE: Years	Months	Days	If less than one day
	3	12	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Robert White
13. Birthplace Monroe, N.C.

MOTHER
14. Maiden Name Nannie Foster
15. Birthplace Chester, S.C.

16 (a) Informant Nannie Foster
(b) Address 412 S. Paca St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 26-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location

18 (a) Funeral director James Bottaro
(b) Address 1142 W. Ostend St

19 (a) APR 25 1946 (Date received by local registrar) Hubert F. Peterson, M.D. (Signature of local registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24- 1946, at 3:30 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Bronchopneumonia

Due to

Other Conditions Sickle Thymia - Lymphatism, Hyperplasia of Heart
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Homer J. Muldeis M.D.
Medical Examiner.
Date signed 4-24-46

X

G39656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

✓ G39656 Registered No.

PRESS WHITE FIRMLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1933 N. Fulton Av.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 H
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1933 N. Fulton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME June Mae Hitchens

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife Raymond Hitchens
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) May 13. 1886

8. AGE: Years	Months	Days	If less than one day hr.	min.
59	11	11		

9. Birthplace Worcester Co. Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at Home

FATHER
12. Name Thomas Ward
13. Birthplace Worcester Co. Md

MOTHER
14. Maiden Name Elizabeth Robertson
15. Birthplace Worcester Co. Md.

16 (a) Informant Raymond Hitchens
(b) Address 1933 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/46 (month) (day) (year)
(c) ~~Crematory~~ Location Woodlawn Mt. Cemetery Lorraine, Conn.

18 (a) Funeral director Wm. J. Hickey & Son
(b) Address Balto Md

19 (a) (Date rec'd by registrar) (b) Wilmer M. [illegible] Registrar

APR 25 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1946, at 9:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1- 1945, to April 24 1946, and that I last saw h[illegible] alive on April 24 1946.

Immediate cause of death Carcinoma of Rectum.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Dec. 1945

Major findings of operation: Carcinoma of Rectum

of autopsy:

Duration: 1945

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul E. Brown, M.D.
Address 663 W. Lexington St Date signed 4/25/46

X

G39657

G39657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 123

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State NC (b) County
(c) City or town Elizabeth City NC. (If outside city or town limits, write RURAL and give town)
(d) Street No. 407 Ocean St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bertha Durfoot

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Jay Durfoot
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day hr	min.
56				

9. Birthplace (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name J.C. CHAPPELL
13. Birthplace

MOTHER
14. Maiden Name Pauline EASEN
15. Birthplace

16 (a) Informant Mrs. Mary Katie
(b) Address 3463 Parkslyn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/46 (month) (day) (year)
(c) Cemetery or crematory Hollywood
Location Elizabeth City NC.

18 (a) Funeral director Wm J Lichtenstein & Son
(b) Address Balto. Md.

19 (a) APR 25 1946 (Date received, 1946) Huntington Williams, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 21 APRIL 1946, at 8:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 21 APRIL 1946 to 24 APR. 1946, and that I last saw HER alive on 24 APRIL 1946.

Immediate cause of death: PERITONITIS — Duration 2 da
ATELECTASIS — 2 da
Due to FOLLOWING OP.
FOR DIVERTICULUM OF
Due to DUODENUM.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 22 APR. 46.
Major findings of operation: DIVERTICULUM OF DUODENUM.
of autopsy: PERITONITIS

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. B. Robinson M. D.
Address 422 Main St Elizabeth City Date signed 4/25/46

THIS WHITE CERTIFICATE, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. G39658

Every item of information should be carefully supplied. Cancer age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT WITH PENCIL, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 612 S.Lehigh St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 612 S.lehigh St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie Aichler

3 (b) If veteran, name war: --
3 (c) Social Security Account No.: --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John M.Aichler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug.26,1876

8. AGE: Years	Months	Days	If less than one day
69	7	26 2/8	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Henry Kues
13. Birthplace Germany

MOTHER
14. Maiden Name A.Mahr
15. Birthplace Germany

16 (a) Informant Chas.
(b) Address 612 S.Lehigh St.

17 (a) Burial (b) Date thereof Apr.26/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt.Carmel Cem.
Location Balto. Md.

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St.
(c) Local registrar Huntington Williams, M.D.
Registrar

APR 25 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23/46 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb.16 1946 to Apr 23 1946 and that I last saw h alive on 4/22 1946.

Immediate cause of death: Carcinoma of the Colon — Duration

Due to

Due to

Other Conditions Chr. cholecystitis

(Include pregnancy within 3 months of death)

Date of operation About two weeks ago

Major findings of operation: CA of colon obstruction

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. M. Greenberg
Address 46 S Lexington St Date signed

S. M. Greenberg

VS 150

G33659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

9 a

Registered No. G33659

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Keene & Redwood
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Arbutus Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 109 Sulphur Spring Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rean Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1926

8. AGE: Years	Months	Days	If less than one day
20	2	1	hr. min.

9. Birthplace Arbutus Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Raymond Matthews
13. Birthplace Arbutus Md

MOTHER 14. Maiden Name Cornelia Brown
15. Birthplace Arbutus Md.

16 (a) Informant Cornelia Matthews
(b) Address 109 Sulphur Spring Road

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof April 26, 1946 (month) (day) (year)
(c) Cemetery or crematory Western Star Ass'n
Location

18 (a) Funeral director Mrs. Kate R. Williams
(b) Address 322 N. Schroeder St

19 (a) APR 25 1946 (b) Registrar
Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23- 1946 at 6:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7 1946, to 4-23 1946, and that I last saw him alive on 4-22 1946.

Immediate cause of death	Duration
Heart failure	
Anemia	
Due to Toxic myocarditis & focal suppurative glomerulo nephritis	
Due to Septicemia	
Other Conditions Acute bacterial endocarditis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Histological examination & pictures

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work)
(e) Means of injury

23. Signature Walter L. Couch M. D.
Address University Hospital Date signed 4-23-46

X

Numbers and words must AGREE. WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

633660 ✓ 633660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47F

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: MERCY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., ~~months~~ ~~days~~) 5 17
(e) Length of stay in Baltimore (yrs., ~~months~~ ~~days~~) 43

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 526 BRUNE ST.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME ADA BATTLE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	BLACK	MARRIED

6 (b) Name of husband or wife HENRY BATTLE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 15, 1903

8. AGE: Years	Months	Days	If less than one day
43	3	6	hr. min.

9. Birthplace BALTIMORE MARYLAND
(Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name Burke
13. Birthplace

MOTHER
14. Maiden Name ELLA BURKE
15. Birthplace BALTIMORE

16 (a) Informant Bessie Bell
(b) Address 526 Brune St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27-46 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Katie Rhoades
(b) Address 322 N. Schroeder St.

19 (a) (Date rec'd by registrar) (b) Huntington Maryland

VS 150 APR 25 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/24/46 1946, at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from APRIL 19, 1946, to APRIL 24, 1946, and that I last saw HER alive on 4/24 1946.

Immediate cause of death RESPIRATORY FAILURE — Duration

Due to MEDIASTINAL TUMOR — over
BLOCKING TRACHEA

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul R. Pool M. D.
Address Mercy Hospital Date signed 4/24/46

X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 633661

633661

94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1104 Cloney St. Dist. 18
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 Cloney St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Lloyd

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Married

6 (b) Name of husband or wife John W. Lloyd
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/15/1903

8. AGE: Years	Months	Days	If less than one day
43	1	6	hr. min.

9. Birthplace Chestertown Md
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant John W. Lloyd
(b) Address 1104 Cloney St

17 (a) Burial (b) Date thereof 4-25-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto City

18 (a) Funeral director Isaiah L Brown & Son
(b) Address 1 W Montgomery St

APR 25 1946

19 (a) Huntington Williams, Registrar
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/21 1946 at 3:47 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature D. L. Thalheimer M.D.
Medical Examiner.
Date signed 4/22/46

G33662 492275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G33662 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 514 S. Ann St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hayia Martin

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Audrey.
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) 2-22-11

8. AGE: Years	Months	Days	If less than one day
35	2	2	hr. min.

9. Birthplace W. Va.
(Town, county, and state)
10. Usual Occupation Machine Operator
11. Industry or business

FATHER
12. Name George Martin
13. Birthplace W. Va

MOTHER
14. Maiden Name Irene Bird
15. Birthplace W. Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 28/46 (month) (day) (year)
(c) Cemetery or crematory BISCA CEM.
Location PRINCETON W. VA.
18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S. WOLFE ST.
19 APR 25 1946 (Date received by Registrar) (b) Huntington Milligan M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1946, at 8.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from April-22 1946 to April-24 1946, and that I last saw him alive on April-24 1946.

Immediate cause of death	Duration
Pneumonia, right lower lobe, + bacteremia due to	5 days
Due to Type VII pneumococcus.	
Due to	
Other Conditions Cirrhosis of liver	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Eugene Kuyper M.D.
Address Johns Hopkins Hosp. Date signed April 24

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G35663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. G35663

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Md. Gen. Hos.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Lansdowne (If outside city or town limits, write RURAL and give town)
(d) Street No. 220 Elizabeth Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN WALTER SMITH

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21, 1945

8. AGE: Years	Months	Days	If less than one day
	9	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles B. Smith
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Vogelsang
15. Birthplace Md.

16 (a) Informant Family
(b) Address Lansdowne, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/46 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn, Md.

18 (a) Funeral director James L. McCulley
(b) Address 130 E. Fort Ave.

19 (a) Date received by registrar APR 25 1946 (b) Registrar Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/24 1946, at 7.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/24 1946 to 4/24 1946, and that I last saw H.M. alive on 4/24 1946.

Immediate cause of death	Duration
PNEUMONIA	1 hr.
Due to UPPER RESPIRATORY INFECTION	
Due to	pneu
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles W. Stewart, Jr. M.D.
Address Md. Gen. Hosp. Date signed 4/24/46

X

G33664 BALTIMORE CITY HEALTH DEPARTMENT G39664

CERTIFICATE OF DEATH 46 B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4013 Liberty Heights
(c) Hospital or institution: Nursing Home
(d) Length of stay in hospital or inst. (~~yrs.~~ ~~mos.~~ days) 8 wks
(e) Length of stay in Baltimore (~~yrs.~~ ~~mos.~~ days) 21

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3315 Liberty Heights
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie V (Virginia Viviennie) Frank (Harris)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Louis W Frank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV 23, 1897

8. AGE: Years 48 | Months 5 | Days 1 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER 12. Name Mark A G Clift

13. Birthplace Balto

MOTHER 14. Maiden Name Nellie Chaney

15. Birthplace Balto

16 (a) Informant Louis W Frank

(b) Address 3315 Liberty Heights

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 4/27/46 (month) (day) (year)

(c) Cemetery or crematory [illegible]

Location Balto Md

18 (a) Funeral director Wilmot Funeral Home

(b) Address 2008 Orleans

19 (a) (Date rec'd by registrar) (b) Registrar

APR 25 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1946, at 3:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 25 1946 to April 24 1946, and that I last saw h[illegible] alive on April 24 1946.

Immediate cause of death: Carcinoma of the Stomach and

Due to metastasis to liver,

Due to Pulmonary embolism

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Feb 25 46

Major findings of operation: Carcinoma of Stomach

of autopsy:

Duration
?
4

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ephraim T. Cromwell M. D.

Address 3200 Pulaski Hwy Date signed April 26 46

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. CAUTION—THIS CERTIFICATE, WITH UNFADING INK.

G39665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G39665

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2419 Christian St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V°
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2419 Christian St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles R. Higdon

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Barbara Mahranholz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1892

8. AGE: Years	Months	Days	If less than one day
53	9	23	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Cleck
11. Industry or business Balto. City

FATHER
12. Name Thomas F. Higdon
13. Birthplace Md.

MOTHER
14. Maiden Name Georgia A. Lewis
15. Birthplace Md.

16 (a) Informant Mrs. Barbara Higdon
(b) Address 2419 Christian St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-46 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location East North Ave.

18 (a) Funeral director Harry A. Witzke
(b) Address 4101 Edmondson Ave.

19 (a) Date received by registrar APR 25 1946 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/18 19 46 to 4/24 19 ; and that I last saw [illegible] alive on 4/22 19 46.

Immediate cause of death — Duration

Due to Coronary Thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Chidester M. D.
Address 2225 Fenden Date signed

X

Dr. Flynn
Walbert Apts.
Charles & Lafayette Sts.

G39666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G39666
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 504 E. Twenty- first St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 504 E. Twenty- First St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Rhynhart Deacon Coyle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Edward J. Coyle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1878

8. AGE: Years	Months	Days	If less than one day
67	6	13	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Thomas Deacon
13. Birthplace Ireland

MOTHER
14. Maiden Name Martha Rhynhart
15. Birthplace Ireland

16 (a) Informant Edward J. Coyle
(b) Address 504 E. Twenty- first St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26, 46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Ellsworth Armacost
(b) Address 3911 Liberty Heights Ave.

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

APR 25 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23 19 46 at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10 19 46 to 4-23 19 46
and that I last saw h alive on 19

Immediate cause of death	Duration
Hypertensive Cardio Vascular Disease	15 yrs
Due to Uremia	3 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature P. D. Flynn M. D.
Address 1800 N. Charles St. Date signed 4-25-46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any error or omission should be carefully supplied. The

639667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. 639667

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Holwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Less than 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Less than 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Ellicott City
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Campbell

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		0	0 hr. 50 min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Felipe Mark Healey
13. Birthplace Ellicott City, Md.

MOTHER
14. Maiden Name Myrtle Adelaide Campbell
15. Birthplace Pineville, Ky.

16 (a) Informant Mother
(b) Address Main St. Ellicott City, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School APR 23 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 (Date rec'd by registrar) Registrar

APR 25 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH April 15, 1946, at 12:50 M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 15, 1946, to April 15, 1946, and that I last saw her alive on April 15, 1946.

Immediate cause of death pulmonary atelectasis due to prematurity — Duration

Due to

Due to

Other Conditions multiple anomalies
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. E. Hutton, Jr. M. D.
Address University Hospital Date signed 4-15-46

VS 8

OVER

3455

G39668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

✓ G39668 Registered No.

Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1118 S. East Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d 11 h
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1118 S. East Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John F. Fick

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mollie A. Garrett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1875

8. AGE: Years	Months	Days	If less than one day
71	2	14	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Shipping Clerk
11. Industry or business American Can Co.

FATHER
12. Name Not Known
13. Birthplace " "

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Mollie A. Fick
(b) Address 1118 S. East Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/46 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location 7225 Eastern Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

APR 25 1946 (Date filed by Registrar) (b) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23-1946, at 6 49 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2 1945 to April 23 1946, and that I last saw him alive on April 23 1946.

	Duration
Immediate cause of death Hypertension Arteriosclerosis C. V. Disease Chr. Myocarditis	11-2-45
Due to acute Coronary Occlusion	4-23-46
Due to	
Other Conditions None (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation: None
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Huntington Williams, M.D.
Address 842 S. East Ave Date signed 4-23-46

G39669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 20

G39669 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6116 Alta Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6116 Alta Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry E. Yeakle Jr.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Lillian Grace
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-5-1887

8. AGE: Years	Months	Days	If less than one day
59	2	19	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Louis Yeakle
13. Birthplace Md.

MOTHER 14. Maiden Name Sally Klein
15. Birthplace Md

16 (a) Informant Mrs Lillian G Yeakle
(b) Address 6116 Alta Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-46 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Leonard J Ruck
(b) Address 5305 Harford Rd

19 (a) 4-25-1946 (Date received by registrar) (b) Registrar

APR 25 1946

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1946, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1946, to April 24 1946, and that I last saw h/e alive on 4/24 19 46.

Immediate cause of death RENAL TUBERCULOSIS — Duration 10 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John W Machen M. D.
Address 633 Baltimore Date signed 4/25/46

X

G39670 new

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G39670

157B

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Hoffman
(c) Hospital or institution:
St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 Maryland Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3 (a) FULL NAME Bernard Talmage, Jr.

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Baby

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 16, 1946

8. AGE: Years	Months	Days	If less than one day
		6	hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation newborn baby

11. Industry or business

FATHER
12. Name Bernard Talmage
13. Birthplace Plymouth, Mich.

MOTHER
14. Maiden Name Veronica Rice
15. Birthplace New York City

16 (a) Informant Mrs. Veronica Talmage
(b) Address 2101 Maryland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director Leonard J. Rusk
(b) Address 5305 Harford Rd.

19 (a) 46 (b) Registered by registrar Washington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1946, at 7:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1946, to April 26 1946, and that I last saw him alive on April 26 1946

Immediate cause of death	Duration
Cardio-vascular failure	
Due to Erythroblastosis fetalis	
Due to Rh neg Mother & Rh positive father	
Other Conditions Spina bifida. Bilateral hernia	

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operations .....

.....

of autopsy: .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Joseph Hoyt

Address .....

Date signed 4/27/46

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

G39671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. G39671

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W. B. D. Hosp. 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 19 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1407 Dukeland St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Leroy Lynch

3 (b) If veteran, name war W | 3 (c) Social Security Account No. [illegible]

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-7-46

8. AGE: Years | Months | Days 19 | If less than one day hr. min.

9. Birthplace W. Balt Gen. Hosp (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Walter Lynch
13. Birthplace Balt Md

MOTHER
14. Maiden Name Mary McDermott
15. Birthplace Balt Md

16 (a) Informant Records W. B. Gen Hospital
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/46 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location " Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

APR 26 1946 Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-25 1946, at 1:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-7 1946 to 4-25 1946, and that I last saw ~~him~~ alive on 4-23 1946

Immediate cause of death ~~Pneumonia~~ Pneumania

Due to Aspiration

Due to

Other Conditions Prematurity
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work)
(e) Means of injury

23. Signature E. D. Treptow M. D.
Address W. Balt Gen Hosp Date signed 4-25-46

VS 150

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. 6339572

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 622 N North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 622 N North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James H Clough

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Maria Griffin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 9 1866

8. AGE: Years 80 | Months | Days 15 | If less than one day hr. min.

9. Birthplace Carroll Co Md (Town, county, and state)

10. Usual Occupation Meter Inspector

11. Industry or business Public Service Co

FATHER
12. Name Isaac Clough
13. Birthplace Carroll Co Md

MOTHER
14. Maiden Name Rachel Irvine
15. Birthplace Carroll Co Md

16 (a) Informant Maria Clough
(b) Address 622 N North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/46 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Balto Md

18 (a) Funeral director Pulhorn Bros Inc
(b) Address 1219 E Pratt

APR 26 1946 (Date received by Registrar) Huntington Williams Mgr

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1946, at 4 40/60 M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to Apr 25 1946 and that I last saw h alive on Apr 24 1946

Immediate cause of death: Cerebral Hemorrhage — Duration: 10 days

Due to: Arterio Sclerosis — 2 years

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. C. Bruns M. D.
Address 4309 Belmont Ave Date signed Apr 25

VS 150

X

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 148

Registered No. G39673

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 512 Argyle (Brooklyn)
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 938 N. Calvert St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eva M. Roach

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband	6 (c) If alive, give age
Female	White	Married	William L. Roach	years

7. Birth date of deceased (mo., day, yr.) May 3rd 1883

8. AGE: Years	Months	Days	If less than one day: hr.	min.
63	1	21		

9. Birthplace Meadville Pa. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own Home

FATHER — 12. Name Patrick Murphy; 13. Birthplace Ireland
MOTHER — 14. Maiden Name Bridget (Unknown); 15. Birthplace Ireland

16 (a) Informant William L. Roach
(b) Address 938 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/46 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

APR 26 1946 (Date rec'd by Reg.) Huntington Williams Md (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24th 1946, at 12:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/22 1946 to 4/24 1946, and that I last saw h[illegible] alive on 4/22 1946.

Immediate cause of death Cachexia
Acidosis

Due to Metastatic Carcinoma
Generalized

Due to Complicated by
Uremia.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 920 Patapsco Ave Date signed 4/25/46 M.D.

X

Please write plainly, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

639674 A 47304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. 639674

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3476 Evans St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis X. Dominko

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-10-45

8. AGE: Years | Months 10 | Days 26 | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Bernard Dominko -

13. Birthplace Pa. -

MOTHER 14. Maiden Name Cecilia Churnetalski -

15. Birthplace Pa.

16 (a) Informant Records -

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/27/46 (month) (day) (year)

(c) Cemetery or crematory St. CASIMIRS

Location KULPMONT, PENNA.

18 (a) Funeral director M. J. Sabo

(b) Address 1808 Eastern Ave

19 APR 26 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25, 1946 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-21 1946 to 4-25 1946 and that I last saw him alive on 4-25 1946

Immediate cause of death: Intracranial Hemorrhage

Due to Trauma from fall

Due to

Other Conditions Hemophilia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident.
(b) Date of occurrence 4-16-46 at ? M
(c) Where did injury occur? 347 Evans St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Unknown - apparently fell.

23. Signature George L. Palmer, M.D.
Address Johns Hopkins Hosp. Date signed 4-25-46

VS 150

For E. J. R. Davis, by Howard Jablenowski, M.D.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G33675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161 B

G33675 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: MARYLAND GENERAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1201 W 42ND ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CAROL NEWMAN

3 (b) If veteran, name war –
3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	SINGLE

6 (b) Name of husband or wife –
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APRIL 11, 1946

8. AGE: Years	Months	Days	If less than one day
		12 13	hr. min.

9. Birthplace MARYLAND (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name THURMAN R. NEWMAN.
13. Birthplace PA.

MOTHER
14. Maiden Name PAULINE C. MILLHIME.
15. Birthplace PA.

16 (a) Informant THURMAN R. NEWMAN.
(b) Address 1201 W 42ND ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 26/46 (month) (day) (year)
(c) Cemetery or crematory Maryland Memorial Park
Location Taylor Ave.
18 (a) Funeral director Thomas F. Donovan
(b) Address 3615-17 Harford Ave

19 (a) (Registrar) (b) Registrar

APR 26 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/24/46 19 20 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/24 1946 to 4/24 1946, and that I last saw HER alive on 4/24 1946.

Immediate cause of death PERITONITIS FOLLOWING LIVER ABSCESS — Duration 4 hrs
Due to UMBILICAL INFECTION
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: LIVER ABSCESS, PERITONITIS

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles W. Stewart, Jr. M. D.
Address MD. GEN. HOSP. Date signed 4/25/46

Huntington Millhime, MD

X

G39676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122a

G39676 Registered No.

THESE WHITE BLANKS, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1600 E. Biddle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1600 E. Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henrietta Hendrickson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	Col.	Widow

6 (b) Name of husband or wife Franke

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 19, 1875

8. AGE: Years	Months	Days	If less than one day
70	6	3	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Hardy
13. Birthplace Md.

MOTHER 14. Maiden Name Eleanore ?
15. Birthplace Md.

16 (a) Informant Anita Cleary
(b) Address 1600 E Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 26 / 46 (month) (day) (year)
(c) Cemetery or crematory Md Catholic Cem
Location A A County Md

18 (a) Funeral director Msgr. Robert S. Edwards Dept
(b) Address 129 N. Caroline St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1946, at 11:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1945 to April 1946 and that I last saw h[illegible] alive on Apr. 1946

Immediate cause of death	Duration
Shock. (Ht heart Failure)	24 hrs.
Due to Right Inguinal hernia incarcerated	36 hrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. C. Burrell M. D.
Address 171 Augusta Date signed 4-25-46

VS 150

X

G39677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 61

G39677 Registered No.

The undersigned, under penalty of law, will answer ONE ITEM OR MORE. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green
(c) Hospital or institution: University Hospital 16-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2834 W Lanvale St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Howard Ogle

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	No	Male	White	Married

6 (b) Name of husband or wife Myrtle Ogle - wife
(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1885

8. AGE: Years	Months	Days	If less than one day
60	4	30 29	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Roofs
11. Industry or business

FATHER
12. Name Joseph Ogle
13. Birthplace Maryland.

MOTHER
14. Maiden Name Emma M. Wagner
15. Birthplace Maryland.

16 (a) Informant Mrs Howard Ogle
(b) Address 2834 W Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. Md.

18 (a) Funeral director Geo W Little & Son
(b) Address 2700 Edmondson Ave

19 (a) APR 26 1946 (b) Thurlington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/25/46 19 . at 11 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/2/46 19 to 4/25/46 19 and that I last saw h[illegible] alive on 4/25/46 19

Immediate cause of death Cerebral hemorrhage

Due to Chronic alcoholism

Due to

Other Conditions Diabetes mellitus
Seminal vesicle fever
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Cerebral hemorrhage,

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph A. Finch M. D.
Address Univ. Hospital Date signed 4/27/46

124a

G33678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46c

G33678
Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1211 Light Street
(c) Hospital or institution: So. Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) One Month-11 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Dundalk (yr)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2479 Fairway
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Helnar, William Edward

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: Stefania (nee Zvonar)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR 25, 1888

8. AGE: Years 58 | Months 10 | Days 28 | If less than one day ... hr. ... min.

9. Birthplace Czechoslovakia.
(Town, county, and state)

10. Usual Occupation Machinist
11. Industry or business Bethlehem Steel

FATHER
12. Name John Helnar
13. Birthplace Czechoslovakia.

MOTHER
14. Maiden Name Theresa Hovac
15. Birthplace Czechoslovakia

16 (a) Informant Hosp. Records & Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/46 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location 7225 Eastern Ave. Balto. Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601-03 E. Madison Street

19 (a) APR [illegible] (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1946, at 3 24 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...
and that I last saw h... alive on ... 19...

Immediate cause of death: Generalized Carcinomatosis — (Abdominal)
Duration:
Due to: Carcinoma Head of Pancreas
Due to: Duodenum —
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation April 6 1946
Major findings of operation: Generalized Carcinomatosis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D.
Address 1211 Light St Date signed 4-22-46

VS 180

G39679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G39679 Registered No.

The accuracy of every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave
(c) Hospital or institution: Sinai Hospital 27 17
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. Fernside (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida Pomerantz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Wm.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 65 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Wm. Pomerantz
13. Birthplace Russia

MOTHER
14. Maiden Name Pauline —
15. Birthplace Russia

16 (a) Informant Ralph Pomerantz
(b) Address 174 Biggs Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-46 (month) (day) (year)
(c) Cemetery or crematory Herut Memorial Park
Location

18 (a) Funeral director Jack Levine Inc
(b) Address 1398 E. Balto St

19 (a) Filed [illegible] 1946 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/25 1946, at 9:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/23 1946, to 4/25 1946 and that I last saw her alive on 4/25 1946.

Immediate cause of death: Shock — Duration 48 hrs

Due to: Gangrenous Gall bladder with perforation and hemoperitoneum — 3 days

Due to:

Other Conditions: Polycythemia Vera, Hypertensive Arteriosclerotic Heart Disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Perforated Gall bladder

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert Chernin, M.D.
Address Sinai Hospital Date signed 4/25/46

VS 150

127 R

G33680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G33680 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PRINT WITH PENCIL, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 511 S. KENWOOD AV.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 511 S. KENWOOD AV.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY ZAKRZEWSKI

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife JOHN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 15 1886

8. AGE: Years	Months	Days	If less than one day
59 6 0	4	9	hr. min.

9. Birthplace POLAND
(Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name DOMINIC MARCHEWKA
13. Birthplace POLAND

MOTHER
14. Maiden Name J. LUKASIK
15. Birthplace POLAND

16 (a) Informant JOHN ZAKRZEWSKI
(b) Address 511 S. KENWOOD AV.

17 (a) BURIAL (b) Date thereof APR. 27. 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY ROSARY
Location BALTIMORE

18 (a) Funeral director Fred W Ozazynski
(b) Address 1930 EASTERN AV.

19 (a) APR 26 1946 Huntington Williams Md
(Date received by Registrar) (Address)

MEDICAL CERTIFICATION

20. DATE OF DEATH APR. 24 1946, at 6.15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 22 1946, to Apr 24 1946, and that I last saw h or alive on Apr 24 1946

Immediate cause of death	Duration
Acute Pulmonary oedema	2 days
Cerebral oedema	3 days
Due to Cardiac Hypertrophy	2 yrs
Due to Hypertension	2 yrs
Other Conditions Nephritis	2 yrs

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature O. T. Rees M. D.
Address 24 S. Bway
Date signed Apr 26/46

VS 150

G33681
JL - 99740

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 186a

Registered No. G33681

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 901 N. Linwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William S. Tritel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Mary Adele (nee Brooks)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 29, 1866

8. AGE: Years	Months	Days	If less than one day
79	6 7	24	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Jeremiah Tritel
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Sipple
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/46 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount & Oliver, Balto. Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601-05 E. Madison St.

19 (a) Date received by Registrar APR 26 1946 (b) Huntingtown Williamsport, Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1946, at 10:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1946 to April 23 1946, and that I last saw h alive on April 23 1946

Immediate cause of death: bronchopneumonia, cerebrovascular accident — Duration: 2 days
Due to: intratrochanteric fracture — Duration: 4 "
Due to — Duration: 50 "
Other Conditions: generalized arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 6/10
(b) Date of occurrence March 6, 1946 at 7 M
(c) Where did injury occur? Highland Ave + Balto. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? no
(e) Means of injury Slipped on curb.

23. Signature Wm R Fraker M. D.
Address Baltimore City Hosp Date signed 4/24/46
Howard J. Masseis, M. D.

G33682

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13B

G33682 Registered No. 24747

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3002 Seamon Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25-2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3002 Seamon ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Franklin Young

3 (b) If veteran, name war –

3 (c) Social Security Account No. 217-09-2266

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	C	

6 (b) Name of husband or wife Isabelle Young
6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) July 13, 1916

8. AGE: Years	Months	Days	If less than one day
29	9	8	hr min

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Laborer.
11. Industry or business

FATHER
12. Name William Young
13. Birthplace Powhatan Md.

MOTHER
14. Maiden Name Dora Plater
15. Birthplace Salem Va.

16 (a) Informant Isabelle Young
(b) Address 3002 Seamon Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 4-25-1946 (months) (day) (year)
(c) Cemetery or crematory Mt. Caley Cemetery
Location Balto.

18 (a) Funeral director Walter B. Sprigg
(b) Address 139 W. Hamburg St.

19 (a) (Date rec'd by registrar) APR 26 1946 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1946, at 6:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/26 1946, to 4/19 1946, and that I last saw her alive on 4/19 1946.

Immediate cause of death Pulmonary Tuberculosis — Duration 2 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Reynold B. Lighton M.D.
Address 501 Cherry Hill Rd Date signed 4/21/46

The cause, whether antecedent, with CAPABLE INK. Every item o. information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

G39683 Registered No.

PRINTING: WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5205 St. Albans Way
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 12
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5205 St. Albans Way (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EMMA J. MERCER

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Joshua Mercer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 25, 1866

8. AGE: Years	Months	Days	If less than one day
79	5	28 29	hr. min.

9. Birthplace Philadelphia, Pa. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Robert Lockhart
13. Birthplace Ireland

MOTHER
14. Maiden Name McLaughlin
15. Birthplace Canada

16 (a) Informant Mr. Joshua Mercer
(b) Address 5205 St. Albans Way

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/46 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (Date rec'd by registrar) APR 26 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23, 1946, at 11:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from November 1945 to April 23 1946, and that I last saw him alive on April 23 1946.

Immediate cause of death: Myocarditis — Duration: years
Due to: Arteriosclerosis generalized — years
Due to:
Other Conditions: Carcinoma - right breast
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(c) Means of injury

23. Signature Harry Lee Hansen, M.D.
Address 20 E. Preston Street Date signed 4/25/46 M. D.

VS 150

937

G39684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

Registered No. G39684

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2936 Clifton Ave

(c) Hospital or institution: Maryland General Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2936 Clifton Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William T. L. McCaghey

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Pearl D. McCaghey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21, 1870

8. AGE: Years	Months	Days	If less than one day
75	9	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business B. & O. R. R.

FATHER 12. Name John McCaghey

13. Birthplace Scotland

MOTHER 14. Maiden Name Sarah Ann McKinley

15. Birthplace Ireland

16 (a) Informant Mrs. Pearl D. McCaghey

(b) Address 2936 Clifton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/46 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem.

Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Balto., Md.

19 (a) APR 26 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1946, at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1946, to April 24 1946, and that I last saw him alive on April 24 1946.

Immediate cause of death: Coronary Thrombosis, acute.

Due to

Due to

Other Conditions: Congestive heart failure, hypostatic pneumonia, pyloral stenosis, BPH

(Include pregnancy within 3 months of death)

Date of operation (1) 3-16-46 (2) 4-11-46

Major findings of operation: (1) Ruptured appendix (2) Benign prostatic hypertrophy

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Conrad M. Cordell M.D.

Address Md. Grey 1 1939 Date signed

VS 150

G39685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 316

Registered No. G39685

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1211 Light St.

(c) Hospital or institution: So. Balto. General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2414 Westwood Ave. (If rural give location)

(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Simon Feit

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Frieda Feit

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/30/05

8. AGE: Years	Months	Days	If less than one day
40	9	24	hr. min.

9. Birthplace Austria (town, county, and state)

10. Usual Occupation Cutter

11. Industry or business Fur industry

FATHER

12. Name Isaac Feit

13. Birthplace Austria

MOTHER

14. Maiden Name Mollie Goldman

15. Birthplace Austria

16 (a) Informant Mrs. Frieda Feit

(b) Address 2414 Westwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/46 (month) (day) (year)

(c) Cemetery or crematory Hebrew Rosedale Cemetery

Location Hamilton ave

18 (a) Funeral director Sol Levinson & Bros.

(b) Address 424-26 W. North ave

19 (a) APR 26 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-24 1946 at 10.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-21 1946 to 4-24 1946, and that I last saw h/ alive on 4-24 1946.

Immediate cause of death Acute Hepatitis — Duration

Due to

Due to

Other Conditions Neurosyphilis, Pneumonia (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address 1211 Light St. Date signed 4-24-46

VS 150

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

G39686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

G39686 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1019 E Balto St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 -
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 E Balto St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nacha Fordor

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Widowed

6 (b) Name of husband or wife Pete Harry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years	Months	Days	If less than one day
89			hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation
11. Industry or business None

FATHER
12. Name Morris Rosenberg
13. Birthplace Poland

MOTHER
14. Maiden Name Esther
15. Birthplace Poland

16 (a) Informant Ethel Schwartz
(b) Address 1019 E Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29 48 (month) (day) (year)
(c) Cemetery or crematory Hebrew Young Men
Location Windsor Mill Road

18 (a) Funeral director Sol Levinson Bro
(b) Address 1124-26 W North Ave

19 (a) APR 30 1948 Huntington Nathanson, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1948 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 14 1946 to April 25 1946. and that I last saw her alive on April 25 1946.

Immediate cause of death Myocarditis — Duration

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Saml Snyder M.D.
Address 1684 E. Baltimore Date signed 4/30/48

VS 150

X

G39687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G39687 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ?
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 620 S. Broad St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Sattotzki

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace ? (Town, county, and state)
10. Usual Occupation ?
11. Industry or business ?

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant ?
(b) Address ?

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School APR 26 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/20 1946, at 9:00 AM

21. I certify that I took charge of the remains described above, held an Inspection thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. J. Lieberman M.D.
Medical Examiner.
Date signed 7/20/46

VS 151

3457

G39688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

Registered No. G39688

The information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5521 O'Donnel St.
(c) Hospital or institution:
26 6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5521 O'Donnell Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PHILIP KAPPEL

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna Kappel
6 (c) If alive, give age: 74 years

7. Birth date of deceased (mo., day, yr.): Oct. 21, 1873

8. AGE: Years 72 | Months 5 6 | Days 2 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation: Supt. Cemetery - Ret.

11. Industry or business

FATHER
12. Name: Louis Kappel
13. Birthplace: Germany

MOTHER
14. Maiden Name: ? Gape
15. Birthplace: Pa.

16 (a) Informant: Mrs. Anna M. Kappel
(b) Address: 5521 O'Donnel Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-26-46 (month) (day) (year)
(c) Cemetery or crematory: TRINITY CEMETERY
Location: Baltimore, Maryland

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY

19 (a) Date received: APR 26 1946 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 23, 1946 at 8.15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apl. 1 1946 to Apl. 23 1946 and that I last saw [illegible] alive on Apl. 23 1946.

Immediate cause of death: Chronic Myo-Cardetis & Myocardial degeneration — Duration: 1 yr.

Due to:

Due to:

Other Conditions: Congestion of Lungs — Duration: 3-4 Dys.

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Henry H. Kelly M. D.
Address: 250 4 St Paul St. Date signed: 4-24-46

VS 150

G39683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 96

Registered No. G39683

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 51st St.
(c) Hospital or institution:
US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Florida (b) County
(c) City or town St. Petersburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. Box 693 Station A
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel, Henry Styna, Jr.

3 (b) If veteran, name war WW 2

3 (c) Social Security Account No. 566-05-3314

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Eva Mc Inna

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1902

8. AGE: Years 43 | Months 8 | Days 9 | If less than one day ... hr. ... min.

9. Birthplace Hartsell, Ala.
(Town, county, and state)

10. Usual Occupation SC 1/c

11. Industry or business Maritime Service

FATHER
12. Name Henry Daniel
13. Birthplace Ala.

MOTHER
14. Maiden Name Mamie Grace Fisher
15. Birthplace Mich.

16 (a) Informant Records
(b) Address US Marine Hospital, Balto, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 28/46 (month) (day) (year)
(c) Cemetery or crematory
Location Mt. Calvary Cem.

18 (a) Funeral director Ochs Funeral Home Inc.
(b) Address 464 W. Fay. Ave.

APR 26 1946 (Date filed by registrar)

(b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 24 1946, 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 12 1946, to Apr. 24 1946, and that I last saw him alive on Apr. 24 1946.

Immediate cause of death Aneurysm of innominate artery with rupture into esophagus. — Duration: UNKNOWN

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John L. Wilson
John L. Wilson, Sr. Surgeon M. D.
Address Clinical Director Date signed 4/25/46

VS 180

G39690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. G39690

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 829 George St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-3
(e) Length of stay in Baltimore (yrs., mos., or days) 2yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 829 George St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George W. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Retus Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1894

8. AGE: Years 52 | Months 1 | Days 18 | If less than one day ... hr. ... min.

9. Birthplace Sumter S. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Noah Smith
13. Birthplace Sumter S. C.

MOTHER
14. Maiden Name Rena ?
15. Birthplace Sumter S. C.

16 (a) Informant Retus Smith
(b) Address 829 George St

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof April 26, 1946 (month) (day) (year)
(c) Cemetery or crematory Sumter S. C.
Location

18 (a) Funeral director Mrs Retus R Williams
(b) Address 322 N Schroeder St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

APR 26 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 23 April 1946, at 10:00 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Wickham S. Stafford M.D.
Medical Examiner

Date signed 24 April 46

X

639691 fever

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160a

Registered No. 639691

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore #14 (If outside city or town limits, write RURAL and give town)
(d) Street No. 3004 Rockrimmon Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Baron

3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	

6 (b) Name of husband or wife none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5:49 pm 4/23/46

8. AGE: Years	Months	Days	If less than one day
—	—	—	11 hr. 26 min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Newborn.
11. Industry or business

FATHER
12. Name Walter Raymond Baron
13. Birthplace Ambridge, Penn.

MOTHER
14. Maiden Name Lois Estelle McCleary
15. Birthplace Baltimore, Md.

16 (a) Informant Lois McCleary Baron
(b) Address 3004 Rockrimmon Ave #14

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-46 (month) (day) (year)
(c) Cemetery [redacted] Mt. Olivet
Location Baltimore, Md.

18 (a) Funeral director Leonard J. Rusk
(b) Address 5305 Harford Rd.

19 APR 26 1946 (Date rec'd by registrar) (b) Huntington Williams, MD Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1946, at 5:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5:49 pm 4/23 1946, to 5:15 pm 4/24 1946, and that I last saw him alive on 4/24 19 46.

Immediate cause of death: Intracranial Hemorrhage — Duration

Due to Prolonged 2nd stage labor

Due to Deep Tonsures arrest

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Cameron M. D.
Address Univ. Hospital Date signed 4/24/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G39692
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette & John
(c) Hospital or institution: Womans
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 101 Newburg Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Anna E. Bamburg

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Reginald M. H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 13, 1878

8. AGE: Years	Months	Days	If less than one day: hr.	min.
67	5	12		

9. Birthplace Armagh, Ireland (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name John Montgomery
13. Birthplace Ireland

MOTHER
14. Maiden Name Lucia Montgomery
15. Birthplace Ireland

16 (a) Informant Reginald Bamburg
(b) Address 5-10 Newburg Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-46 (month) (day) (year)
(c) Cemetery or crematory Meadowridge
Location Dorsey Md.

18 (a) Funeral director Harry H. Wilkes
(b) Address 4101 Edmondson Ave

19 APR 26 1948 Huntington Williamson
(Local registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/25 1946 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10 1946 to 4-25 1946 and that I last saw her alive on 4-25 1946

Immediate cause of death Coronary thrombosis
Due to arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. H. Heng M. D.
Address Balto Md Date signed 4-26-46

VS 150

X

G39693 (over)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G39693 Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CATON & WILKENS AVES
(c) Hospital or institution: ST. AGNES HOSP.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2022 Wilkens Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BABY GIRL SAGGEY (SAGHY)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/25/46

8. AGE: Years	Months	Days	If less than one day
			3 hr. min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name EMORY
13. Birthplace W. VA.

MOTHER
14. Maiden Name MADELINE MILLS
15. Birthplace W. VA

16 (a) Informant Mrs. Emory Saghy
(b) Address 2022 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-46 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3501 Frederick Rd

18 (a) Funeral director Harry A Wittpen
(b) Address 4101 Edmondson Ave.

19 (a) APR 26 1946 Registrar
(b) Date Received APR 29 1946 Huntington Hollins, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/25 1946, at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/25 1946, to 4/25 1946, and that I last saw her alive on 4/25 1946.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions Unknown

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm J. Sampson Jr. M.D.
Address St Agnes Hosp Date signed 4/25/46

X

G39694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G39694

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N Calhoun St
(c) Hospital or institution: Franklin Square
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 866 W Baltimore St, Balto. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Covey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1, 1866

8. AGE: Years	Months	Days	If less than one day
80	3	23	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER
12. Name Thomas Covey
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Joseph Covey
(b) Address 866 W Baltimore St, Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27, 1946 (month) (day) (year)
(c) Cemetery or crematory St Johns
Location Ellicott City

18 (a) Funeral director Harry H Witzke
(b) Address 4101 Edmondson Ave

19 (a) Date received APR 26 1946 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

4/24/46

20. DATE OF DEATH April 22 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 22 1946, to April 22 1946, and that I last saw h. l. m. alive on April 22-1946.

Immediate cause of death

Due to Arteriosclerotic Heart Disease (decompensated)

Due to

Other Conditions Senility.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence At M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. P. Friedman M. D.

Address 1319 Light St, Date signed 4/25/46

G39695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G39695 Registered No.

FOR USE OF FAMILY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw, Place
(c) Hospital or institution: Elmhurst Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3129 Chesley, Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah F. Weber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Geo. Weber

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/20/62

8. AGE: Years	Months	Days	If less than one day
83	8	4	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name George Weber
13. Birthplace Germany

MOTHER
14. Maiden Name Sarah F. Cathers
15. Birthplace Balto.

16 (a) Informant Mrs. Josephine Goth
(b) Address 3129 Chesley, Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/46 (month) (day) (year)
(c) Cemetery ~~crematory~~ Louden Park
Location Balto., Md.

18 (a) Funeral director J. L. O'Neill & Sons
(b) Address 1900 Eutaw Place

19 APR 26 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/24/46 19 at 9/30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/24/ 1946 to 4/24/ 1946 and that I last saw h alive on 4/23/ 1946

Immediate cause of death Myocarditis (Chronic) — Duration 2 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene L. Levering M. D.
Address 2314 E. Balto. St. Date signed 4/26/46

VS 150

Eugene L. Levering M.D. ×

Truitt

G39696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95B

Registered No. G39696

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hosp. MD
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ~~Baltimore~~
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3904 Canterbury Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eleanor C Truitt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Ralph W Truitt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24, 1890

8. AGE: Years 56 Months - Days 12 If less than one day hr. min.

9. Birthplace Chicago, Ill. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Samuel McConnell
13. Birthplace Springfield, Ill.

MOTHER
14. Maiden Name Sarah
15. Birthplace Springfield, Ill.

16 (a) Informant Hugh B. Truitt
(b) Address 231 St. Paul Place

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4/27/46 (month) (day) (year)
(c) ~~Cemetery or~~ crematory Louden Park
Location 3801 Frederick Ave.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) APR 26 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1946, at 1:08 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 9, 1946, to April 26, 1946, and that I last saw her alive on April 26 1946.

Immediate cause of death: Purpura Rheumatica
Due to: Lymphosarcoma of lung and Pleura, Non-Leukemic
Due to:
Other Conditions: Rheumatic Heart Disease, Emphysema
(Include pregnancy within 3 months of death)

Duration

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton Rausch M. D.
Address University Hosp Date signed 4/26/46

VS 150

720

Please write in ink. Entry of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108

G39697 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution Provident Hosp 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 54yrs

2. USUAL RESIDENCE OF DECEASED:
(a) [illegible] Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1717 W. Lafayette (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Leroy V. Manoe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband of wife: Annie Moore

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/4/18?

8. AGE: Years 54 | Months 8 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Monroe
13. Birthplace Md

MOTHER
14. Maiden Name Mary White
15. Birthplace Md

16 (a) Informant Mrs. Margaret Monroe
(b) Address 1717 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-46 (month) (day) (year)
(c) Cemetery or crematory Arlington Mem. Park
Location Baltimore Co. Md

18 (a) Funeral director Mrs. Frances A. Hensley
(b) Address 578 W. Biddle St.

19 (a) (Date received by registrar) APR 26 1946 (Registrar) Baltimore, Md.

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-23 1946, at 10:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-19 1946, to 4-23 1946, and that I last saw him alive on 4-23 1946.

Immediate cause of death Emphysema — Duration 4 days

Due to Lobar Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. McDonald M.D.
Address 944 N. Carey St. Date signed 4/25/46

X

PRINT OR WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39698

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 193c

G39698 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner and Dukeland
(c) Hospital or institution: East Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2105 E. Fairmount Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jean Ida Rosenfeld

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	S. married

6 (b) Name of husband or wife Louis Rosenfeld
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1911

8. AGE: Years	Months	Days	If less than one day
34			hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Married wife
11. Industry or business

FATHER 12. Name	Louis Rosenfeld
13. Birthplace	Russia
MOTHER 14. Maiden Name	Celia
15. Birthplace	Russia

16 (a) Informant Louis Rosenfeld
(b) Address 2105 E. Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Memorial Park
Location

18 (a) Funeral director Jos. Levin Inc.
(b) Address 1439 E. Balto. St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

APR 26 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 25 April 1946 at 4:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 20 April 1946 to 25 April 1946 and that I last saw her alive on 25 April 1946

Immediate cause of death	Duration
Respiratory Failure	
Due to Cerebral Embolism	
Due to Mural Thrombus Rheumatic C. V. Dis.	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Leo Leo A. Strauss
Address East Baltimore Gen. Hosp. Date signed 4/25/46 M. D.

X

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. ALL BLANKS MUST BE FILLED IN. Every item of information should be carefully supplied.

G39699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

G39699 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland D. Wt
(b) Street address 2222 E. Madison St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2222 E. Madison St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Machacek

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Anna Machacek
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace Bohemia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Joseph Machacek
13. Birthplace Bohemia

MOTHER
14. Maiden Name Not known
15. Birthplace Bohemia

16 (a) Informant Charles Machacek
(b) Address 2222 E. Madison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Catonsville Md

18 (a) Funeral director Frank Brack & Son
(b) Address 900 N. Chester St

19 (a) APR 26 1946 (Registrar's signature) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/27 1946, at 7:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic C.V. Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. J. Pelanconi M.D.
Medical Examiner.
Date signed 4/25/46

VS 151

X

G33700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G33700 Registered No.

The information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3237 Abell Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3237 Abell Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cassie E. Edwards

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: W. R. Edwards

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7th 1868

8. AGE: Years 77 | Months 9 | Days 11 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business at Home

FATHER
12. Name W. H. Wells
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Elnore T. Mass
15. Birthplace Baltimore Md

16 (a) Informant W. B. Rogers
(b) Address 3237 Abell Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave

18 (a) Funeral director John A. Moran
(b) Address 3000 E. Baltimore Md

19 (a) (b)
(Date received by registrar) Registrar

APR 26 1946

65 150

Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1946 at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1946 to April 25 1946, and that I last saw her alive on April 24 1946.

Immediate cause of death	Duration
Edema of Lungs	2 days
Due to Chronic Myocarditis	2 yrs
Due to	
Other Conditions Arteio Sclerosis	5 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E North Ave Date signed 4/26/46

X

G39701

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131a

G39701
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3521 S. Hanover St
(c) Hospital or institution: 25

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto 25 Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3521 S. Hanover St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thereasa Mary Stephens

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Wm T Stephens
6 (c) If alive, give age No years

7. Birth date of deceased (mo., day, yr.) September 26 1886

8. AGE: Years 57 | Months 6 | Days 29 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation House Keeper
11. Industry or business

FATHER
12. Name David Kindle
13. Birthplace Woodstock Md

MOTHER
14. Maiden Name Mary E. Knoble
15. Birthplace Little Cove Pa.

16 (a) Informant Rev. Speake
(b) Address 506 Annabel Ave - 25

17 (a) Cedar Hill (b) Date thereof 4/29-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Burial Cedar Hill Cem
Location Gov Ritchie Highway
18 (a) Funeral director Milton Schilling
(b) Address 3914 S Hanover St
19 (a) (Local registrar) (b) Huntington Williams, M.D.

APR 29 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1946 at 7.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1946 to April 25 1946, and that I last saw her alive on April 25 1946.

Immediate cause of death Pneumonia — Duration 24 hrs.
Due to Cardio Vascular Renal Disease — 2 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. P. C. Johnson M.D.
Address 403 Med Arts Bldg. Date signed 4-28-46

This certificate, which may be filled in with pencil, MUST BE LEGIBLE. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B3702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 63702

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important. PRINCE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2803 Garrison Blvd.
(c) Hospital or institution: Garrison Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 Linden Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frances M. Byerly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John S. Byerly

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 11th 1875

8. AGE: Years	Months	Days	If less than one day
70	6	15	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER 12. Name William Myrsinger

13. Birthplace Germany

MOTHER 14. Maiden Name Mary Crawford

15. Birthplace England

16 (a) Informant Eleanor Beemures

(b) Address Hotel Roanoke, Roanoke Va

17 (a) Removal (b) Date thereof 4/28/46 (month) (day) (year)
(Burial, cremation, or removal)

(c) Cemetery or crematory Charlotte N. C.
Location

18 (a) Funeral director William Cook Inc

(b) Address 1217 St. Paul St

APR 27 1946 (a) (b) Huntington Williams, M.D.
(Date received by Registrar) (Signature)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1946, at 2:20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1946 to April 26 1946, and that I last saw h[illegible] alive on April 26 1946.

Immediate cause of death: Subarachnoid Hemorrhage
Due to: Generalized Arteriosclerosis
Due to: Hypertension Cardiovascular Disease
Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration: 2½ weeks; 3 days; ?; ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dwight T. Lemon

Address 2701 N. North Ave. Date signed 4/26/46 M.D.

X

G33703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G33703

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3404 Parkside Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3404 Parkside Drive
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles C. Bevans

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ida E. Bevans
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 19 1875

8. AGE: Years	Months	Days	If less than one day
70	7	7	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Oyster Packer
11. Industry or business Travers Bros. Co.

FATHER
12. Name William Bevans
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Virginia Caulk
15. Birthplace Balto. Md.

16 (a) Informant Samuel Bevans
(b) Address 917 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/46 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location " Md.

18 (a) Funeral director William Cook Inc.
(b) Address 127 St. Paul St.

APR 27 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1946, at 9 45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/22 1946 to 4/26 1946, and that I last saw h(is) alive on 4/-4 1946.

Immediate cause of death	Duration
Acute coronary thrombosis	1 day
Due to Generalized arteriosclerosis	6 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 2320 Eutaw Pl Date signed

VS 150

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G33704

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137 M

Registered No. G33704

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ... Dyer's.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) ...
(e) Length of stay in Baltimore (yrs., mos., or days) ...

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Elkridge Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rural Elkridge Md
(If rural give location)
(e) Citizen of foreign country? ... (Yes or No)
If yes, name country ...

3 (a) FULL NAME Durward Smith

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife ...
Sept. 20, 1945 6 (c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.) 9/20/1945

8. AGE: Years	Months	Days	If less than one day
	7	6	hr. ... min.

9. Birthplace Race Road. Elkridge, Md.
(Town, county, and state)
10. Usual Occupation ...
11. Industry or business ...

FATHER
12. Name Durward Smith
13. Birthplace Bedford Co. Pa.

MOTHER
14. Maiden Name Ruth W. Gilbert
15. Birthplace Howard Co. Md.

16 (a) Informant Durward Smith
(b) Address Race Road, Elkridge, Md.

17 (a) Burial (b) Date thereof April 27 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Methodist Cemetery
Location Poplar Springs, Md.

18 (a) Funeral director S. Lester Carr
(b) Address 5503 Main St Elkridge Md.

APR 27 1946 (b) Huntington Williams, M.D.
(Date rec'd by Registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/26 1946 @ 12:30 PM

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Congenital Stricture of Larynx

Due to ...

Other Conditions ...
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ... at ... M.
(b) Where did injury occur? ...
(c) Did injury occur at home, on farm, industrial place, in public place? ... While at work? ...
(d) Means of injury ...

23. Signature D. J. Sullivan M.D.
Medical Examiner.
Date signed 7/26/46

Type or write with indelible pencil. Signatures required. Please write the causes of death clearly and legibly.

63705 BALTIMORE CITY HEALTH DEPARTMENT 63705
CERTIFICATE OF DEATH 107 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5027 Orville Ave.
(c) Hospital or institution: Armistead Gardens 26
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore Armistead Gardens
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5027 Orville Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wallace Dwight Baggs

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single —

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 6 1946

8. AGE: Years	Months	Days	If less than one day
0	2	21	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Robert O. Baggs
13. Birthplace Ohio

MOTHER
14. Maiden Name Beulah McDaniels
15. Birthplace Ohio.

16 (a) Informant Beulah Baggs mother
(b) Address 5027 Orville ave.

17 (a) Burial (b) Date thereof Apr. 28/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sacred Heart.
Location German Hill Rd.

18 (a) Funeral director Reilly & Zeiler inc.
(b) Address 403 S. Wallace st. Huntington Williams, W.Va.

19 (a) APR 27 1946 [illegible]
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25, 1946, at 7 30 M. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Broncho-pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mavers M.D.
Medical Examiner.
Date signed 4-25-46

VS 151

X

AB-~~100103~~ G33706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12B

Registered No. G33706

The information requested on this certificate is necessary for the registration of the death. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 6-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6 N. Wolfe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Leo Ruppel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12- 1876

8. AGE: Years 69 | Months 5 | Days 7 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Leo Ruppel
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Kraus
15. Birthplace Baltimore, Md.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof Apr 27 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Rd.

18 (a) Funeral director Martin H. E. Oppelaar
(b) Address Loreland & Ann Sts.

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Hollins, M.D.

APR 27 1946

MEDICAL CERTIFICATION

PM

20. DATE OF DEATH April 19- 1946, at 8.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-23- 1946 to 4- 19 1946 and that I last saw him alive on 4- 19- 1946

Immediate cause of death — Duration

Due to Pulmonary Tuberculosis — 3 mo +

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Julian R. Kelsey
Address City Hosp. Date signed 4-28-46

X

G33707 100794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 133B

G33707

Registered No.

Typewrite or print legibly with pen or pencil. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days 17+

(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 917 Shields Place (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clifton Wagstaff

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 23rd 1894

8. AGE: Years	Months	Days	If less than one day
51	8	3	hr. min.

9. Birthplace N. C (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Perry Wagstaff (D

13. Birthplace N. C

MOTHER 14. Maiden Name Roxanna Wagstaff (D

15. Birthplace N. C

16 (a) Informant Baltimore City Hospitals

(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-46 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location

18 (a) Funeral director A. Halstead Dougherty

(b) Address

19 Date received by local registrar APR 27 1946

Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION A

20. DATE OF DEATH April 26th 19 46 at 5.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 23rd 19 46 to Apr. 26 19 46 and that I last saw him alive on Apr. 26 19 46

Immediate cause of death	Duration
Uremia	1 wk
Due to Hydronephrosis	2 wks
Due to Chronic urinary retention — Stricture	2 wks. ?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy: none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Thomas J. Orrell M. D.

Address Balto City Hosp Date signed 4-26-46

G39708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G39708
Registered No.

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 646 Fairmount ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-2
(e) Length of stay in Baltimore (yrs., mos., or days) 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 646 Fairmount ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Jackson ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	col	married

6 (b) Name of husband or wife Waverly Jackson
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Norristown Pa (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name unknown
13. Birthplace Pa

MOTHER
14. Maiden Name Emma Williams
15. Birthplace Pa

16 (a) Informant Waverly Jackson
(b) Address 646 Fairmount ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Cedar Hill Md

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill ave

19 (a) (Date received by registrar) APR 27 1946 Registrar

Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/24 1946 at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/15 1946 to 4/24 1946
and that I last saw h alive on 4/26 1946

Immediate cause of death Acute Myocarditis. — Duration 2 days
Due to Bronchopneumonia — 3 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Palm E Sonner

Address 412 Edmondson Date signed 4/26/46

VS 150

X

G33709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G33709

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1614 Braddish Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 6
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 Braddish Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CARTER LATTA

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife Nellie Latta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1876

8. AGE: Years	Months	Days	If less than one day
70	3	24	hr. min.

9. Birthplace Tennessee (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Wm. S. Latta
13. Birthplace Unknown

MOTHER
14. Maiden Name Josephine Worrell
15. Birthplace Unknown

16 (a) Informant Mr. Walter T. Latta
(b) Address 1614 Braddish Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/46 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Cem.
Location Howard Co., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) APR 27 1946 (Date rec'd by registrar) Washington Nelligsville Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25, 1946, at 4:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1946 to April 25 1946, and that I last saw h[illegible] alive on April 24 - 1946

Immediate cause of death Cerebral Hemmorhage — Duration 4 da.
Due to
Due to,
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chester Ruland, M. D.
Address 2532 Edmondson Ave Date signed 4-26-46.

VS 150

63371.0

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

✓ 63971.0

Registered No.

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2908 Auchentoroly Terr.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2908 Auchentoroly Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME IDA VIRGINIA WATKINS

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 214-03-6039 A

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: –

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 14, 1875

8. AGE: Years 70 | Months 7 | Days 13 12 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Milliner

11. Industry or business Shane Russell

FATHER
12. Name Leonard G. Watkins
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Virginia Hall
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Grace W. Parlett
(b) Address 2908 Auchentoroly Terr.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150 APR 27 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25, 1946, at 3:30AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 22 1946 to April 25 1946 and that I last saw h[illegible] alive on April 25 1946

Immediate cause of death, Chronic Myocarditis — Duration 2 yr

Due to

Due to Senile atheroma

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation None

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Oram M. D.
Address 6124 40 St. Date signed

X

G3971.1 ✓ G3971.1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton Rd
(c) Hospital or institution: Ashburton Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 84yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1873 Cliftview Avenue (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME: BARBARA ROLF

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none
4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Henry Rolf
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) July 18, 1863
8. AGE: Years 82 | Months 9 | Days 7 | If less than one day: hr. ____ min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ? Ernst
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Rose Leitch - daughter
(b) Address 1873 Cliftview Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/ 27/46 (month) (day) (year)
(c) Cemetery or crematory Schwartz Cemetery
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 APR 27 1946 Registered by Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 19 46 at 12.45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 19 46 to April 25 19 46 and that I last saw h alive on April 24 19 46

Immediate cause of death
Bronchial Pneumonia — Duration 3 d.
Marasmus — 4 d.
Due to Arterio Sclerosis — 7 years
Hypertension — "
Due to Medical Regurgitation Heart Bloc Intermittent records — 7 wks 7 mos

Other Conditions
Fractured Hip — (Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: N/S
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Feb 11. 1946 at 5.00 P. M.
(c) Where did injury occur? Baltimore Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? sidewalk near home While at work? No (Specify type of place)
(e) Means of injury Slipped on the ice

23. Signature L. F. A. Stevens
Address 2818 Harford Rd Date signed M. D. 4 26 46

Howard J. Madden, M.D. X

VS 150

Fill out completely, write plainly, and use unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G3971.2 ✓ G3971.2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 12B

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: MARYLAND GENERAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 Poplar Grove Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EVELYN BRYANT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Wallace A. Bryant
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1914

8. AGE: Years	Months	Days	If less than one day
31	10	15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name George H. Read
13. Birthplace Baltimore

MOTHER
14. Maiden Name Bessie B. Foard
15. Birthplace Baltimore

16 (a) Informant Mrs. Georgie Foard
(b) Address 1105 Poplar Grove St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

APR 27

VS 15

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/26 1946, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/24 1946, to 4/26 1946, and that I last saw HER alive on 4/26 1946.

Immediate cause of death	Duration
MEDIASTINAL SHIFT AND COMPRESSION OF GREAT VESSELS AND RT. LUNG COLLAPSE	2 DAYS
Due to SPONTANEOUS PNEUMO-THORAX, RT.	
Due to STATUS ASTHMATICUS	

Other Conditions PROBABLE ADVANCED TUBERCULOSIS AND BRONCHITIS (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles W. Stewart, Jr. M. D.
Address Md. Gen. Hosp. Date signed 4/26/46

X

G33713 ✓ G33713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46D

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hosp. 16-5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 837 N. Bentalou St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William F. Gregorius

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Lillian L. Gregorius

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 7, 1879

8. AGE: Years 67 | Months 2 | Days 19 | If less than one day: hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Crane Operator

11. Industry or business Penna. R. R.

FATHER
12. Name Christian Gregorius
13. Birthplace Germany

MOTHER
14. Maiden Name - Redinger
15. Birthplace Penna.

16 (a) Informant Mrs. Wm. Gregorius, wife
(b) Address 837 N. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore Nat'l. Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) APR 27 1946 (Date received by registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1946, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/22/1946, to 4/26 1946, and that I last saw him alive on 4/26 1946.

Immediate cause of death: Broncho pneumonia — Duration

Due to Annular Carcinoma of Recto-Sigmoid with Metastasis to Liver.

~~Due to~~

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Annular Carcinoma - Sigmoid Bowel

of autopsy: Metastatic Carcinoma - Liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph T. Davis M.D.
Address Md General Hospital Date signed 4/26/46.

G39714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G39714

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 843 China St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 843 China (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary J. Morsell

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife Benjamin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1858

8. AGE: Years	Months	Days	If less than one day
88	—	—	hr. min.

9. Birthplace Westmoreland Co Va (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Unknown Mc Donald
13. Birthplace Va

MOTHER
14. Maiden Name Unknown
15. Birthplace Va

16 (a) Informant David Morsell
(b) Address 807 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director James A Adams
(b) Address 142 W Still St

19 (a) (b) Huntington Williams, M.D. Registrar

APR 27 1946
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 25 1946 at 11:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1945 to Apr 25 1946, and that I last saw her alive on Apr 24 1946

Immediate cause of death Uraemia 10 days

Due to Hypertension nephritis

Due to Chronic Myocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Franklin Wilson M. D.

Address 1717 W Lee St Date signed 4/26/46

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

G39715 Registered No.

TN. 100714

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 7
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3734 Roland Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sallie Elizabeth Rodgers

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27th 1868

8. AGE: Years	Months	Days	If less than one day
78	0	29	hr. min.

9. Birthplace Maryland (town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER 12. Name Jarrett Nelson Rodgers
13. Birthplace Maryland

MOTHER 14. Maiden Name Margretta Wilson (D
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29-1946 (month) (day) (year)
(c) Cemetery or Crematory Pine Grove
Location Mayville, Baltimore Co. Md

18 (a) Funeral director Bisgar Funeral Home
(b) Address 3231 Falls Road

19 (a) (b) Thurlington Williams, M.D.
(Date rec'd by registrar) APR 27 1946

VS 150

MEDICAL CERTIFICATION

A

20. DATE OF DEATH April 26th 1946 at 4.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 18th 46 to Apr. 26 1946 and that I last saw h er alive on April 26th 1946

Immediate cause of death — Duration
Coma — 2 days
Due to Diabetes mellitus — 7 Yrs
Due to —
Other Conditions Intratrochantonic fracture Rt. Femur — 1 wk
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: —
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: (Over - Accident
(a) Accident, suicide, or homicide
(b) Date of occurrence 4-18-46 at A. M
(c) Where did injury occur? 3734 Roland Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? NO
(e) Means of injury Fell out of chair

23. Signature Thomas J. Ennett M. D.
Address Balto. City Hosps Date signed 4-26-46

Certificate subject to approval Medical Examiner
For C. J. Pumphrey by Howard J. Mullen M.D.

G33716 BALTIMORE CITY HEALTH DEPARTMENT G33716

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3306 Menlo Drive (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME [redacted] Wolfing (Marie)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	White	Married

6 (b) Name of husband or wife Otto Wolfing
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 2, 1885

8. AGE: Years	Months	Days	If less than one day
61	3	24	hr. min.

9. Birthplace Germany (Town, County, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Louis Sterzing
13. Birthplace Germany

MOTHER
14. Maiden Name Rosalie ?
15. Birthplace Germany

16 (a) Informant Hospital Records
(b) Address Union Memorial Hosp.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30-1946 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Maryland

18 (a) Funeral director Duggan Funeral Home
(b) Address 3221 Falls Road

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

APR 27 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1946, at 10 37 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1946, to April 26 1946, and that I last saw her alive on April 26 1946.

Immediate cause of death: Coronary Thrombosis — Duration: 1 day
Due to: Arteriosclerotic heart disease — ?
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward H. Jones Jr.
Address U.M.H. Date signed

X

Please write plainly, preferably with typewriter, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G33717 ✓ G33717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1147

ID. 98222

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-Month 24 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 701 S. Linwood Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Conrod Lauback (or) Elmer Conrad

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Era

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17th 1878

8. AGE: Years	Months	Days	If less than one day
67	7	9	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Christian Lauback

13. Birthplace Germany

MOTHER 14. Maiden Name Mary Smith ?

15. Birthplace Maryland ?

16 (a) Informant Baltimore City Hospitals

(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-46 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel

Location Baltimore, Md.

18 (a) Funeral director L. Ruck

(b) Address 5305 Harford Rd.

19 (a) (Date rec'd by registrar) (b) Registrar

APR 27 1946 Huntington Woods, Mich.

VS 150

MEDICAL CERTIFICATION

P

20. DATE OF DEATH April 25 1946, at 11.40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2nd 1946 to April 25 1946 and that I last saw him alive on Apr. 25 1946

Immediate cause of death Respiratory failure

Due to Lung abscess

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Lung abscess

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. Doyle Vadum M. D.

Address B.C.H. Date signed 4/26/46

(over)

G39718

BALTIMORE CITY HEALTH DEPARTMENT X V

CERTIFICATE OF DEATH 131B

G39718 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town Alexandria (If outside city or town limits, write RURAL and give town)
(d) Street No. 1648 Fitzgerald Lane (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Walker

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-20-41

8. AGE: Years	Months	Days	If less than one day
4 5	8	6	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER 12. Name Samuel C. Walker
13. Birthplace Fla

MOTHER 14. Maiden Name Eleanor Bingham
15. Birthplace Mead

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4/27/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director John D. Postell's Sons
(b) Address 1900 Eutaw Place

19 4-29-1946 (Date filed by Registrar) (b) Interred in Williams, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1946 at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1946 to April 26 1946 and that I last saw deceased alive on April 26 1946.

Immediate cause of death: Chronic nephritis Pericarditis — Duration 1 hr. 24 hrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
Findings of autopsy Chronic nephritis, Pericarditis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Margaret Sullivan M. D.
Address Date signed

VS 150

X

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

G33719 G33719

HB#100657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Baltimore City Hospitals 26-4

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 Days

(e) Length of stay in Baltimore (yrs., mos., or days) 5 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 719 Mapleton Ave. & Erdman Ave.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME

Dora Becker

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4, 1912

8. AGE: Years	Months	Days	If less than one day
33	10	19	hr. min.

9. Birthplace North Carolina

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Harry Cornwell

13. Birthplace ?

MOTHER

14. Maiden Name Marie Herring (d)

15. Birthplace N. C.

16 (a) Informant Balto. City Hospitals (Records)

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/46 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto. Md.

18 (a) Funeral director John O. Mitchell & Sons

(b) Address 1900 Aisquith Place

19 APR 27 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 19 46 at 4:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 16, 19 46 to April 23, 1946 and that I last saw her alive on April 23, 19 46.

Immediate cause of death	Duration
Respiratory failure	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Cirrhosis of liver

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature W. Doyle Waldron M. D.

Address B. C. Date signed Apr 27, 1946

VS 150

G39720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

G39720 Registered No.

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fulkens & Catons Rd.
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Terrace Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Eula Barnhill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Jerry

6 (c) If alive, give age? years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 46 | Months | Days: 11 | If less than one day: hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Lawrence Fowler
13. Birthplace North Carolina

MOTHER
14. Maiden Name Rena Hunt
15. Birthplace North Carolina

16 (a) Informant Husband - Jerry
(b) Address 2 Terrace Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 28, 1946 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Aliceanna St.

19 (a) Apr 27 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/25 1946, at 11:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/23 1946 to 4/25 1946, and that I last saw h alive on 4/25 1946.

Immediate cause of death	Duration
Cardio Resp. failure	
Due to Terminal pneumonia & Bilat. Pleural Effusion	
Due to Metastatic (Pulmonary) Carcinoma	
Other Conditions Leiomyosarcoma Rt Breast.	

(Include pregnancy within 3 months of death)

Date of operation 4/23/28.

Major findings of operation: Radical mastectomy.

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh E. Carr Jr M.D.
Address St Agnes Hospital Date signed 4/27/46 M. D.

X

VS 150

63:37:21 ✓ 63:37:21

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164c

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3125 Eastern Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3125 Eastern Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Grafton L Porter

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Married

6 (b) Name of husband or wife Margaret

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Oct 11-1900

8. AGE: Years	Months	Days	If less than one day
45	6	15	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Balto City Fire Dept

11. Industry or business

FATHER
12. Name Charles F Porter
13. Birthplace Md

MOTHER
14. Maiden Name Ella Morgan
15. Birthplace Md

16 (a) Informant Charles F Porter
(b) Address 3125 Eastern ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location City

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2006 Orleans St

19 (a) APR 27 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26, 1946 at 2 P. M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to Hrs death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bullet wound of brain

Due to

Other Conditions Disseminated

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 4-26-46 1:30 P. M.
(b) Where did injury occur? 3125 Eastern Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? NO
(d) Means of injury Firearms (Shotgun)

23. Signature Howard J. Madeira M.D. Medical Examiner.
Date signed 4-27-46

VS 151

X

G33722 BALTIMORE CITY HEALTH DEPARTMENT XV G33722
CERTIFICATE OF DEATH 1242
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Ferndale
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rex ~~Rudy~~ Rhudy

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of ~~husband~~ or wife Hadya Rhudy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 30 - 1906

8. AGE: Years	Months	Days	If less than one day
40	1	26	hr. min

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Smoke diver
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Hadya Rhudy
(b) Address Frankville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29-46 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Fork M. E. Church
Location Fork Md

18 (a) Funeral director Clarence E. Arthur
(b) Address Woodlawn Baltimore, Md

APR 28 1946

19 (a) (Date rec'd by registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26-1946, at 12 50 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Acute Congestive Cardiac Failure
Acute Congestion + Edema of Lungs.
Due to

Other Conditions Fatty Liver;
Chronic nephritis & Pyelonephritis
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Muldein M.D.
Medical Examiner.
Date signed 4-26-46

(over)

X

G33723 ✕✓ G33723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1578

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County St. Mary's
(c) City or town Seatland
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Ridgell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-24-46

8. AGE: Years	Months	Days	If less than one day
		4	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Robert or Leonard
(b) Address JOHNS HOPKINS HOSPITAL Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-46 (month) (day) (year)
(c) Cemetery or crematory St Michaels
Location Ridgely Md.

18 (a) Funeral director John F Henry Inc
(b) Address 715 Lig St

19 (a) APR 28 1946 (Date filed) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1946 at 8:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1946, to April 27 1946 and that I last saw her alive on April 27 1946.

Immediate cause of death ANEMIA + JAUNDICE — Duration

Due to ERYTHROBLASTOSIS FETALIS

Due to

Other Conditions POLYCYSTIC KIDNEYS MICROCEPHALY
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George S Palmer
Address Harris Lane Navy Date signed 4-27-46

Registrar Thurlington Holland, M.D.

VS 150

161 c

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G39724 181 Registered No. G39724

G39724

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia County
(c) City or town Hampton (If outside city or town limits, write RURAL and give town)
(d) Street No. 119 Grant Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME EDDIE ELLIOTT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Store Keeper

11. Industry or business

FATHER
12. Name Calvin Elliott
13. Birthplace Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Littie May Elliott
(b) Address 120 Grant Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-46 (month) (day) (year)
(c) Cemetery or crematory
Location Hampton, Virginia

18 (a) Funeral director Jesse W. Redden
(b) Address 436 W. Biddle St.

19 (a) (b)
(Signature of registrar) Registrar

APR 28 1946

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/26/46 19 , at 11:00 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Shock

Due to 2nd° Burns, 90% Body

Other Conditions Cardiac Failure
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 4/26/46 11:00 A.M.
(b) Where did injury occur? Provident
(c) Did injury occur at home, on farm, industrial place, in public place? Hospital While at work?
(d) Means of injury Lighted cigarette in oxygen tent

23. Signature [illegible] Medical Examiner. M.D.
Date signed 4/26/46

[redacted] G39725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 B

[redacted] Registered No. G39725

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Edmondson Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert A Dahm

3 (b) If veteran, name war None

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~ Married

6 (b) Name of husband or wife Ora L Dahm

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Aug 27 1867

8. AGE: Years 78 | Months 8 | Days — | If less than one day ... hr. ... min.

9. Birthplace Frederick Md
(Town, county, or state)

10. Usual Occupation Clerk (Retired)

11. Industry or business B & O R.R.

FATHER
12. Name Peter Dahm
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Naught
15. Birthplace Frederick Md

16 (a) Informant Mrs Ora L Dahm
(b) Address Edmondson Ave

17 (a) Burial **(b) Date thereof** Apr 29 46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Olivet
Location Frederick Md

18 (a) Funeral director Butterworth & Son
(b) Address 2324 N Charles St

APR 28 1946 (b) Huntington Williams MD
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1946, at 1:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 11 1945 to Apr 27 1946 and that I last saw h[illegible] alive on 4/27/46 1946.

Immediate cause of death Coronary thrombosis — Duration 1 day

Due to Carcinoma of prostate — Duration 3 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H G Jones M. D.

Address 2818 Ft. Ave Date signed 4-27-46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39726 BALTIMORE CITY HEALTH DEPARTMENT ✓ G39726

HB # 47557 CERTIFICATE OF DEATH 132a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 8 9
(e) Length of stay in Baltimore (yrs., mos., or days) 63 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1317 N. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Grothaus

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14, 1883

8. AGE: Years 63 | Months 0 | Days 12 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William G. Grothaus
13. Birthplace Germany

MOTHER 14. Maiden Name Mary Richter
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals (Record)
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 29, (month) (day) (year)
(c) Cemetery or crematory Druid Hill Park
Location City

18 (a) Funeral director Lloyd Funeral Home
(b) Address 2005 Orleans St

APR 28 1946 Huntington Williams M.D.
(Date filed by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26, 1946, at 11:30PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 17 1939 to April 26 1946 and that I last saw him alive on April 26 1946

Immediate cause of death: Pyonephrosis, Bilateral — Duration: Months
Due to: Cystitis, Chronic — Months
Due to: Generalized Arteriosclerosis — Years
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 2-10-41
Major findings of operation: Arteriosclerotic Gangrene of foot
Date of autopsy: See Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rush D. Nutterville, M. D.
Address Balt City Hosp Date signed 4-27-46

Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

G39727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G39727 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2849 Cold Spring Lane
(c) Hospital or institution: 13
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2849 Cold Spring Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Simon Gleiman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Late Yetta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation

11. Industry or business Retired

FATHER
12. Name Julius Gleiman
13. Birthplace Poland

MOTHER
14. Maiden Name Chaia ?
15. Birthplace Poland

16 (a) Informant Dr Irvin Gleiman
(b) Address 2849 Cold Spring Lane

17 (a) Burial (b) Date thereof April 28, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale Cem
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

(a) Date received 4-28 1946 (b) by registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION 11.30

20. DATE OF DEATH April 27 1946, at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 18 1946, to April 27 1946, and that I last saw him alive on Apr. 27 1946.

Immediate cause of death: Heart failure — Duration: 1 hour

Due to: Arteriosclerotic Heart disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis V. Blum, M. D.

Address 2310 Eutaw Place Date signed 4/28/46

VS-150

X

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

G39728 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 23 (If outside city or town limits, write RURAL and give town)
(d) Street No. 2513 W Fayette St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Brenner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-10 1885

8. AGE: Years	Months	Days	If less than one day
60	7	16	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business Rag trade business

FATHER
12. Name U K.
13. Birthplace U K.

MOTHER
14. Maiden Name U K.
15. Birthplace U K

16 (a) Informant Samuel Friedel
(b) Address Muncy Bldg

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/28/46 (month) (day) (year)
(c) Cemetery or crematory Beth Shalom Cem
Location Mt Carmel Road.

18 (a) Funeral director Sol Levinson + Bros
(b) Address 1124-26 W. North ave

(a) APR 28 1946 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1946 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22 1946 to 4-26 1946, and that I last saw him alive on 4-26 1946

Immediate cause of death Respiratory Failure

Due to Emaciation, inspiration Pos. metastases to brain

Due to Lymphosarcoma

Other Conditions Hepatomegaly, jaundice (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Wirt Hollyes
Address St. Agnes Hospital Date signed 4-26-46

X

VS 150

Please write plainly, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39729

BALTIMORE CITY HEALTH DEPARTMENT ✓ 87c G39729 Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2923 Rockrose Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2923 Rockrose Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Abraham Weisman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name Lazar
13. Birthplace ~~Unknown~~ Russia

MOTHER
14. Maiden Name
15. Birthplace Russia

16 (a) Informant Hy. Weisman
(b) Address 2923 Rockrose Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-28-46 (month) (day) (year)

(c) Cemetery or crematory Adas Israel Cong
Location North Point & Gelman Mill Rd

18 (a) Funeral director Jack Levine Inc
(b) Address 1-10 E. Baltimore St

19 (a) APR 28 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1946 at 7:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1945 to April 27 1946 and that I last saw him alive on April 27 1946.

Immediate cause of death Parkinsons Disease — Duration 6 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan J. Soloman, M.D.
Address 129 S Bond Date signed 4/29/46

VS 180

Every item of information should be carefully supplied. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

639730 ✓ 639730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

120 B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL ✓1

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2849 W. Jamison Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Milton Cheskot

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Beverly Irene
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 30 - 20

8. AGE: Years	Months	Days	If less than one day
25	10	27	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business Salesman

FATHER
12. Name Benjamin Cheskot
13. Birthplace Russia

MOTHER
14. Maiden Name Lepitta Bentelus
15. Birthplace Russia

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 4-28-46
(Burial, cremation, or removal) month (day) (year)
(c) Cemetery or crematory Beth Hakodesh
Location Wyndsor Mill Rd

18 (a) Funeral director Jack Levi Sons
(b) Address 1439 E. Balto St.

19 (a) 4-28 1946 (b) Huntington Williams M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26 1946 at 2:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-3 1946 to 4-26 1946 and that I last saw h alive on 4-26 1946

Immediate cause of death Hyperpyrexia
Due to Acute Exacerbation of Chronic Ulcerative Colitis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. H. Speed, III M.D.
Address Johns Hopkins Hosp Date signed 4/26/46

VS 150

X

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

G39731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G39731 Registered No.

46M

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene St
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2628 Druid Park Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Agnes S. Fisher

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced M

6 (b) Name of husband or wife John Fisher

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) 11/9/1879

8. AGE: Years 66 | Months 5 | Days 17 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Russell
13. Birthplace Va

MOTHER
14. Maiden Name Mary Myers
15. Birthplace Va

16 (a) Informant: Mr. John Fisher
(b) Address 2628 Druid Park Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director J. J. Daly & Sons
(b) Address 1218 Light St.

4/28 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1946 at 4:40P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1 1946 to 4/25 1946 and that I last saw h[illegible] alive on 4/25 1946.

Immediate cause of death Coronary Thrombosis

Complicated by intestinal obstruction & peritonitis

Due to

Due to

Other Conditions

(Include pregnancy within three months of death)

Date of operation 4/9/46

Major findings of operation: Intestinal perforation & multiple abscess

If autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles R. Holmes

Address University Hospital Date signed 4/28/46

VS 150

X

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G39732

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CAROLINE OLIVER
(c) Hospital or institution: St JOSEPH'S Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 58

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTO
(c) City or town BALTO. CY.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1520 S. CHARLES
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME KENA B. CARNEY
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. m
6 (b) Name of husband or wife THOS. F.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 6-23-98[illegible]
8. AGE: Years 58 Months 10 Days 27 If less than one day hr. min.
9. Birthplace BALTO. MD
(Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business

FATHER
12. Name Peter Bunn
13. Birthplace Baltimore

MOTHER
14. Maiden Name Annie Snare
15. Birthplace Baltimore

16 (a) Informant Mrs. J. Carney
(b) Address 1520 S. Chas.

17 (a) Burial (b) Date thereof 4/30/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hall Crypt
Location Mt. Olivet Highway
18 (a) Funeral director J. Pickney Kane
(b) Address 28 N. Eight St
19 (a) 1946 (b) Huntington Williams, M.D.
(Date record by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 26 1946, at 11 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20 1946, to 4-26 1946 and that I last saw her alive on 4-26 1946

Immediate cause of death CARDIAC FAILURE. — Duration

Due to CARDIAC HYPERTROPHY

Due to ARTERIO-SCLEROTIC CVD.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Left Ventricular Hyp.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John B. Wells
Address 20 Jo. Hosp Date signed 4-28-46

VS 150

X

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

G39733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1216

G39733
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 508 Ordney Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) All 50yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 Ordney Rd (If rural give location)
(e) Citizen of foreign country? Ireland (Yes or No) If yes, name country

3 (a) FULL NAME Catherine M. Kehoe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Michael F. Kehoe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/24/1877

8. AGE: Years 73 | Months 7 | Days 1 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER
12. Name John Byrne
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Regan
15. Birthplace Ireland

16 (a) Informant Paul J. Kehoe
(b) Address 508 Ordney Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/46 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet
Location Stone Chapel Cemetery Gorsuch

18 (a) Funeral director Wm. J. Stanfield
(b) Address 1318 Light St

19 (a) 28 1946 (Date rec'd by registrar) (b) Washington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1946, at 930P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1936 to Apr 25 1946 and that I last saw her alive on Apr 25 1946.

Immediate cause of death Uraemia - Cancer. — Duration 48 hrs

Due to Chr. interstitial Nephritis — 10 yrs

Due to Generalized arteriosclerosis — ? yrs

Other Conditions Myocardial degeneration. — ? yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Straight, M.D.
Address 10 E. Preston St Date signed 4/28/46

VS 180

X

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

639734

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 10

639734 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County HOWARD
(c) City or town ELLICOTT RURAL
(If outside city or town limits, write RURAL and give town)
(d) Street No. ELLICOTT CITY
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: ~~DONNIE CODY~~ DONALD ALVIN CODY ✓

3 (b) If veteran, name war: —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 1, 1944

8. AGE: Years	Months	Days	If less than one day
1	11	25	hr. min.

9. Birthplace Ellicott City, Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name ROBERT LEE CODY
13. Birthplace APPELACHY, VA.

MOTHER
14. Maiden Name HAZEL LEE MANIS
15. Birthplace EDISON, TENN.

16 (a) Informant FATHER
(b) Address ELLICOTT CITY, MD.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 30 1946 (month) (day) (year)

(c) Cemetery or crematory Harney Spring
Location Tennessee

18 (a) Funeral director Easton Sons
(b) Address Ellicott City, Md

APR 29 1946 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 190

MEDICAL CERTIFICATION

20. DATE OF DEATH 26 April 1946, at 2:27 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 21 1946, to Apr 26 1946 and that I last saw h.im alive on Apr 26 1946.

Immediate cause of death	Duration
LARINGO-TRACHEAL DIPHTHERIA	14 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 21 April 1946

Major findings of operation: TRACHEOTOMY - MEMBRANE

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Katherine Sprunt M. D.
Address Sydenham Hospital Date signed 4/29/46

X

639735

328655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 80a

639735 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town Washington - (If outside city or town limits, write RURAL and give town)
(d) Street No. 3620 - 20th St N.W. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elaine Mueller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-14-37

8. AGE: Years	Months	Days	If less than one day
8	4	14	hr. min.

9. Birthplace D. C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Walter Mueller -
13. Birthplace Md.

MOTHER
14. Maiden Name Dorothy Lowman
15. Birthplace Md.

16 (a) Informant Parents.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 46 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Suitland, Md.

18 (a) Funeral director W. H. Chamberlain Co.
(b) Address 6801 Georgia Ave. N.W.

APR 29 1946 (Date received by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 28 1946 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 27 '46 1946 to Apr. 28 1946 and that I last saw h alive on Apr. 28 1946

Immediate cause of death Increased Intra-Cranial Pressure — Duration 4 Mos.

Due to Cerebellar Tumor

Due to Multiple brain abscesses

Other Conditions over

(Include pregnancy within 3 months of death)
Date of operation Apr. 27, 1946
Major findings of operation Not
of autopsy Cerebellar Tumor

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clement Jamele Smith M. D.
Address Johns Hopkins Hosp. Date signed 4/28/46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 16

Registration No. 63746

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15 W. Lee r
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 W
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15 W. Lee r
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Narcissus Saranna Jones-Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6-1913

8. AGE: Years 33 | Months - | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER
12. Name Henry Jones
13. Birthplace Raleigh N.C.

MOTHER
14. Maiden Name Harriett Jones
15. Birthplace Baltimore Md.

16 (a) Informant Harriett Jones
(b) Address 15 W. Lee r

17 (a) Burial (b) Date thereof 4-29-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto City

18 (a) Funeral director Isaiah L. Brown & Co.
(b) Address 108 W Montgomery St

19 (a) APR 29 1946 (b) Huntington for Williams M.D.
(Local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/25 1946, at 10 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/10 1945 to 4/25 1946
and that I last saw h alive on 4/25 1946.

Immediate cause of death Tuberculosis of Lung

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Dressler M. D.
Address 17 W Lee Date signed 4/25/46

VS 190

X

A complete certificate, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G33737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48B

Registered No. G33737

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 402 S. WASHINGTON ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) (1) 50 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 402 S. WASHINGTON ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME DELIA VALLELEY

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife JAMES VALLELEY

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 9 1853

8. AGE: Years 92 | Months 11 | Days 15 | If less than one day: hr. min. 24

9. Birthplace IRELAND (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name UNKNOWN
13. Birthplace IRELAND

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace IRELAND

16 (a) Informant MARIE WIDMARK (DAUGHTER)
(b) Address 402 S. WASHINGTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 29/46 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location OLD FREDERICK ROAD

18 (a) Funeral director Lilly & Zeiler inc.
(b) Address 403 S. WOLFE ST.

APR 29 1946 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH APR. 24 1946, at 2/30 PM.

21. I certify that death occurred on the date above stated, that I attended deceased from April 20 1946 to April 24 1946 and that I last saw her alive on April 24 1946.

Immediate cause of death: CARSINOMA OF UTERUS — Duration: 1945

Due to:

Due to:

Other Conditions PROLAPSE OF UTERUS & URINARY BLADDER (Include pregnancy within 3 months of death) — 35 YRS.

Date of operation NONE

Major findings of operations: —

of autopsy: —

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. H. G. Drenga
Address 209 N. Chester St. Date signed 4/27/46

VS 150

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39738 mlw

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160a

G39738 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and name town)
(d) Street No. 6519 Cleveland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Baby Girl Hans

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day 9 hrs min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Frank Hans
13. Birthplace Baltimore

MOTHER
14. Maiden Name Florence Szczech
15. Birthplace Baltimore

16 (a) Informant Frank Hans
(b) Address 6519 Cleveland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 29/46 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Baltimore

18 (a) Funeral director Fred W Ozaszewski
(b) Address 1930 Eastern Ave

19 (a) APR 29 1946 Huntington Williams M.D. Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1946, 2:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1946, to April 28 1946, and that I last saw her alive on April 28 1945

Immediate cause of death — Duration
Intracerebral hemorrhage
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify home, farm, or industrial place)
(e) Means of injury

23. Signature H. Wheeler
Address South Balto Gen Hosp Date signed 4/28/46

VS 150

Caution: Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

G33739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. G33739

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 709 W. Lombard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles F. Thompson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of ~~husband~~ wife Helen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16 1906

8. AGE: Years	Months	Days	If less than one day
39	6	10	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Ship Yard Worker
11. Industry or business Hercules Co

FATHER
12. Name George W. Thompson
13. Birthplace Va.

MOTHER
14. Maiden Name Mary E. Golden
15. Birthplace Va.

16 (a) Informant Helen Thompson
(b) Address 528 Hollins St.

17 (a) Burial (b) Date thereof 4/30/46
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Glen Haven
Location Glen Burnie Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

APR 29 1946 (By) Huntington Williams M.D.
(Deputy city registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26 1946, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26 1946, to 4-26 1946, and that I last saw h[illegible] alive on 4-26 1946.

Immediate cause of death	Duration
Respiratory failure	
Due to Pulmonary edema	
Due to Pneumococcic Pneumonia	
Other Conditions Chronic alcoholism	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work)
(Specify type of place)
(e) Means of injury

23. Signature James A. Vaughan Jr. M. D.
Address University Hospital Date signed 4-26-46

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G39740

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1022 Bonaparte
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1022 Bonaparte (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JAMES S. GALLAGHER

3 (b) If veteran, name war: N

3 (c) Social Security Account No. none

4. Sex: M | 5. Color or race: W | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of ~~husband~~ wife: Cora P.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 29th 1869

8. AGE: Years: 77 | Months: 0 | Days: 28 | If less than one day: hr. min.

9. Birthplace: Kentucky (Town, county, and state)

10. Usual Occupation: Salesman

11. Industry or business: Self

FATHER
12. Name: (Unknown) Gallagher
13. Birthplace: Ky

MOTHER
14. Maiden Name: "
15. Birthplace: "

16 (a) Informant: Stuart A. Gallagher
(b) Address: 4000 Falls Road

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 4/30/46 (month) (day) (year)
(c) Cemetery or Crematory: Maryland Park
Location: Parkville Md.

18 (a) Funeral director: William Cook Inc
(b) Address: 817 St. Paul St.

19 (a) APR 29 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/27/46 at 9:A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: John Adams M.D. Medical Examiner.
Date signed 4/27/46

VS 151

G33741

37512 BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √ 52a Registered No. G33741

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 Abbott Ct (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John William Leonard

3 (b) If veteran, name war: No

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: ——

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3rd 1885

8. AGE: Years 57 | Months 9 | Days 24 | If less than one day hr. min.

9. Birthplace Md. (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER — 12. Name Fred. Leonard
13. Birthplace Md.

MOTHER — 14. Maiden Name Amelia Geller
15. Birthplace Europe

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/46 (month) (day) (year)
(c) Cemetery or crematory Balto
Location " Md.

18 (a) Funeral director William Cook Inc.
(b) Address 127 St. Paul St.

19 (a) APR 29 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION 2-3

20. DATE OF DEATH April 27 1946 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1946 to April 27 1946 and that I last saw him alive on April 27 1946

Immediate cause of death Respiratory Failure and Uremia — Duration: over

Due to Pulmonary Tbc. and Abdominal Malignancy

Other Conditions

(Include pregnancy within three months of death)

Date of operation April 17 1946

Major findings of operation: studded Carcinoma metastatic

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. William Scott Jr. M.D.
Address Johns Hopkins Hospital Date signed 4/28/46

VS-150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G33742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

Registered No. G33742

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Dennison St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 38 E 26th st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary J Akehurst

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Widowed

6 (b) Name of husband or wife John W
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
81			hr. min.

9. Birthplace Baltimore County, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Matthews
13. Birthplace Baltimore, County, Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Howard T Norris
(b) Address 3412 Menlo Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul St., Balto, Md.

APR 29 1946 (Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 25 1946 to Apr 27 1946, and that I last saw h alive on Apr 26 1946.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to and paralysis	2 days
Due to advanced arteriosclerosis	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank S Nuttall M. D.
Address 2220 Harrison Blvd. Date signed Apr. 27/46

VS 150

X

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G33743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 2000

G33743
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 868 West Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Murphy

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years about 69 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jeremiah Murphy
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Mary Murphy
15. Birthplace Balto. Md.

16 (a) Informant Charles E. Murphy
(b) Address 323 Winston Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/29/46 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto Md.

18 (a) Funeral director William Cook Inc.
(b) Address 217 St. Paul st.

APR 29 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/25/46 19 ... at 11:05 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cardiac Failure

Due to

Other Conditions Anasarca

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ... at ... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Davis M.D. Medical Examiner.
Date signed 4/26/46

G33744 3rd Ptr

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V161B

Registered No. G33744

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1224 Maryland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1224 Maryland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Patricia Ann Greene

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 1946

8. AGE: Years	Months	Days	If less than one day
	1	23	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name George W Greene
13. Birthplace Meadeville, Penna.

MOTHER
14. Maiden Name Mary F Cooper
15. Birthplace Joplin, Mo

16 (a) Informant Mrs. George Greene
(b) Address 1224 Maryland Ave, Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 29,46 (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Baltimore Md.

18 (a) Funeral director Wm Cook Inc
(b) Address 1217 St Paul St., Balto Md.

APR 29 1946 (Date received by local registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 4 1946 to April 27 1946, and that I last saw h[illegible] alive on April 26 1946

Immediate cause of death: Pemphigus neonatorum — Duration: life

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Karl W. Ebeling, M. D.
Address 3311 St Paul St Date signed 4/27/46

VS 150

X

633745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (31)

633745 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 229 S. Chapel St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Ratajczak

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of ~~husband~~ or wife Rose

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Roll Mill Copper Works

11. Industry or business

FATHER
12. Name Michael Ratajczak
13. Birthplace Poland

MOTHER
14. Maiden Name Waleria ?
15. Birthplace Poland

16 (a) Informant Rose Ratajczak (wife)
(b) Address 229 S. Chapel Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-46 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore Md

18 (a) Funeral director George A. Weber
(b) Address 705 S Conkling st

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION 22

20. DATE OF DEATH April 26, 1946, at 10 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic myocarditis

Due to

Other Conditions Hypertrophy of heart. Chronic passive congestion + ascites.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Davidson M.D.
Medical Examiner.

Date signed 4-26-46

639746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 639746

FILL IN WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CALVERT & SARATOGA STS.
(c) Hospital or institution:
MERCY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 18 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 654 W. SARATOGA ST. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM MURRAY

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	M

6 (b) Name of husband or wife LILLIAN MURRAY
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 10-23-1903

8. AGE: Years	Months	Days	If less than one day
42	6	5	hr. min.

9. Birthplace ALABAMA (Town, county, and state)
10. Usual Occupation LABORER
11. Industry or business FRANTZ CONSTRUCTION CO.

FATHER
12. Name JAMES MURRAY
13. Birthplace ALABAMA

MOTHER
14. Maiden Name SOPHIE MORIZETT
15. Birthplace ALABAMA

16 (a) Informant Lillian Murray
(b) Address 654 W. Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Md.

18 (a) Funeral director Adolphus Galetiano
(b) Address 1918 Druid Hill Ave.

APR 29 1946 (b) Huntington Williams, M.D.
(Date received by local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 28 APRIL 1946, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from APR. 26 1946, to APR. 28 1946, and that I last saw h(IM) alive on APR. 28 1946.

Immediate cause of death	Duration
NOT DETERMINED	
PT. HAD DIABETES &	
ACUTE CELLULITIS OF FOOT.	
Due to	
Due to	
Other Conditions CNS SYPHILIS	

(Include pregnancy within 3 months of death)

Date of operation NONE
Major findings of operations
of autopsy MULTIPLE ABSCESSES OF LUNGS, PULMONARY TUBERCULOSIS, RENAL PELVIS & BLADDER

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury E. R. Pearl, MD

23. Signature James O'Shea, M.D.
M. D.
Address Mercy Hosp. Date signed 4/29/46

VS 150

G33747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G33747 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 632 Bruce Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Jane Rice

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William Scott
13. Birthplace Va.

MOTHER 14. Maiden Name Mary ?
15. Birthplace Md.

16 (a) Informant Olga Clark
(b) Address 738 Waseke St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Md.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill ave

19 APR 29 1946 (Date received by local registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/27/46 19 , at 4 A M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~her~~ death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Olga R Davis M.D. Medical Examiner.
Date signed 4/27/46

VS 151

X

GB3748 HB #100758 Amer

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1600

Registered No. GB3748

The information should be carefully supplied. Every item of information should be carefully supplied. UNLESS WRITTEN WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1Day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 Whatcoat St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Dorsey(Thelma)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Newborn

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21, 1946

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore City Hospitals
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Andrew Jeters
13. Birthplace Md.

MOTHER
14. Maiden Name Thelma Dorsey
15. Birthplace Md.

16 (a) Informant Balto. City Hospitals(Records)
(b) Address 4940 Eastern Ave.

17 (a) Cremation (b) Date thereof April 26-1946
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Crematory
Location Balto. City Hospitals

18 (a) Funeral director
(b) Address 4940 Eastern Avenue

19 (d) APR 29 1946 Huntington Williamson, M.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22, 1946, at 4:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 21, 1946 to April 22 1946, and that I last saw h alive on April 22 1946

Immediate cause of death

Pulmonary atelectasis — Duration 18hrs.

Due to Prolonged labor — 36 hr.

Due to

Other Conditions Lues maternal
Pneumothorax
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Laura Rowe M. D.
Address Date signed

VS 150

G39749

BALTIMORE CITY HEALTH DEPARTMENT

HB# 100302

CERTIFICATE OF DEATH

1/57E

Registered No. G39749

The items marked with a dagger, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 215 Ware St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Brown (Annie)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Newborn

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1946

8. AGE: Years	Months	Days	If less than one day
		20	hr. min.

9. Birthplace Baltimore City Hospitals
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Raymond Davis
13. Birthplace ?

MOTHER
14. Maiden Name Annie Bertha Brown
15. Birthplace S. C.

16 (a) Informant Balto. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Apr. 26-1946 (month) (day) (year)
(c) Cemetery or crematory Crematory
Location Balto. City Hospitals

18 (a) Funeral director
(b) Address 4940 Eastern Avenue

19 APR 29 1946 (Date received by Local Registrar) (b) Huntington Wilkinson, Registrar

MEDICAL CERTIFICATION P

20. DATE OF DEATH April 21, 1946, at 6:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1, 1946 to April 21, 1946 and that I last saw him alive on April 21, 1946.

Immediate cause of death	Duration
Pulmonary atelectasis	8 hrs.
Prematurity	21 days
Due to Meningo-myelocele	"
Spinal Bifida	"
Due to Patent Ductus arteriosus	"
Horseshoe kidney	"
Other Conditions Bladder exstrophy, talipes Cranioschisis	"

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. D.
Address Date signed

VS 150

639750 639750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 838

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Oliver ~ Caroline
(c) Hospital or institution: St. Josephs
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE, MD (If outside city or town limits, write RURAL and give town)
(d) Street No. 1812 Jackson St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Ella Gallion

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Richard Gallion
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/3/78

8. AGE: Years	Months	Days	If less than one day
67	8	24	hr. min.

9. Birthplace BALTIMORE, Maryland (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business —

FATHER
12. Name John Knickeman
13. Birthplace Maryland

MOTHER
14. Maiden Name Amelia Hunt
15. Birthplace Md.

16 (a) Informant Mr. Henry C. Gallion
(b) Address 1812 Jackson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/46 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem. Co.
Location

18 (a) Funeral director John F. Kenney Inc.
(b) Address 714 Light St.

APR 29 1946 (b) Washington, Millsboro, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27, 1946 at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/17/1946 to 4/27/1946, and that I last saw her alive on 4/27/1946

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard H. Young, M.D.
Address St. Josephs Hosp. Date signed 4/27/46

VS 150

Any item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G397:51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G397:51 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 N. Montford Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Roy Wachter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Cora E Wachter
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Sept. 9 1883

8. AGE: Years	Months	Days	If less than one day: hr.	min.
62	7	19		

9. Birthplace Montgomery Co. Md.
(Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Standard Oil Co

FATHER
12. Name Wm. Howard Wachter
13. Birthplace Frederick Co. Md.

MOTHER
14. Maiden Name Laura E Craver
15. Birthplace Frederick Co. Md.

16 (a) Informant Cora E. Wachter
(b) Address 1120 N Montford Ave

17 (a) Burial (Burial, cremation, or removal)
(b) Date thereof 5-1-46 (day) (month) (year)
(c) Cemetery or crematory Patterson Park
Location Montgomery Co. Md.

18 (a) Funeral director Wm. C. Malloy Sons
(b) Address 2435 E Oliver St

19 (a) Filed by (b)
APR 29 1946 Huntington Williamson, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1946 at 12:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/23 1946 to 4/28 1946.
and that I last saw h alive on 7/28 1946

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Luther Price, M. D.
Address Univ. Hosp. Date signed 4/28/46

X

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

G39752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G39752 Registered No. 1336

The information requested on this certificate is necessary for the registration of the death. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A. Co.
(c) City or town North Linthicum (If outside city or town limits, write RURAL and give town)
(d) Street No. 29 Old Annapolis Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SHARAH Sharah E. Caywood

3 (b) If veteran, name war ✓

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 13, 1942

8. AGE: Years 3 | Months 7 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Joseph A. Caywood
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Catherine D. Egger
15. Birthplace Baltimore Md

16 (a) Informant Joseph A. Caywood
(b) Address 29 Old Annapolis Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 30 1946 (month) (day) (year)

(c) Cemetery or crematory Woodlawn
Location Balto Co Md

18 (a) Funeral director Mrs Mrs John H. Geisel & Son
(b) Address 801 W. Fayette St

19 (a) (Date rec'd by registrar) (b) Registrar

Huntington Williams, M.D.

VS APR 29 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27th 1946, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/26 1946, to 4/27 1946, and that I last saw her alive on 4/27 1946.

Immediate cause of death: Acidosis — Duration: 5 hours.

Due to Recurrent pyelitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. E. Gonzales M.D.
Address Maryland G. Hospital Date signed 4/27/46 M.D.

X

63753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1860

Registered No. 63753

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton Road
(c) Hospital or institution: Lakeview Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) ✓ City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1736 N. Bradford St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Caroline Marie Severn

3 (b) If veteran, name war: No
3 (c) Social Security Account No. X0

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Frederick W. Severn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30 - 1863

8. AGE: Years 82 | Months 10 | Days 28 | If less than one day: hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation housework
11. Industry or business

FATHER
12. Name W. Braudenhahn
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace Germany

16 (a) Informant Mrs. C. Severn
(b) Address 1627 N. Arlington Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave.
18 (a) Funeral director John C. Miller Inc.
(b) Address 2415 E. Oliver St.
19 (Date received by local registrar) APR 29 1946 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 24 1946 to April 26 1946, and that I last saw h alive on April 25 1946

Immediate cause of death	Duration
Bronco Pneumonia	3 d.
Marasmus	5 d.
Due to Arteriosclerosis Hypertension	3 d.
Decompensated myocarditis	3 d.
Due to Chronic Duodenal Ulcer	3 d.
Other Conditions Fractured Hip	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 15/11
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 2-9-46 at M
(c) Where did injury occur? 3520 Hilton Rd.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Tripped and fell to floor

23. Signature H. J. A. Stevens
Address 28 Hanford St. Date signed M. 26 D. 46

VS 150

Howard J. Alessio, M.D.

G39754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83B

Registered No. G39754

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1712 Barcley St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Barcley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nannie B. Fackler

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife John S. Fackler
6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) May 1, 1875

8. AGE: Years 70 | Months 11 | Days 28 | If less than one day hr. min.

9. Birthplace Danville, Va (Town, county, and state)

10. Usual Occupation Home Duties

11. Industry or business

FATHER 12. Name Charles Johnson
13. Birthplace Va

MOTHER 14. Maiden Name Amanda Henry
15. Birthplace Va.

16 (a) Informant Mrs Edward Partlow
(b) Address 2113 Barcley St

17 (a) Burial (Burial, cremation or removal) (b) Date thereof April 30 1946 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 W. Lombard St.

19 (a) Registered by APR 29 1946 (b) Registrar

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1946 at 9:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1946 to April 28 1946 and that I last saw h[illegible] alive on April 27 1946.

Immediate cause of death Cerebral Thrombosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jack J. Singer M.D. M. D.
Address 506 2 Northern Date signed 4-29-46

X

G39755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH VS-2a

Registered No. G39755

Please type or print in ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd & Calvert

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 17

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3038 Abell Ave.

(If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Gilbert W. Stange

3 (b) If veteran, name war: World War #1

3 (c) Social Security Account No. 218-05-2473

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Doris Clark Stange

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Nov 17, 1891

8. AGE: Years 54 | Months 5 | Days 11 | If less than one day: hr. min.

9. Birthplace Balto., Maryland (Town, county, and state)

10. Usual Occupation Musician

11. Industry or business Peabody; & Balto. Symphony

FATHER

12. Name John H. Stange

13. Birthplace Maryland (Balto.)

MOTHER

14. Maiden Name Henrietta Rosebach

15. Birthplace Maryland (Balto.)

16 (a) Informant Mrs. Doris Clark Stange

(b) Address 3038 Abell Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/46 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.

Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Balto., Md.

19 (a) APR 29 1946 (Date rec'd by registrar) (Registrar's signature)

Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1946, at 7 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-19 1946 to 4-28 1946 and that I last saw him alive on 19 .

Immediate cause of death Hypernephroma c extensive metastases

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Crawford N. Kirkpatrick, Jr. M.

Address Union Memorial Hosp Date signed 4-28-46

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

633756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. 6340

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 208 W. Lorraine Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 208 W. Lorraine Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AMANDA JARRETT

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John Richard Jarrett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1887

8. AGE: Years	Months	Days	If less than one day
59	2	7	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jacob Wenk
13. Birthplace Germany

MOTHER
14. Maiden Name Sadie Alberg
15. Birthplace Germany

16 (a) Informant Miss Ethel M. Jarrett
(b) Address 208 W. Lorraine Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/46 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received by Registrar) (b) Registrar

APR 29 1946 Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

28. DATE OF DEATH April 26, 1946, at 5:15PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3 1943 to Apr. 26 1946. and that I last saw her alive on 4-26 1946.

Immediate cause of death: Cardio-renal-vascular Disease — Duration: 3yrs.
Due to: Myocardial Insufficiency — Duration: 7days
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J N Wilson M. D.
Address 617 W. 40th St Date signed 4/27/46

G33757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

G33757 Registered No.

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22nd & Wyman Ch. Dr.
(c) Hospital or institution: V. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17da
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 937 W. North Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Palm

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-18-1503

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	Married

6 (b) Name of husband or wife Mildred A. Palm
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11, 1881

8. AGE: Years	Months	Days	If less than one day
64	11	17	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Chief Boarswain
11. Industry or business U. S. M. S.

FATHER
12. Name Henry Palm
13. Birthplace Germany

MOTHER
14. Maiden Name Bertha ?
15. Birthplace Germany

16 (a) Informant Patient & Wife
(b) Address 938 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director W. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) APR 29 (Date rec'd by registrar) (b) 1946

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28 1946, at 12:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-16 1946, to 4-28 1946, and that I last saw him alive on 4-27 1946.

Immediate cause of death Heart Failure — Duration

Due to Coronary Thrombosis & Myocardial Infarction — 2-3 wks.

Due to

Other Conditions Multiple pulmonary infarction — 2-3 wks.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: At above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John G. Robinson M. D.
Address U. S. Marine Hospital Date signed 4-28-46

VS 150

633758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1170

Registered No. 633758

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St & Calvert
(c) Hospital or institution: Union Memorial Hospital If not in hospital or institution, give residence
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 do
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3241 Abell Ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME George I. Studebaker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Emma Cate Studebaker
6 (c) If alive, give age 84 years

7. Birth date of deceased (mo., day, yr.) Aug 23, 1863

8. AGE: Years	Months	Days	If less than one day
82	8	4	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Gov't. Employee

FATHER
12. Name Elias Studebaker
13. Birthplace Adams Co., Pa.

MOTHER
14. Maiden Name Ann Louise Burnell
15. Birthplace Penn.

16 (a) Informant Mr. Henry J. Paul
(b) Address Linthicum Heights, Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/30/46 (month) (day) (year)
(c) Cemetery or crematory
Location Bendersville, Pa.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) (Date received by registrar) APR 29 1946 (b) Washington Wilmington, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1946, at 12:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-25 1946, to 4-27 1946, and that I last saw him alive on 4-27 1946.

Immediate cause of death Uremia
Antecedent

Due to Perforated Gastric Ulcer

Due to Arteriosclerosis, generalized

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Perforated Gastric Ulcer

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George I. Studebaker M. D.
Address U. M. H. Date signed 4/29/46

X

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G33753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1574

G33753

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & Saratoga Sts.

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 wks

(e) Length of stay in Baltimore (yrs., mos., or days) 4 wks

2. USUAL RESIDENCE OF DECEASED:

(a) State Pa (b) County

(c) City or town Gettysburg (If outside city or town limits, write RURAL and give town)

(d) Street No. 39 York St. (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Theodore Knox

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-24-46

8. AGE: Years	Months	Days	If less than one day
	3 4	5	hr. min.

9. Birthplace Gettysburg, Pa (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business —

FATHER

12. Name John D. Knox, M.D.

13. Birthplace Gettysburg, Pa

MOTHER

14. Maiden Name Rita H. Jackson

15. Birthplace New Jersey

16 (a) Informant John D. Knox, M.D.

(b) Address 39 York St. Gettysburg Pa

17 (a) Gettysburg (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory St. Francis Cem.

Location Gettysburg, Pa.

18 (a) Funeral director Wilbur Bender

(b) Address Gettysburg Pa

APR 29 1946 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29 1946, at 8:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1 1946, to 4-29 1946, and that I last saw h[illegible] alive on 4-29 1946

Immediate cause of death Cardio-respiratory failure — Duration

Due to Intestinal obstruction

Due to Post-op. adhesions

Other Conditions Congenital atresia biliary system

(Include pregnancy within 3 months of death)

Date of operation 4-2-46 & 4-28-46

Major findings of operation: Congenital atresia biliary sys[illegible]

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Robert E May M. D.

Address Mercy Hospital Date signed 4-29

VS 150

X

G33760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1706

Registered No. G33760

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto City Hospitals 7

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 624 N. Kenwood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John O. Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Dorothy Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19-1885

8. AGE: Years	Months	Days	If less than one day
60	7	7	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Post Office

FATHER
12. Name Charles Smith
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Emma McAllister
15. Birthplace Balto. Md.

16 (a) Informant Alvina Gunther
(b) Address 624 N. Kenwood Ave.

17 (a) Burial (b) Date thereof April 29-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location North Ave. + Gay St.

18 (a) Funeral director John A. Miller
(b) Address 2534 Jefferson St.
(c) Date received by registrar APR 29 1946 Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26- 1946, at 4 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Crushed chest

Due to

Other Conditions Fractures, multiple lacerations, abrasions + burns

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 4-26- at Balto. Md. 3 P. M.
(b) Where did injury occur? Back River Neck Rd, near school
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Auto. struck pole + overturned. Passenger

23. Signature Howard J. Wheeler M.D.
Medical Examiner.
Date signed 4-27-46

G39761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1572

Registered No. G39761

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1331 Mosher alley
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lee Hall (Allen Whitfield)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Sep.

6 (b) Name of husband or wife Anna Belle Walls
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1906

8. AGE: Years	Months	Days	If less than one day hr.	min.
39	4	1		

9. Birthplace Kingstree S.C.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name	Unknown
13. Birthplace	"
MOTHER 14. Maiden Name	Rebecca Whitfield
15. Birthplace	S.C.

16 (a) Informant Anna Belle Walls
(b) Address 911 N. Carrollton ave
17 (a) Burial (b) Date thereof 4/29/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location
18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brentley ave
APR 29 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-25 1946, at 7:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-24 1946 to 4-25 1946, and that I last saw him alive on 4-25 1946.

Immediate cause of death Heart failure — Duration

Due to Patent ductus arteriosus with pulmonic stenosis

Due to Congenital Syphilis

Other Conditions Chronic congestive pneumonia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Patent ductus arteriosus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert L. Lovick M. D.
Address Hopkins Hosp Date signed 4-26-46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G33762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

G33762 Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give locality)
(d) Street No. 507 N. Streeper St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Marie Zunt

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-10-0149

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	divorced

6 (b) Name of husband or ~~wife~~ Felix Gejewski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1904

8. AGE: Years	Months	Days	If less than one day
41	8	27	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business Holabird Signal Depot

FATHER
12. Name George Zunt (d)
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Anna Cihlar
15. Birthplace Czechoslovakia

16 (a) Informant George Zunt
(b) Address 507 N. Streeper St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/46 (month) (day) (year)
(c) Cemetery or ~~Crematory~~ Oak Hill
Location Horner's Lane, Baltimore, Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601-05 E. Madison Street

(c) APR 29 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 26 April 1946 at 3 30 P.M.

21. I certify that I took charge of the remains described above, held an Aug & Insp Autopsy / Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Myocardial infarction

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William S. Helfrich M.D. Medical Examiner
Date signed 27 April 46

281857 G39763 BALTIMORE CITY HEALTH DEPARTMENT G39763 Registered No. 123

CERTIFICATE OF DEATH

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 2 wks.

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town Washington - (If outside city or town limits, write RURAL and give town)
(d) Street No. Mayflower Hotel (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ray Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Fraud -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-27-83

8. AGE: Years	Months	Days	If less than one day
63	1	1	hr. min.

9. Birthplace Kansas - (Town, county and state)
10. Usual Occupation Public Relations
11. Industry or business

FATHER
12. Name David Miller -
13. Birthplace Michigan

MOTHER
14. Maiden Name Chloe Fisher -
15. Birthplace New York -

16 (a) Informant Records -
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/29/46 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Rose Hill
Location Corpus Christi - Texas

18 (a) Funeral director John O. Mitchell - Texas
(b) Address 1900 Eutaw Place

APR 29 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 28 1946 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 9 1946 to Apr. 28 1946 and that I last saw h[illegible] alive on Apr. 28 1946

Immediate cause of death: cardiac failure — Duration 48 hrs

Due to: peritonitis and multiple emboli — 96 hrs

Due to: diverticulitis with perforation & fecal fistulae — 4 mos

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation April 20, 1946

Major findings of operation: fecal fistulae

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Dragone M.D.
Address Johns Hopkins Hospital Date signed 4-29-46

VS 150

G33764

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46B

G33764 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1718 Lamman St.
(c) Hospital or institution: 151
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 Lamman St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Fannie Carroll

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem.	Col	M.

6 (b) Name of husband or wife James Carroll
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 2-22-03.

8. AGE: Years	Months	Days	If less than one day
43	2	5	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Hyson
13. Birthplace Md.

MOTHER
14. Maiden Name Florence Graham
15. Birthplace Md.

16 (a) Informant James Carroll
(b) Address 611 Cumberland St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/46 (month) (day) (year)
(c) Cemetery or crematory St Peters
Location Md.

18 (a) Funeral director Wm. C. Kehoe
(b) Address 1303 Pennsylvania Ave

19 (a) (b) APR 29 1946 Registered by Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-27- 1946 at 9:22 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-26- 1945 to 4-27- 1946 and that I last saw h— alive on 4-26- 1946

Immediate cause of death Carcinoma Stomach — Duration 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George C. Boger M.D.
Address 1516 N. Monument St (17) Date signed 4-27-46

VS 150

G33765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 812

Registered No.

G33765

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lems + Redwood Sts.

(c) Hospital or institution:

University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day 14

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 341 Gold St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME James E. Kent

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Hattie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/6/1900

8. AGE: Years	Months	Days	If less than one day
45	9	21	hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name Samuel Kent

13. Birthplace Md.

MOTHER 14. Maiden Name Elizabeth Gray

15. Birthplace Md.

16 (a) Informant Hattie Kent

(b) Address 341 Gold St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/46 (month) (day) (year)

(c) Cemetery or crematory Arlington

Location Md.

18 (a) Funeral director Geo. H. Kelly

(b) Address 1303 Pennsylvania Ave

19 (a) (Date received by Local Registrar) APR 29 1946 Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-27 1946, at 2:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26 1946, to 4-27 1946, and that I last saw him alive on 4-26 1946.

Immediate cause of death Respiratory failure

Due to Meningitis

Due to Pneumococcus Type VIII

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Walter L. Conrad M. D.

Address University Hospital Date signed 4-29-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1312

Dr. J. Bucky Moore 3/45 Be 639766

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 400 Worsley St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 400 Worsley Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wesley Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Anna Robinson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1875

8. AGE: Years	Months	Days	If less than one day
70	5	5	hr. min.

9. Birthplace South Carolina
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace South Carolina

MOTHER
14. Maiden Name Georgianna ?
15. Birthplace South Carolina

16 (a) Informant Anna Robinson
(b) Address 400 Worsley Street

17 (a) Burial (b) Date thereof Apr. 30 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Am
Location A. A. County

18 (a) Funeral director Raymond Sanders
(b) Address 1412 E. Preston Street

19 (a) (b)
(Date rec'd by registrar) Registrar

APR 29 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1946, at 1:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from – 1941, to April 1946, and that I last saw h. alive on April 16 1946.

Immediate cause of death Uremia - nephritis
Chronic syphilis — Duration 4 yrs 5 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Bucky Moore M.D.
Address 3105 Belair Rd Date signed 4-29-46

X

This certificate, WHEN COMPLETED, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G33707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V181

G33706

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 N. Chapel St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Evelyn Stokes

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-24-44

8. AGE: Years	Months	Days	If less than one day
1	20	3	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Walter Stokes
13. Birthplace Md.

MOTHER 14. Maiden Name Louise Bush
15. Birthplace Md

16 (a) Informant Walter Stokes
(b) Address 1012 N. Chapel St

17 (a) Burial (b) Date thereof 4-30-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk
Location Arbutus, Md

18 (a) Funeral director Charles R Kuhn
(b) Address 502 Mad. Ave.

19 (a) (Date rec'd by Registrar) APR 29 1946 Huntington Williams M.D. Registrar

VERIFIED

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/27 1946. at 12:20 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
3rd Degree Burns of Entire Body

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 4/27/46 about 7:10 A.M.
(b) Where did injury occur? 1012 N. Chapel St
(c) Did injury occur at home, on farm, industrial place, in public place? at home While at work? No
(d) Means of injury Accidental fire at home

23. Signature Geo. Schreiner M.D.
Medical Examiner.
Date signed 4/28/46

X

639708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

Registered No. 639708

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 117 E. Hamburg St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 117 E. Hamburg St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH F. WOODWARD

3 (b) If veteran, name war: World War # I
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Marie B. Moon
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): 12/18/1894
8. AGE: Years 51 | Months 4 | Days 8 | If less than one day: hr. min.
9. Birthplace: Carroll Co., Md. (Town, county, and state)
10. Usual Occupation: Night Watchman
11. Industry or business: Western Maryland R.R.

FATHER
12. Name: William S. Woodward
13. Birthplace: Md.

MOTHER
14. Maiden Name: Ida V. ?
15. Birthplace: Md.

16 (a) Informant: Family
(b) Address: 117 E. Hamburg St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/46 (month) (day) (year)
(c) Cemetery or crematory: Balto. National
Location: Frederick Ave.

18 (a) Funeral director: [illegible] L. McCurley
(b) Address: 130 E. Fort Ave.

19 APR 29 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION 46

20. DATE OF DEATH 4/26 1946 at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1946 to April 26 1946 and that I last saw h. alive on April 25 1946.

	Duration
Immediate cause of death: Chronic Endocarditis	3 mos
Due to: Chronic Rheumatism	3 mos
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:
23. Signature: C. M. Wells M. D.
Address 1279 Williams St Date signed 4-29-46

VS 150

Please write plainly, with pen and ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39769 382395

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

G39769 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 8 W. Read St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dr. Louis Hamman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife —

6 (c) If alive, give age 1877 years

7. Birth date of deceased (mo., day, yr.) 12-21-(68) 1877

8. AGE: Years 68 | Months 4 | Days 7 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER 12. Name John Anthony Hamman
13. Birthplace Germany

MOTHER 14. Maiden Name Agatha Hasenauer
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 30 1946 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md.

18 (a) Funeral director Henry W. Jenkins Sons Co.
(b) Address Mc Culloh & Richard Huntington Woodlawn, Md.

19 (a) APR 29 1946 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 28, 1946 at 12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 29 1946 to Apr. 28 1946 and that I last saw h[illegible] alive on Apr 28 1946

Immediate cause of death Myocardial infarction — Duration 30 hours

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature Maurice B. Wentzel M. D.

Address 1414 Date signed 28 Apr 46

VS 150

X

Name—FIRST, MIDDLE, LAST; WRITE UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G39770 1310 Registered No. G39770

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 272 N. Hilton St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Albert F. Gross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife Mrs. Jean E. Gross
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-22-92

8. AGE: Years	Months	Days	If less than one day
53	11		20 hr. 30 min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Coal dealer
11. Industry or business

FATHER
12. Name Frederick Gross
13. Birthplace France

MOTHER
14. Maiden Name Ida L. Bahlke
15. Birthplace Germany

16 (a) Informant Jean E. Gross
(b) Address 272 N. Hilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 1946 (month) (day) (year)
(c) Cemetery or crematory Oakland
Location Baltimore Md.

18 (a) Funeral director Harry N. Amuso
(b) Address 4204 Edgewood Ave.

19 (a) (Local registrar) (b) Registrar

APR 29 1946

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1946, at 3 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-21-1946 to 4-29-1946, and that I last saw him alive on 4-28-1946

Immediate cause of death Uremia — Duration

Due to Kidney shutdown

Due to Chronic glomerulo nephritis

Other Conditions Cardio-renal disease
Early congestive failure
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. L. Hartley M. D.
Address Bon Secours Hosp. Date signed 4-29-46

Hunter Williams, M.D.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

C39741 — 1 — C39741

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 53 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1934 Brunt St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sydney A Maddox

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	N	M

6 (b) Name of husband or wife Eleanor Maddox
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-23-1892

8. AGE: Years	Months	Days	If less than one day
53	5	2	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Burner
11. Industry or business Dental Parlor

FATHER
12. Name Wesley Maddox
13. Birthplace Philadelphia Pa.

MOTHER
14. Maiden Name Charlotte Amos
15. Birthplace Philadelphia Pa.

16 (a) Informant Eleanor Maddox
(b) Address 1934 Brunt St

17 (a) Burial (b) Date thereof Apr 29 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Sheir Am
Location Md.

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

19 APR 29 1946 (b) Registrar
(Date received by Registrar)
Huntington Williams, M.D.

VS 190

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-25 1946, at 11 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-25 1946, to 4-25 1946, and that I last saw him alive on 4-25 1946.

Immediate cause of death: (a) Hypostatic pneumonia — Duration
Due to: Diabetes gangrene of left lower leg
Due to: Diabetes

Other Conditions: Amputation of lower left leg
(Include pregnancy within 3 months of death)
Date of operation 3-9-1946
Major findings of operation: Diabetes gangrene of lower left leg
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R L Jackson / Intuite M. D.
Address 1514 Division St Date signed 4-29-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Love 63772

63772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61B Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4815 Arabia Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4815 Arabia Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Thomas Clifford Love

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	married

6 (b) Name of ~~husband~~ or wife Carrie Amelia Love
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) March 24, 1871

8. AGE: Years	Months	Days	If less than one day
75	1	8	hr. ___ min. ___

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business

FATHER
12. Name Unknown? - James Love
13. Birthplace Richmond Va.

MOTHER
14. Maiden Name Virginia
15. Birthplace Richmond Va.

16 (a) Informant Mrs Carrie A Love
(b) Address 4815 Arabia Ave

17 (a) Burial (b) Date thereof 5-2-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore, Md

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd

19 (a) (Date received by Local Registrar) APR 29 1946 (b) Registered by Local Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/29 1946, at 1 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1939 to 4/29 1946 and that I last saw h alive on 4/25 1946.

Immediate cause of death Uremia — Duration

Due to Renal failure

Due to prostatic malignancy — 2 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. J. Battaglia M. D.
Address 5829 Belair Rd Date signed 4/29/46

C33773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

Registered No. 33773

The information requested on this certificate is necessary for the protection of life and property; every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1339 N. 42nd Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 64 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1339 N. 42nd Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a). FULL NAME Sarah Jane Lambert

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4 - 1861

8. AGE: Years 84 | Months 9 | Days 24 | If less than one day: hr. min.

9. Birthplace Carroll Co. Maryland (Town, county, and state)

10. Usual Occupation Dress Maker

11. Industry or business

FATHER
12. Name Andrew J. Lambert
13. Birthplace Maryland

MOTHER
14. Maiden Name Victoria Ann Hoffman
15. Birthplace Maryland

16 (a) Informant Mrs. Cortney May Nicholson
(b) Address 1339 N. 42nd Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 - 1946 (Month) (Day) (Year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Co. Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

APR 29 1946 (Date received by Registrar) (b) Huntington, Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 - 1946 at 7 40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1946 to April 28 1946 and that I last saw her alive on April 26 1946

Immediate cause of death: Convulsions / Carcinomatosis — Duration: ?

Due to: Ca of Stomach

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Laurence Hamand MD M. D.
Address 3711 Falls Rd Date signed 4-29-46

VS 150

X

C33774

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83a

C33774 Registered No.

Please write plainly, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1041 Aisquith St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1041 Aisquith St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Stewart

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.	6 (c) If alive, give age
Female	Colored	Widow	years

6 (b) Name of husband or wife James

7. Birth date of deceased (mo., day, yr.) April 30, 1891

8. AGE: Years	Months	Days	If less than one day
55	11	28	hr. min.

9. Birthplace S. Carolina (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Peter Rochelle
13. Birthplace S. C.

MOTHER
14. Maiden Name Emelia ?
15. Birthplace S. C.

16 (a) Informant Robert Moore
(b) Address Richmond Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29 46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A. A. County Md.

18 (a) Funeral director Mrs Robert A. Ellis Dft.
(b) Address 1297 N. Caroline St.

19 (a) APR 29 1946 (Registrar's signature) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28 1946, at 3.4. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1946 to April 28 1946 and that I last saw h SW alive on April 27 1946

Immediate cause of death Cerebral Hemorrhage — Duration 1½ days
Due to Uremia
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. C. Burwell
Address 121 Aisquith Date signed 4-29-46 M. D.

Recorded Huntington Williams, M.D.

VS 150

G33775
491605

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1240

G33775
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla (b) County
(c) City or town St. Petersburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 641 Twelfth Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles H. Dunagan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-27-39

8. AGE: Years	Months	Days	If less than one day
7	3	2	hr. min.

9. Birthplace Ala. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles H Dunagan
13. Birthplace Ala.

MOTHER
14. Maiden Name Blaine White
15. Birthplace Ala.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/46 (month) (day) (year)

(c) Cemetery or crematory
Location Burlingham Ala.

18 (a) Funeral director John A. Moran
(b) Address Bond E. Baltimore St.

APR 29 1946

19 (a) (Date rec'd by registrar) Harrington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1946, at 2.25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 11 1946 to April 29 1946, and that I last saw him alive on April 29 1946.

Immediate cause of death: Gastro-Intestinal hemorrhage — Duration
Due to: Laennec cirrhosis of liver
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank W. Kibbe M.D.
Address Johns Hopkins Date signed 4/29

VS 150

The correct answer to every item of information should be carefully supplied. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

Eva Bean

G39776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48 B

G39776 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 927 Bulans
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 927 Bulans (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eva Bean

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Henry Bean

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March, 1896

8. AGE: Years 50 | Months 1 | Days | If less than one day hr. min.

9. Birthplace Calvert Co., Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Moses Gross

13. Birthplace Md

MOTHER 14. Maiden Name Georgana Gross

15. Birthplace Md

16 (a) Informant Henry Bean

(b) Address 927 Bulans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-46 (month) (day) (year)

(c) Cemetery or crematory Adelphia

Location Calvert Co. Md

18 (a) Funeral director Isaiah L. Brown & Son

(b) Address 1018 W. Montgomery St

19 (a) (Date received by registrar) Huntington Williams Registrar

APR 29 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1946, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-4-1945 to 4-27-1946 and that I last saw h alive on 12-27-1946.

Immediate cause of death Carcinoma

Due to Stricture Carcinoma of Uterus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
12 mos
4 mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Rushmore Tyson M.D.

Address 2143 Eutaw Pl. Date signed 4/29/46

G39777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G39777 Registered No.

PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Car 33 + Calvert st Balt, Md
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ mos.
(e) Length of stay in Baltimore (yrs., mos., or days) NOT KNOWN

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County O
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5209 SPRINGLAKE WAY
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles LATHROP PARSONS, JR.

3 (b) If veteran, name war: World I

3 (c) Social Security Account No. 212-01-6973

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	WHITE	MARRIED.

6 (b) Name of husband or wife: MRS. NELLIE PARSONS.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV 9, 1889

8. AGE: Years	Months	Days	If less than one day
56	5	19	hr. min.

9. Birthplace Hanover, N. H.
(Town, county, and state)
10. Usual Occupation BANKER.
11. Industry or business Asst Vice Pres. Commercial Credit Co

FATHER
12. Name DR. CHAS. L. PARSONS, SR.
13. Birthplace Mass.

MOTHER
14. Maiden Name ALICE Douglas Robertson
15. Birthplace SOUTH CAROLINA

16 (a) Informant Mrs Nellie Russell Parsons
(b) Address 5209 Springlake Way - Balto

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Apr. 30 - 46 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Wm. Fletcher Sons
(b) Address North & Pennsylvania Ave
(c) Huntington Williams M.D.

APR 29 1946
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 28 1946, at 4:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw him alive on APRIL 27 19 46.

Immediate cause of death: Heart failure
Due to: Asfexia - Salvatio Heart Disease
Due to: Essential Hypertension
Other Conditions: Gangrene of foot
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Crawford N. Kilpatrick, Jr. M.D.
Address Union Memorial Hosp Date signed 4-28-46

VS 150

G39778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 E

G39778

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution:
US Marine Hospital, Balto, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days
(e) Length of stay in Baltimore (yrs., mos., or days) 29 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Ga. (b) County
(c) City or town Atlanta
(If outside city or town limits, write RURAL and give town)
(d) Street No. 723 Piedmont Ave. NE
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Loewus, Leah Greenfield

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Joseph Loewus

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8, 1877

8. AGE: Years	Months	Days	If less than one day
68	10	20	hr. min.

9. Birthplace Albany, Ga.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name David Greenfield
13. Birthplace Albany, Ga.

MOTHER
14. Maiden Name Julia Vossen
15. Birthplace ? Germany

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/29/46 (month) (day) (year)
(c) Cemetery or crematory
Location Atlanta, Ga.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 1946 (Date) Rec'd by registrar Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 28 1946, at 11:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 30 1946, to Apr. 28 1946, and that I last saw h or alive on Apr. 28 1946.

Immediate cause of death Adenocarcinoma of sigmoid with massive metastasis to liver — Duration UNKNOWN

Due to

Due to

Other Conditions Infarction myocardial, healed — UNKNOWN
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John L. Wilson
John L. Wilson, Sr. Surgeon M. D.
Address Clinical Director Date signed 4/29/46

VS 150

Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

G39779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G39779 Registered No. 1218

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 346 Rosebank avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 346 Rosebank avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HELEN PEARL HERZOG

3 (b) If veteran, name war ****
3 (c) Social Security Account No. ***

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Married

6 (b) Name of husband or wife Louis J. Herzog
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) July 24, 1889

8. AGE: Years	Months	Days	If less than one day
56	9	2	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name William A. Mulcahy
13. Birthplace

MOTHER
14. Maiden Name Clara E. Young
15. Birthplace Maryland

16 (a) Informant Louis J. Herzog
(b) Address 346 Rosebank avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Clay J. Evans Son
(b) Address 118 N. Eutaw St. Baltimore, Md.

19 (a) 4 28 1946 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 26 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1942 to April 26 1946, and that I last saw her alive on April 26 1946.

Immediate cause of death Uremia — Duration 1 week
Due to Chronic Nephritis — Duration 2 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edith H. Mortimer
Address 2206 St Paul Date signed 4/28/46 (M. D.)

VS 3

Public health statistics are used in many ways. Physicians: please write the causes of death clearly and legibly. Be sure age is especially important.

G39780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G39780

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 545 W Lafayette ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 545 W. Lafayette ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Beatrice Pitts.

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	Col.	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 8-29-1905

8. AGE: Years	Months	Days	If less than one day
37	7	25	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name John Pitts
13. Birthplace Va

MOTHER
14. Maiden Name Ida Boyd
15. Birthplace Va

16 (a) Informant Ida Pitts
(b) Address 545 W. Lafayette ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 1 46 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem Park
Location Baltimore Co Md

18 (a) Funeral director William A Jackson
(b) Address 916 Penna ave

APR 30 1946 (Date received) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1946 at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1945 to Apr 27 1946 and that I last saw her alive on Apr 27 1946.

Immediate cause of death Cardio Vascular Disease — Duration 1 yr.
Due to Brain Compression — 4 mos.
Due to Cerebral Hemorrhage
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Wickham Frey M. D.
Address 924 Penna Ave Date signed 4/29/46

VS 150

X

The entire certificate should be filled in with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G35781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94D

Registered No. G35781

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1712 N. Chapel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 N. Chapel St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Weiss

3 (b) If veteran, name war

3 (c) Social Security Account No. 24-01-7178

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Marie M. Weiss
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27th 1889

8. AGE: Years	Months	Days	If less than one day
56	10	1	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Printer
11. Industry or business Glenn L. Martin

FATHER
12. Name Ferdinand Weiss
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline ?
15. Birthplace ?

16 (a) Informant Marie M. Weiss
(b) Address 1712 N. Chapel St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/46 (month) (day) (year)
(c) Cemetery or crematory Balto
Location Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 APR 30 1946 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28th 1946, at 2 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20 1945 to April 28 1946 and that I last saw h in alive on April 27 1946.

Immediate cause of death: Angina Pectoris — Duration 8 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Schneider M.D.
Address 1101 N. Wheaton Ave Date signed 4-29-46

VS 150

G33782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G39782

PRINTED WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3510 Esther Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3510 Esther Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James E. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Deborah A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 11th 1870

8. AGE: Years	Months	Days	If less than one day
75	4	16	hr. min.

9. Birthplace Queen Annes Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Carpenter

FATHER
12. Name William Brown
13. Birthplace Queen Annes Md.

MOTHER
14. Maiden Name Sally Beaton
15. Birthplace Queen Annes Md

16 (a) Informant William T. Brown 3rd
(b) Address 524 S. Quail St. 24

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/46 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Extended

18 (a) Funeral director Williams Cook Inc
(b) Address 127 St. Paul St.

19 (a) ~~APR 30 1946~~ (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27th 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 20 1945 to Apr 27 1946 and that I last saw h— alive on Apr 26 1946

Immediate cause of death: Cerebral Hemorrhage — Duration 4 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. J. McClane M. D.
Address 342 Bond St Date signed April 28 1946

X

633783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

633783 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6224 Ridgeview Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6224 Ridgeview Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Irene Bockover

3 (b) If veteran, name war W

3 (c) Social Security Account No. NONE

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Harry E. Bockover

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 26th 1903

8. AGE: Years 42 | Months 5 | Days 2 | If less than one day hr. min.

9. Birthplace Elwood, Ind. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name William Shook
13. Birthplace Ind.

MOTHER
14. Maiden Name Marguerite McCarthy
15. Birthplace Ind.

16 (a) Informant: Harry E. Bockover
(b) Address 6224 Ridgeview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/46 (month) (day) (year)
(c) Cemetery or crematory Mowland Park
Location Parkville Md.

18 (a) Funeral director William Cook Inc.
(b) Address 127 St. Paul St.

19 APR 30 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/28/46 19 at 7:30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pulmonary Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John P. Davis M.D. (Medical Examiner.)
Date signed 4/29/46

VS 151

X

639784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

Registered No. 639784

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 710 N Fulton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 dy
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 710 N Fulton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Steven R Crockett

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Rebecca Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 10 1864

8. AGE: Years	Months	Days	If less than one day
81	8	19	hr. min.

9. Birthplace Tangier Island Virginia
(Town, county, and state)

10. Usual Occupation Sailor Retired
11. Industry or business

FATHER
12. Name Risden Crockett
13. Birthplace Va

MOTHER
14. Maiden Name Margaret Fletcher
15. Birthplace Va

16 (a) Informant Raymond A Crockett
(b) Address 710 N Fulton Ave

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 5/1/46 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore Md

18 (a) Funeral director Shipley & Son
(b) Address 1219 W Pratt St

19 (a) Date received by Registrar APR 30 1946 **(b) Registrar** Huntington Nottingham M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1946, at 5:0 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-14- 1945 to 4-29- 1946, and that I last saw h was alive on 4-26- 1946

Immediate cause of death Organic Heart Disease — Duration unknown

Due to

Due to

Other Conditions Hypertension unknown

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles Rilland, M. D.
Address 2532 Edmondson Ave Date signed 4-29-46

Bullis (23)

VS 150

X

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

633785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. 633785

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 208 S. Vincent
(c) Hospital or institution:
20
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 208 S. Vincent Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nellie F. Denson

3 (b) If veteran, name war: W

3 (c) Social Security Account No. NONE

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband: Wm. J. Denson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 31st 1881

8. AGE: Years 64 | Months 7 | Days 27 | If less than one day: hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Michael Hanley
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant John F. Denson
(b) Address 125 McPhail St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St Paul st.

19 (a) Date received APR 30 1946 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/28/46 19 at 8:45 PM

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Davis M.D.
Medical Examiner
Date signed 4/29/46

VS 131

X

G33786 HB # 100362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. G33786

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 5

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 32 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 134 N. Exeter St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME
Gus Skves

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Kyote Skves
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ??

8. AGE: Years	Months	Days	If less than one day
55 ?			hr. min.

9. Birthplace Greece
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name ?
13. Birthplace Greece

MOTHER
14. Maiden Name ?
15. Birthplace Greece

16 (a) Informant Bal to. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1946 (month) (day) (year)
(c) Cemetery or crematory Greek Orthodox
Location Baltimore Md.

18 (a) Funeral director Durward D. Covington
(b) Address 21 W. 25th ST.

19 (a) (b)
Registrar

APR 30 1946

VS 150

Kingston Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28, 19 46, at 7:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 4, 19 46 to April 28 19 46, and that I last saw him alive on April 28 19 46.

Immediate cause of death	Duration
Due to Pulmonary Tuberculosis	1 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert P. Kelsey, M.D.
Address City Hosp. Date signed 4-28-46

WHITE PAPER ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

639787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

Registered No. 639787

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. Broadway
(c) Hospital or institution:
Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ——
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 S. Broadway (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Anastazia Pipinos

3 (b) If veteran, name war ——
3 (c) Social Security Account No. ——

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife ——
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/11/1938

8. AGE: Years	Months	Days	If less than one day
7	6	18	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation School girl
11. Industry or business

FATHER
12. Name Philip Pipinos
13. Birthplace Greece

MOTHER
14. Maiden Name Cynthia Chirigos
15. Birthplace Waeirton, W. Va.

16 (a) Informant Father.
(b) Address 25 S. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 30-46
(c) Cemetery or crematory Greenmount Cem
Location Harford Rd

18 (a) Funeral director L. Hermann & Son
(b) Address 32 S. Broadway

APR 30 1946 (Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1946 at 10 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1946 to April 29 1946 and that I last saw her alive on April 29, 1946.

Immediate cause of death	Duration
Terminal pneumonia & heart failure	1 da.
Due to Peritonitis & septicemia	6-7 da.
Due to Perforated appendix.	6-7 da.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation April 26, 1946
Major findings of operation: Localized appendiceal abscess
of autopsy: Above + gen. peritonitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A Rovin
Address Church Home + Hospital Date signed Apr 29 1946 M. D.

VS 150

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

639788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

639788 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Hoffmann
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2732 Kinsey Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Rose D. Kimmel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Alois Kimmel

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) 11 | 24 | 91

8. AGE: Years 57 | Months 5 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Chas C. Wiard
13. Birthplace Germany

MOTHER
14. Maiden Name Dora Rose
15. Birthplace Germany

16 (a) Informant Mr. Alois Kimmel
(b) Address 2732 Kinsey Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 30, 46 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Lyndon Lane

18 (a) Funeral director L. Hergmann & Son
(b) Address 32 S. Broadway

19 (a) APR 30 1946 (Registrar) (b) Huntington Avenue, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1946, at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 11 19__ to April 27 19 46 and that I last saw her alive on April 27 19 46.

Immediate cause of death: Cardio - Respiratory failure — Duration

Due to Pulmonary embolus

Due to Abdominal - Perineal Resection

Other Conditions Carcinoma of Rectum
Possible liver metastases
(Include pregnancy within 3 months of death)

Date of operation 4/18/46

Major findings of operation: Ca of Rectum
Possible liver metastases

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry T. Wilson, Jr. M. D.
Address St. Joseph's Hosp. Date signed 27 Apr 46

VS 150

The information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G33789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

G33789 ✓ Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1019 Leadenhall
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 Leadenhall St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Blake

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years	Months	Days	If less than one day
44			hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Day Laborer
11. Industry or business

FATHER 12. Name William Blake
13. Birthplace md

MOTHER 14. Maiden Name Alice Miles
15. Birthplace md

16 (a) Informant William Blake
(b) Address 819 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2 46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director James A Hayes
(b) Address 1142 W. Lexington

19 (a) APR 30 1946 (Date received by Registrar)

Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 29 1946, at 3.00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1946, to April 29 1946, and that I last saw h— alive on April 29 1946.

Immediate cause of death

Cerebral Hemorrhage
Due to Influenza

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: —

of autopsy: —

Duration
7 days
10 days

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

Signature Lincoln Shelton M. D.
Address 908 E. Lexington St Date signed 4/30/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

633790

BALTIMORE CITY HEALTH DEPARTMENT

TH. 100656

CERTIFICATE OF DEATH

587

Registered No. 633790

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 713 N. Calhoun St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Woods

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14th 1931

8. AGE: Years	Months	Days	If less than one day
15	1	12	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Woods
13. Birthplace N. C

MOTHER
14. Maiden Name Susie Woods
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 30 1946 (Month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St Huntingtown Williams, Md

APR 30 1946 (Date filed) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26th 1946, at 12.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 16th 1946 to Apr. 26 1946 and that I last saw him alive on April 26 1946.

Immediate cause of death: Acute Rheumatic Pancarditis — Duration 2 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Rowell Huffman M. D.
Address Baltimore City Hosp Date signed 26 Apr 46

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93c

G39791
Registered No.

TYPE OR WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Walbrook + Caton Aves
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 29
(If outside city or town limits, write RURAL and give town)
(d) Street No. 59 N. Calvert St.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany

3 (a) FULL NAME Mrs. Elizabeth Goschbath

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife late Theodore E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-18-1853

8. AGE: Years	Months	Days	If less than one day
62	1	9	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wilhelm Hahn
13. Birthplace Germany

MOTHER
14. Maiden Name Gertrude Haas
15. Birthplace Germany

16 (a) Informant Herman Goschbath
(b) Address 59 N. Calvert St

17 (a) Burial (b) Date thereof 4-30-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry A. Witzke
(b) Address 4101 Edmondson Ave

19 (a) (b)
(Signature of registrar) Registrar

APR 30 1946
VS 150 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1946, at 2:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15 1946 to 4-27 1946, and that I last saw h[illegible] alive on 4-27 1946

Immediate cause of death	Duration
Cardiac Resp. Failure	
Due to Organic Kidney Nephritis	
Due to Resp. Pneumonia Lobular Bronchial	
Other Conditions Rheumatic C-V Disease	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address St Agnes Hosp Date signed 4/27/46

M. D. B. 1200-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

G33792 G33792

CERTIFICATE OF DEATH

48 B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 Hollbrook St., 9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mattie Lou Hunt

(a) Residence: No. ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Leslie Hunt

6. DATE OF BIRTH (month, day, year) May 15 1893

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
52	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Robert Ly Jackson

14. BIRTHPLACE (city or town) (State or country) Powhatan Co. Va

MOTHER

15. MAIDEN NAME Dallie L. Powers

16. BIRTHPLACE (city or town) (State or country) News Ferry Va

17. INFORMANT Collette Hunt

(Address) 1314 Hollbrook St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Wood Date 5-3 19 46

19. UNDERTAKER John C. Mullin Jr

(Address) 2435 E. Oliver St

20. FILED APR 30 1946 Registrar

Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1946

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1946 to April 29, 1946

I last saw her alive on April 29, 1946. Death is said to have occurred on the date stated above, at 9.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of The UTerus	18 mo.
Metastasis To Kidneys	1 mo.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jay M. Z... M. D.

(Address) 2858 Kloford Rd

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

G39793 G39793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No.

The undersigned, with ONE EXCEPTION, every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1431 Myrtle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1431 Myrtle Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lizzie Savage

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	W

6 (b) Name of husband or wife Lobe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1874

8. AGE: Years	Months	Days	If less than one day
71	10	10	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Sarah Smith
13. Birthplace Va

MOTHER
14. Maiden Name
15. Birthplace —

16 (a) Informant Mary Lyles
(b) Address 1431 Myrtle Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md
18 (a) Funeral director Geo. C. Kelson
(b) Address 1303 Pressman St
19 (a) (b)

APR 30 1946

Carrington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29 1946 at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-1 1946 to 4-29 1946 and that I last saw her alive on 4-28 1946.

Immediate cause of death Bronchopneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
28 d

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B. J. Halehan M.D.
Address 1775 Pulaski Date signed 4/29/46

X.

G33794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46B

Registered No. G33794

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2629 Ridgley St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2629 Ridgley St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Chestertown, Md.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Joseph H. Brown
13. Birthplace Md

MOTHER
14. Maiden Name Ella Virginia Brodn
15. Birthplace Md.

16 (a) Informant Hiram Brown
(b) Address 2629 Ridgely St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/46 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Druid Park Dr

APR 30 1946 (Date received by registrar) (Huntington Williams M.D. Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 28 April 1946 at 11:50 M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Carcinoma of Stomach

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur in home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature William F. Kelly M.D.
Medical Examiner

Date signed 28 April 46

VS 151

633795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

104a

Registered No. 633795

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp. 5W
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 Law St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine E. Smather or (Catherine E. Smathers)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 14 1944

8. AGE: Years	Months	Days	If less than one day
1	7	14	hr. min.

9. Birthplace Baltimore Md
(City, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Leon Smathers
13. Birthplace md

MOTHER
14. Maiden Name Annie Lee Barr
15. Birthplace Md.

16 (a) Informant Annie Lee Smathers
(b) Address 126 Calvin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 2000 Eutaw Lane

APR 30 1946 Huntington Williams M.D.
(Date received by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26, 1946 at 11:25 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Upper respiratory infection.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard [illegible] M.D.
Medical Examiner.
Date signed 4-29-46

G39796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

138 Registered No. G39796

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 109 S. Bond St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John. Disharoon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Elizabeth Disharoon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1906

8. AGE: Years 40 | Months | Days | If less than one day hr. min.

9. Birthplace md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Elias Disharoon
13. Birthplace md

MOTHER
14. Maiden Name Sonisa Turner
15. Birthplace md

16 (a) Informant Elizabeth Disharoon
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Brooklyn md

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Bryant Ave

APR 30 1946 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/27 1946, at 1 45 PM

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic Myocardial Degeneration

Due to

Other Conditions Hypertrion

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. P. Sulewski M.D.
Medical Examiner.
Date signed 4/28/46

VS 151

X

Dr. E.G.Hall
1631 E. North Ave.
G33797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93

G33797

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3104 Orlando Avenue
(c) Hospital or institution: 9

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3833 Kimble Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry M. Reynolds

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Letty H. Reynolds
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 8, 1878

8. AGE: Years	Months	Days	If less than one day
68	1	22	hr. min.

9. Birthplace Albany, New York
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Daniel Reynolds
13. Birthplace ?

MOTHER
14. Maiden Name Helen ?
15. Birthplace ?

16 (a) Informant Mrs. Letty H. Reynolds
(b) Address 3833 Kimble Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/46 (month) (day) (year)
(c) Cemetery or crematory Oaklawn Cem.
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road 14

19 (a) (Date received by registrar) (b) Huntington Mills, Md.

VS 3 APR 30 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30th, 1946, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1945 to April 30 1946, and that I last saw him alive on April 30 1946.

Immediate cause of death	Duration
Edema & Lungs	2 days
Due to Chronic Myocarditis	3 yrs
Due to	
Other Conditions Arterio Sclerosis	5 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E. North ave Date signed April 30 46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

039798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30

Registered No. 039798

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1217 W. Lafayette Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William J Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Myrtle

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 4-21-1901

8. AGE: Years 45 | Months — | Days 7 | If less than one day: hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Wills Dairy Inc.

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name Famie ?
15. Birthplace ?

16 (a) Informant Myrtle Smith
(b) Address 1200 Harlem ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 2 46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave

APR 30 1946 (Date rec'd by registrar)

(b) Huntington for Williams Registrar

MEDICAL CERTIFICATION 55

20. DATE OF DEATH April 28, 1946, at 1 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Pres death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Syphilitic Aortitis with involvement of coronary ostia & heart
Due to

Other Conditions Hypertrophy Thorax, Hypertension, Hypertrophy & Dilatation of Heart & Congested Viscera
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Woodside M.D.
Medical Examiner.
Date signed 4/29/46

VS 151

G39793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170C

Registered No. G39793

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 Myrtle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Carl Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-18-9943

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Bertha Lewis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years 41 | Months | Days | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business Laborer - Chauffeur

FATHER
12. Name — Lewis
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Bertha Lewis
(b) Address 1023 N. Vincent St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/46 (month) (day) (year)
(c) Cemetery or crematory Madison County, Va [illegible]
Location [illegible]

18 (a) Funeral director Robert E. Jennings
(b) Address 922 N. Monroe St.

19 (a) APR 30 1945 (Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 28 April 1946 at 2:30 P.M.

21. I certify that I took charge of the remains described above, held an Inquest thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of Skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 28 April 1946 at 2:30 27/10 P.M.
(b) Where did injury occur? York Road near Mt. Cobden
(c) Did injury occur at home, on farm, industrial place, in public place? Public Place While at work?
(d) Means of injury Automobile accident

23. Signature William F. Neff Jr. M.D. Medical Examiner.
Date signed 29 April 46

VS 151

X

G33800 ✓ G33800

HB # 100886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 85 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2803 W. North Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME KATHERINE L. ANDREWS

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1860

8. AGE: Years	Months	Days	If less than one day
85	5	15	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Daniel Andrews
13. Birthplace Md.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Balto. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/46 (month) (day) (year)
(c) Cemetery or crematory Western Cem. Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) APR 30 1946 (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1946, at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 27 19 46 to April 29 19 46. and that I last saw h alive on April 29 19 46.

Immediate cause of death

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration
1 week
over 1 yr

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Baltimore City Hosp. Date signed 29 Apr 1946

X

63804 Myrtle Frittita

FRITTITA

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

Registered No. 63801

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 519 S. Kenwood ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Frederick Frittita

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife: myrtle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-6-1888

8. AGE: Years	Months	Days	If less than one day
57	4	21 20	hr. min.

9. Birthplace: md (Town, county, and state)
10. Usual Occupation: ARTIST
11. Industry or business: BALTO. NEWS

FATHER
12. Name: JOSEPH FRITTITA
13. Birthplace: ITALY

MOTHER
14. Maiden Name: MARY KRAFT
15. Birthplace: GERMANY

16 (a) Informant: MYRTLE FRITTITA (WIFE)
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 1/46 (month) (day) (year)
(c) Cemetery or crematory: HOLY REDEEMER
Location: BELAIR ROAD

18 (a) Funeral director: Leilly & Geilen inc.
(b) Address: 403 S. WOLFE ST.

19 (a) APR 30 1946 (Date received by Registrar) (b) Huntington Woods, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26 - 1946 at 9.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26 1946 to 19
and that I last saw him alive on 4-26 1946.

Immediate cause of death: Myocardial infarction — Duration: less than 1 hours

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:

of autopsy: myocardial infarction

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Edward Krob M. D.
Address: J H H Date signed April 30 1946

VS 150

For Dr. Wm. S. Hayward, by Howard P. Mackenzie, M.D.

released by the Medical Examiner G33802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. G33802

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address South Light St
(c) Hospital or institution: South Baltimore Gen Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 W. Cross St. Back (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary C. Nugent

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 87 yrs 10/9/58

8. AGE: Years	Months	Days	If less than one day
87	6	20	hr. min.

9. Birthplace BALTO. MD. (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name JOHN MEYER
13. Birthplace BALTO. MD

MOTHER
14. Maiden Name ANNIE C. TOSINGHAM
15. Birthplace BALTO. MD.

16 (a) Informant MRS ELSIE NUGENT
(b) Address 1112 W. CROSS ST

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 2 46 (month) (day) (year)
(c) Cemetery or crematory London Park.
Location Frederick Road. Balto

18 (a) Funeral director Kraus Funeral Home
(b) Address 1215 S Charles St #30

19 (a) (b)

APR 30 1946 Huntington W. Willard M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1946 at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8 Apr 1946 to 29 Apr 1946 and that I last saw her alive on 8 Apr 1946

Immediate cause of death: cardiac failure — Duration: 20 days
Due to: accident to
Due to: open reduction of fractured hip.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 4/25/46
Major findings of operation: arteriosclerosis, fracture of neck of femur
of autopsy: [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence April 7 46 at M
(c) Where did injury occur? Baltimore (City or town) (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No
(e) Means of injury fell down stairs (or in or from)

23. Signature [illegible] M. D.
Address 124 Light St Date signed 4-30-46

Please answer questions with ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G3 3803 new

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G3 3803

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Baltimore Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3245 4th ll (If rural give location) 5245
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl #2 Osgood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day: 2 hr. 3 min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Basil Osgood.
13. Birthplace Md.

MOTHER 14. Maiden Name Patricia Lafore
15. Birthplace Ky.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location Johns Hopkins Medical Schoo APR 29 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 APR 30 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 24 1946 at 4:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from — 19 , to — 19 , and that I last saw h alive on — 19 .

Immediate cause of death: Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hubert Raymond M. D.
Address Johns Hopkins Hosp. Date signed 4-30-46

VS 150

F 5460

Please write plainly, with undrading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

639804

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159

639804 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 736 S Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 736 S Charles St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Infant of Mr. Mrs. Wayne E Ricklighter

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 27-46

8. AGE: Years	Months	Days	If less than one day
			7 hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Wayne E Ricklighter.
13. Birthplace Ga

MOTHER
14. Maiden Name Dorothy M Johnston
15. Birthplace Balto Md.

16 (a) Informant Mrs Dorothy M Ricklighter
(b) Address 736 S Charles St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (APR 30 1946) (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 27 1946 at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 27 1946, to Apr 27 1946, and that I last saw him alive on Apr 27 1946.

Immediate cause of death	Duration
Due to Premature Birth	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R E L Campbell
Address 164 W Hamburg St Date signed 4/29/46

Johns Hopkins University Medical School APR 29 1946

Commissioner of Health

Huntington Williams M.D.

VS 3

5459

X

633805 ✓ 633805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. .....

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2135 Penrose Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland ✓ County .....
(b) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2135 Penrose Ave.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME KATHERINE SCHNITZLER ✓

3 (b) If veteran, name war *******

3 (c) Social Security Account No. *********

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Frederick Schnitzler

6 (c) If alive, give age D. years

7. Birth date of deceased (mo., day, yr.) 11 - 5 -1858

8. AGE: Years	Months	Days	If less than one day
87 88	5	23	********** hr. ..... min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name John Winton
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr. John C. Schnitzler
(b) Address 2135 Penrose Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1946 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore, Maryland

18 (a) Funeral director C. A. Philpot & Son
(b) Address 1300 Eutaw Place

30 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28th, 1946 at 8.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/10 1939 to 4/28 1946 and that I last saw her alive on 4/28 1946

Immediate cause of death Coronary Thrombosis

Duration 1 hour

Due to Cardio-Vascular Renal Disease

Duration 8 days

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work?
(Specify type of place)
(e) Means of injury .....

23. Signature Elias W. Johnson M. D.
Address 2432 Madison Ave. Date signed 4/30/46

VS 180

X

G39806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 32a

G39806 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caution St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 N. Broadway (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Charles F. Wiseman

3 (b) If veteran, name war: World War II

3 (c) Social Security Account No. 213-05-7297

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2/12/1909

8. AGE: Years 37 | Months 7 | Days 16 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or Business Sears Roebuck

FATHER
12. Name Louis J. Wiseman
13. Birthplace Md

MOTHER
14. Maiden Name Catherine H. Walter
15. Birthplace Md

16 (a) Informant Mrs. C. F. Wiseman
(b) Address 1718 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 '46 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore, Md.

18 (a) Funeral director H. D. Pippert & Son
(b) Address 1300 Eutaw Pl. (Huntington Williams, M.D.)

19 (a) Date received by registrar APR 30 1946 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/28/46 19 at 5:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/19/46 19 to 4/28/46 19 and that I last saw h[illegible] alive on 4/26/46

Immediate cause of death: Cholemia & Liver death — Duration

Due to Infection hepatitis & Cholangitis c

Due to Chronic infectious pancreatitis

Other Conditions Long standing.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address St. Joseph's Hosp. Date signed 4/29/46

VS 150

X

G39807 filed

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. G39807

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Ga. Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 354-46-Curtis-Bay (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Cole
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex F.
5. Color or race W.
6 (a) Single, married, widowed, or divorced. Single.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years | Months | Days | If less than one day 3 hr. min.
9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert Melvin Cole
13. Birthplace Balto - Md.

MOTHER
14. Maiden Name Hazel Lonie Lease
15. Birthplace Balto - Md

16 (a) Informant
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-27-46 (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School APR 29 1946
18 (a) Funeral director Commissioner of Health
(b) Address
APR 30 1946 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-25 1946 at 11:30 AM
21. I certify that death occurred on the date above stated; that I attended deceased from 4-25-46 19 to 4-25-46 19 and that I last saw her alive on 4-25-46 19

Immediate cause of death	Duration
Prematurity (2 lbs. birth wt.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature G. Bussell, M.D.
Address 1241 Light St. Date signed 4-28-46

VS 150

5463

4-28-46

Please write plainly with pen and ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 G39808

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 Awl Auld St. Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 24 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. E. Veteran specify WAR

2. FULL NAME Baby Lucas

(a) Residence: No. 628 Awl st St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 26 1946

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) 628 Awl St

FATHER

13. NAME Walter Lucas

14. BIRTHPLACE (city or town) (State or country) Martinsburg W Va

MOTHER

15. MAIDEN NAME Bernice Smith

16. BIRTHPLACE (city or town) (State or country) Lewisburg W Va

17. INFORMANT Walter Lucas
(Address) 628 Awl St

18. BURIAL, CREMATION, OR REMOVAL Funeral Home
Place Mt Calvary Date 5/1 1946

19. UNDERTAKER Ramus Santore
(Address) 1412 E Preston St

20. FILED APR 30 1946 19

Registrar

Transferred to Hollins, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 27, 1946

22. I HEREBY CERTIFY, That I attended deceased from Ap-26- 1946, to April 27 1946

I last saw her alive on April 27 1946 Death is said to have occurred on the date stated above, at 6P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Hemorrhage	
Other conditions, if any, giving rise to above cause, stating the underlying cause last.	

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, how? —

(Signed) [illegible] M. D.

(Address) Physician

OCCUPATION is very important. See instructions on back of certificate.

G33809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G34809

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Glyndon
(If outside city or town limits, write RURAL and give town)
(d) Street No. Butler Road.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah E. Nolan

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	M

6 (b) Name of husband or wife Bernard J. Nolan

6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Oct 23 1874

8. AGE: Years	Months	Days	If less than one day
71	6	7	hr. min.

9. Birthplace Baltimore City
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John J. Richards
13. Birthplace Baltimore City

MOTHER
14. Maiden Name Carroll
15. Birthplace Ireland.

16 (a) Informant Bernard J. Nolan
(b) Address Glyndon Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3-46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director J. F. Elam & Sons
(b) Address Reisterstown Md.

19 (a) (Date rec'd by registrar) (b) Huntington Nicholas, M.D. Registrar

APR 30 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1946, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1946 to April 30 1946, and that I last saw her alive on April 30 1946

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Postmortem Infarct

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work)
(Specify type of place)
(e) Means of injury

23. Signature Milton Resnick M. D.

Address Univ. Hosp. Date signed 4-30-46

X

Vs. Dept.

Please write plainly in ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G33810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

G33810 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2525 Calverton Heights Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2525 Calverton Heights Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Albert Sander

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-09-6712

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Adah B. Sander

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18, 1865

8. AGE: Years 81 | Months 1 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Albrecht Sander
13. Birthplace Germany

MOTHER
14. Maiden Name Dorthea Smith
15. Birthplace Germany

16 (a) Informant Mrs. Marcella Vickers
(b) Address 2325 Calverton Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1946 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director Miller & Donovan
(b) Address 4510 Liberty Heights Ave.

19 (a) (Date rec'd by registrar) (b)

VS APR 30 1946

Huntington Woods, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1946, at 7.26 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1946 to April 29 1946, and that I last saw him alive on April 26 1946.

Immediate cause of death

Edema of lungs. — 4 days
Due to Senile debility — 1 mo.
Due to Arterio-sclerosis — 5 yrs.
Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. A. Weller M. D.
Address 4100 Edmondson Ave. Date signed

X

Please answer questions carefully, with ONE READING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39811 G39811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

Registered No.

All items must be carefully supplied. Every item of information should be carefully supplied. Any error or omission should be corrected. Typing is preferred, WITH UNFADING INK. Every item of information should be carefully supplied. Any error or omission should be corrected. Typing is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State S.C. (b) County
(c) City or town Cheraw
(If outside city or town limits, write RURAL and give town)
(d) Street No. 409 Church St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth Duvall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-7-45

8. AGE: Years	Months	Days	If less than one day
	4	23	hr. min.

9. Birthplace S.C.
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name William E. Duvall
13. Birthplace S.C.

MOTHER
14. Maiden Name Billie Kirven
15. Birthplace Texas

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/46 (month) (day) (year)

(c) Cemetery or crematory Sec. David Cem.
Location Cheraw, S.C.

18 (a) Funeral director J.D. Mitchell & Sons
(b) Address 1900 Clark Place Washington, Washington, D.C.

(Date rec'd by registrar) (By)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1946 at 11:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1946 to April 30 1946 and that I last saw [illegible] alive on April 30 1946.

Immediate cause of death: Congenital heart disease d/t death at operation - heart failure

Due to: Congenital Malformation

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 4-30-46

Major findings of operation: Congenital heart disease - Tetralogy of Fallot

of autopsy:

Duration
- Immediate
- Antecedent

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature A. M. Adams M.D.
Address Johns Hopkins Hosp. Date signed 4-30-46

VS 150

G39812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G39812 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hos.
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1820 Bolton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Webster Cole Patterson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	married

6. (b) Name of husband or wife Marie de Roll
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1909

8. AGE: Years	Months	Days	If less than one day
36	5	24	hr. min.

9. Birthplace Wilkes Barre, Pa. (Town, county, and state)
10. Usual Occupation Shakesperian Actor
11. Industry or business

FATHER
12. Name Richard S. Patterson
13. Birthplace Pa.

MOTHER
14. Maiden Name Mary Haymes Cole
15. Birthplace Ohio

16 (a) Informant Mrs. Marie de Roll Patterson
(b) Address 1820 Bolton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/46 (month) (day) (year)
(c) Cemetery or crematory Pine Grove
Location Harveyville, Pa.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) MAY 3 1946 (Filed by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1946, at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1946 to April 29 1946, and that I last saw him alive on April 29 1946.

Immediate cause of death: Cardiac failure — Duration: over

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard E. Blumenthal
Address W.P.J.H. Date signed 4/30/46

VS 150

PRINT NAME, RESIDENCE, AND DATE OF DEATH IN PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G33813 BALTIMORE CITY HEALTH DEPARTMENT G33813
Registered No.

CERTIFICATE OF DEATH 83a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 93 ds
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 102 Armagh Drive (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Chalmers S. Brumbaugh, Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Wh | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Betty D. Brumbaugh

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1915

8. AGE: Years 30 | Months 6 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Chalmers S. Brumbaugh, Sr
13. Birthplace Penn

MOTHER 14. Maiden Name Mabel Stayker
15. Birthplace Penn

16 (a) Informant Mr. Chalmers S. Brumbaugh Jr.
(b) Address 317 W. Dunstan Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/46 (month) (day) (year)

(c) Cemetery or crematory Dorsey Ridge
Location Pikesville, Md.

18 (a) Funeral director John C. Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) (Date received by local registrar) (b) Huntington Williams, M.D. Registrar

APR 30 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1946, at 1 a.m. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 28 1946 to April 30, 1946, and that I last saw him alive on April 30, 1946.

Immediate cause of death SPONTANEOUS Cerebral Hemorrhage, Rt. Occipital Lobe. — Duration
Due to VASCULAR Anomaly.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul B. Torres, M. D.
Address Union Memorial Hosp. Date signed 4/30/46

Street are is especially important. Physicians: please write the causes of death clearly and legibly.

G33814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G33814

Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1100 Captain Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1100 Captain Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie A Tolbert

3 (b) If veteran, name war: —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William S Tolbert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1879

8. AGE: Years	Months	Days	If less than one day
66	10	15	hr. min.

9. Birthplace Rock Hill, York, South Carolina
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace South Carolina

MOTHER
14. Maiden Name Lizzy Lee Unknown
15. Birthplace South Carolina

16 (a) Informant Mrs. Fannie J. Burns
(b) Address 1100 Captain Court

17 (a) Removal (b) Date thereof 5/1/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Rock Hill
Location Rock Hill S C

18 (a) Funeral director Wm. Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) MAY 1 1946 Acting for Williams, Md.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1946, at 5:20a M

21. I certify that death occurred on the date above stated; that I attended deceased from April 24 1946 to April 30 1946, and that I last saw h[illegible] alive on April 30 1946.

Immediate cause of death	Duration
cerebral hemorrhage	
Due to hypertension cardio vascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature F. W. Kuster MD

Address 302 Calvert Bld Date signed 4/30/46 D.

VS 150

G 310 ✓ G33815

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1714 E 32 St
(c) Hospital or institution: 9th
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 E 32 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dagmar Kile

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widow

6 (b) Name of husband or wife: Adolph Adam Kile
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 2 1881

8. AGE: Years	Months	Days	If less than one day
64	10	28	hr. min.

9. Birthplace: Norway (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Andreo Jensen
13. Birthplace: Norway

MOTHER
14. Maiden Name: Johanna ?
15. Birthplace: Norway

16 (a) Informant: Clarence Blomberg
(b) Address: New York

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-46 (month) (day) (year)
(c) Cemetery or crematory: Union Cem
Location: Baltimore Md

18 (a) Funeral director: Wilhelm & Son Inc
(b) Address: 1217 N Conk St

19 (a) (b) (Date rec'd by registrar) Registrar

MAY - 1 1946

Burlington Nebraska

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1946, at 12 40 a M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1946, to April 30 1946 and that I last saw her alive on April 24 1946

Immediate cause of death: Coronary Thrombosis — Duration 8 hrs
Antecedent Pneumonia — 15 d.
Due to: Arterio Sclerosis — 15 y.
Hypertension
Due to: Chronic Interstitial Nephritis — 15 y.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Jno Fr Stevens M. D.
Address: 2871 Wadsworth Ave Date signed: 4-30-46

X

G33813 G33813

BALTIMORE CITY HEALTH DEPARTMENT ✓

CERTIFICATE OF DEATH 96

Registered No.

CWK-100597

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6315 Hudson Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Raymond Scott

3 (b) If veteran, name war: —
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 1-1876

8. AGE: Years	Months	Days	If less than one day
70	3	29	hr. min.

9. Birthplace Cumberland Md
(Town, county, and state)
10. Usual Occupation Stationary Engineer Retired
11. Industry or business

FATHER — 12. Name	James Scott
FATHER — 13. Birthplace	West Virginia
MOTHER — 14. Maiden Name	Marian ?
MOTHER — 15. Birthplace	Maryland

16 (a) Informant Records-Balto. City Hospitals
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md.

18 (a) Funeral director Gilliam & Sons
(b) Address 1210 E. Coul St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MAY 1 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1946, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 14 1946 to Apr. 30 1946, and that I last saw h im alive on Apr. 30 1946

Immediate cause of death Pulmonary Edema
Antecedent Atheroma of Aorta
With Aneurysm (Saccular)
Due to Nephrosclerosis Bilateral
Due to Benign Prostatic Hypertrophy
Other Conditions Cerebral Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: See above

Duration: years / years ? / years ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rush E. Netterville M. D.
Address Balt City Hosp Date signed 4-30-46

Rush E. Netterville

G33817 BALTIMORE CITY HEALTH DEPARTMENT G33817

CERTIFICATE OF DEATH 470 Registered No.

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2122 Linden St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2122 Linden St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country Austria

3 (a) FULL NAME Joseph A Keegan

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife Julia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 12 1890
8. AGE: Years 55 | Months 4 | Days 13 | If less than one day hr. min.
9. Birthplace Brooklyn N Y (Town, county, and state)
10. Usual Occupation Asst Cutter Fire Shop
11. Industry or business U S Fid Cas Co

FATHER
12. Name Joseph A Keegan Sr
13. Birthplace Brooklyn N Y

MOTHER
14. Maiden Name Catherine Kelly
15. Birthplace New York N Y

16 (a) Informant Robert Keegan
(b) Address 827 Coleman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Edmondson
Location Baltimore Md

18 (a) Funeral director Dunbar & Inc
(b) Address 1219 E Fayette

19 (a) Filed May 1 1946 (b) Huntington Hutchinson, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1946 at 5:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1946, to April 30 1946, and that I last saw him alive on April 29 1946.

Immediate cause of death: Bronchogenic Carcinoma with Abdominal Metastasis — Duration: 8 Months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas L Worsley M.D.
Address 2900 Hillsdale Rd Date signed May 1 1946

YAEGER

633818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. 633818

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3161 Stafford st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3161 Stafford st (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth M Yaeger

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife George J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 19 1868

8. AGE: Years	Months	Days	If less than one day
77	6	10	hr. min.

9. Birthplace Maryland (Town, county and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Adam Schwartzkopf
13. Birthplace Germany

MOTHER
14. Maiden Name Lavina Stunz
15. Birthplace Germany

16 (a) Informant Mr Joseph Yaeger
(b) Address 3161 Stafford st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director George G Tinley
(b) Address Funeral Director Fayette

MAY 1 1946 (Date rec'd by Local Registrar) (b) Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/29 1946, at 9P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/16 1946 to 4/26 1946 and that I last saw him alive on 4/29 1946

Immediate cause of death: Myocardial Infarct — Duration 1 Day

Due to

Due to

Other Conditions Arteriosclerosis — 2.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D O Hagner, M.D.
Address 3316 Hamilton St Date signed 4/30/46

VS 150

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 G39819 Registered No.

The entries must be made in black ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 126 So Eden St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 126 So Eden St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Micheal Schloss

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Jennie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years 77 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Glazier

11. Industry or business

FATHER
12. Name unknown
13. Birthplace Russia

MOTHER
14. Maiden Name unknown
15. Birthplace Russia

16 (a) Informant Jennie Schloss
(b) Address 126 So Eden St.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5-1-46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Ave

18 (a) Funeral director Jas. L. Lewis Inc
(b) Address 1439 E. Balto St

19 (a) (b)
(Date received by registrar) (Registrar)
MAY 1 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 29 April 1946, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1937 19 , to 29 April 1946; and that I last saw him alive on 26 April 1946.

Immediate cause of death Ca of Head & Pancreas — Duration 4 Month

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1 March

Major findings of operation:

Ca Head & Pancreas

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph B Gans M. D.
Address 2424 Eutaw Pl Date signed 4/30/46

Huntington Williams, M.D.

G3382C

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106 C

Registered No. G3382C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: MARYLAND GENERAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2547 Calverton Heights Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GERTRUDE HELEN JAEGER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21, 1913

8. AGE: Years	Months	Days	If less than one day
32	6	9	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John E. Jaeger, Sr.
13. Birthplace Westminster, Md.

MOTHER
14. Maiden Name Frieda Marie Ebelein
15. Birthplace Balto., Md.

16 (a) Informant Mr. John E. Jaeger, Sr.
(b) Address 2547 Calverton Heights Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/46 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge Mem. Pk.
Location Howard Co., Md.
18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.
19 (a) (Date rec'd by registrar) (b) Huntington Nobiasse, M.D. Registrar

MAY - 1 1946

vs 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/30 1946, at 9.40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/29 1946 to 4/30 1946 and that I last saw her alive on 4/29 1946.

Immediate cause of death RESPIRATORY FAILURE AND HYPOPARATHYROIDISM — Duration 1 DAY
Due to PARALYSIS OF VOCAL CORDS AND BRONCHITIS
Due to SEVERANCE OF RECURRENT LARYNGEAL NERVE AND INJURY TO PARATHYROIDS
Other Conditions WEAKNESS OF RESPIRATORY MUSCLES (Include pregnancy within 3 months of death)
Date of operation ABOUT 10 YRS. AGO
Major findings of operation: GOITRE.
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles W. Stewart, Jr. M. D.
Address MD. GEN. HOSP. Date signed 4/30/46

X

G39821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH F6D

G39821 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: MARYLAND GENERAL HOSP
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2504 Gibbons Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY LOUISE EWANS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Benjamin F. Evans
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 2nd 1884

8. AGE: Years	Months	Days	If less than one day
61	6	6	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William H. Buckley
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Margaret Ann E. Margareth
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. A. G. Blair
(b) Address 2504 Gibbons Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location 4310 Old Frederick Road

18 (a) Funeral director Frederick W. Miller, Inc.
(b) Address 3019 E. Monument Street

(b) MAY 1 1946 (Date received) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/29 1946, at 2:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/19 1946, to 4/29 1946, and that I last saw her alive on 4/29 1946.

Immediate cause of death CARCINOMA OF RECTUM — Duration 40 DAYS

Due to

Due to

Other Conditions DIABETES MELLITUS (Include pregnancy within 3 months of death)

Date of operation 4/1/46

Major findings of operation: CARCINOMA OF RECTUM

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles W. Stewart, Jr. M.D.
Address Md. General Hosp. Date signed 4/29/46

X

G39822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G39822 Registered No.

PRINT WITH PENCIL, WITH UNFADING INK. Every item o. information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 528 N. Carey St.
(c) Hospital or institution:

1941

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 528 N. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James E. Pope

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Delia Pope
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Chief Cook
11. Industry or business

MOTHER / FATHER
12. Name Henry Willis Pope
13. Birthplace Va.
14. Maiden Name Mary Pope
15. Birthplace Va.

16 (a) Informant Délia Pope
(b) Address 528 N. Carey Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery
Location Brooklyn, Md.

18 (a) Funeral director Elroy C. Wilson
(b) Address 1000 Brantly Ave.

19) MAY 1 1946 Huntington Williams M.D. (Date rec'd) (Registrar) (Local Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 28 19 , at 6 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 16 1945 to Apr 28 1946.
and that I last saw h[illegible] alive on Apr 28 19 46

Immediate cause of death
Cardio Vascular Renal Disease
Due to
Due to
Other Conditions Et Sanation

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

Duration
?
1

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. L. Hughes M. D.
Address 1443 Arund[illegible] Date signed Apr 30/46

G33823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G33833

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4212 Reisterstown Rd

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4212 Reisterstown Rd (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry A Eierman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	M.

6 (b) Name of husband or wife Mary Eierman

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Jan 2. 1887

8. AGE: Years	Months	Days	If less than one day
59	3	27	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business Drug Co.

FATHER

12. Name Fredk W. Eierman

13. Birthplace Germany

MOTHER

14. Maiden Name Elizabeth Howe

15. Birthplace Baltimore

16 (a) Informant Mrs John A Lewis

(b) Address 3410 Dalefield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1-46 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem. Location City

18 (a) Funeral director Leitch Funeral Home

(b) Address 2108 Eutaw St

19 (a) (Date rec'd by registrar) (b) Registrar

VS. MAY - 1 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 29 1946 at 11:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/29 1946 to 4/29 1946 and that I last saw him alive on 4/29 1946.

Immediate cause of death Acute Coronary Occlusion

Due to 4

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature A. L. Hornstein

Address 733 Aisquith St Date signed 4/29/46 M. D.

X

FILL WITH WHITE PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39824 ✓ G39824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 17 N Ann
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 4
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 117 N. Ann St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Ella Whittemore

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widowed

6 (b) Name of husband or wife Harry Whittemore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1 1873

8. AGE: Years	Months	Days	If less than one day
72	4 5	29	hr. min.

9. Birthplace Va
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name John Hume
13. Birthplace England

MOTHER
14. Maiden Name Lucy Hammond
15. Birthplace Virginia

16 (a) Informant Harry Whittemore
(b) Address 1215 62nd St

17 (a) Burial (b) Date thereof May 3 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2008 Orleans St

19 (a) (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 180 MAY - 1 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 19 3.20am M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1943 to April 30 1946 and that I last saw him alive on April 28 1946

	Duration
Immediate cause of death Acute Cardiac Failure	1 day
Antecedent Heart Disease	5 years
Due to Carcinoma of the Cervix	3 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Israel Rosen M.D.
M. D.
Address 2413 E Monument St Date signed 4/30/46

G39825 City — Ha Baltimore Co.

BALTIMORE CITY HEALTH DEPARTMENT — G39825 Registered No. 190

CERTIFICATE OF DEATH 1946

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1Day, 15Hrs. 35Min.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Elkridge - 27, - Rural (If outside city or town limits, write RURAL and give town)
(d) Street No. Elkridge (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Paul Matthew Kramer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/28/46

8. AGE: Years | Months | Days 1 | If less than one day 15 hr. 35 min.

9. Birthplace Howard Co. Md (Town, county and state)

10. Usual Occupation infant

11. Industry or business

FATHER
12. Name Paul K. Kramer
13. Birthplace Howard Co Md

MOTHER
14. Maiden Name Pauline Hutson
15. Birthplace Longreen Md

16 (a) Informant Mrs Paul K. Kramer
(b) Address Elkridge Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 30, 1946 (month) (day) (year)
(c) Cemetery or crematory St Marys
Location Elkridge Md

18 (a) Funeral director Patterson Bowen & Boyd
(b) Address

19 (a) April 29 1946 (Date rec'd by registrar)

MAY - 1 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28-46 19 11:55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 , and that I last saw h alive on 19 .

Immediate cause of death Prematurity (Prematurity)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. L. Markley M.D.
Address Bon Secours Hosp Date signed 4-29-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G39826

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2117 Dennison Ave

(c) Hospital or institution: Crawford Retreat

(d) Length of stay in hospital or [illegible] (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2910 Montebello Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna STOKES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	widowed

6 (b) Name of husband or wife Wm. Stokes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 7 1860

8. AGE: Years	Months	Days	If less than one day
86	3		hr. min.

9. Birthplace Texas (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name Pearce Woodward

13. Birthplace ?

MOTHER 14. Maiden Name Josephine Faulk

15. Birthplace ?

16 (a) Informant Mrs Irma Bernach

(b) Address 5827 Belvedere Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1-46 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Baltimore

18 (a) Funeral director Leonard J. Buck

(b) Address 5315 Harford Rd.

19 (a) [illegible] (b) [illegible] Registrar

MAY 1 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1946 to April 29 1946, and that I last saw her alive on April 29 1946.

Immediate cause of death Cardiac failure — Duration

Due to Hypertensive Cardio-Vascular Renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. Skorupski M.D.

Address 6011 N. Monroe St Date signed 4/30/46

G39827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G39827 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 13, Maryland. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2816 Pelham Ave., Baltimore 13 (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME William Leander Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-4076

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife Johanna Loretta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 19, 1895

8. AGE: Years	Months	Days	If less than one day
50	8 7	7 11	hr. min.

9. Birthplace Baltimore - Maryland - (Town, county, and state)

10. Usual Occupation Asst. Office Manager

11. Industry or business Gas & Electric Co.

FATHER
12. Name John Johnson
13. Birthplace Norway

MOTHER
14. Maiden Name Annie Peterson
15. Birthplace Norway

16 (a) Informant Mrs. Johanna L. Johnson
(b) Address 2816 Pelham Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-46 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Baltimore, Md

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Narford Rd.

19 (a) (b)
Date received by Registrar MAY 1 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1946, at 10:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1946 to April 29 1946, and that I last saw him alive on April 29 1946

Immediate cause of death: Coronary Thrombosis — Interval Between Onset and Death: Apr. 17 1946 (12 days)

Due to: Arterio-Sclerotic Heart Disease — (6 years)

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas L. Palmer M. D.
Address Union Memorial Hosp. Date signed 29 Apr 46

X

AB 100738 G38828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. G38828

THESE WHITE PRINTS, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1hr-40min
(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1649 Abbott St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hattie Kennedy

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife Thomas (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25- 1905

8. AGE: Years	Months	Days	If less than one day
40	9	25	hr. min.

9. Birthplace S.C. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Parker
13. Birthplace ?

MOTHER
14. Maiden Name Carrie Casey
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-46 (month) (day) (year)
(c) Cemetery or crematory
Location Columbia, S. C.

18 (a) Funeral director Mrs. Frances A. Hunsley
(b) Address 578 W. Biddle St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Md. Registrar

MAY - 1 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH April 20 1946, at 2.50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20-46 19 to 4-20 19 46 and that I last saw her alive on 4-20- 19 46

Immediate cause of death ? [redacted]
Respiratory Failure

Due to ? Pulmonary Tbc

Due to

Other Conditions Anemia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. R. Farber, M.D.
Address Balt City Hosps Date signed 5-2-46 M. D.

G33823 BALTIMORE CITY HEALTH DEPARTMENT ✓ G33823

CERTIFICATE OF DEATH 950

Registered No.

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1406 McCulloh St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore ✓
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1406 McCulloh St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNIE HATCHETT

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1891

8. AGE: Years	Months	Days	If less than one day
55	3		hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Allen Hurt
13. Birthplace Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace Va.

16 (a) Informant Mr. James Hatchett
(b) Address 1406 McCulloh St.

17 (a) Burial (b) Date thereof 5-3-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cem.
Location Anne Arundel Co., Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (b) Registrar
(Date rec'd by registrar)

VS 10 MAY - 1 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30, 1946, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/5/46 to 4/30/46
and that I last saw h 4/30/46 19
Immediate cause of death Bronchial Pneumonia Duration 2 Months
Due to
Due to
Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. C. Ellis M.D.
Address 924 N. Mont Ave Date signed 5/2/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G3.8830 - 100374

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 58 D

Registered No. G3.8830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2410 E. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joan Marie Wolf

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1935

8. AGE: Years	Months	Days	If less than one day
10	7	19	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Harry Wolf
13. Birthplace Md.

MOTHER
14. Maiden Name Marie Bernhardt
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 - 46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Frank O. Pilpotts
(b) Address 2018 E. Baltimore St.

19 (a) MAY - 1 1946 (Date rec'd by Registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 19 46 at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 4 19 46 to April 29 19 46, and that I last saw her alive on April 29 19 46.

Immediate cause of death	Duration
Carcinoma failure	
Due to Rheumatic Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard E. Dorman M. D.
Address Balt. City Hosp. Date signed 4/30/46

VS 150

X

63981 ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1196

Registered No. 63981

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 334 Calvert St
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 34 days
(e) Length of stay in Baltimore (yrs., mos., or days) 34 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore, Maryland —
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2024 Maryland Ave
(If rural give location)
(e) Citizen of foreign country? No — (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel James Bailey

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24, 1946

8. AGE: Years	Months	Days	If less than one day
0	1	4 5	hr. min.

9. Birthplace Baltimore Maryland -
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name [redacted] William S Bailey
13. Birthplace Baltimore Md —

MOTHER
14. Maiden Name Marie Getz
15. Birthplace Baltimore Md —

16 (a) Informant William S Bailey
(b) Address 2024 maryland ave

17 (a) Burial (b) Date thereof 4-30-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co.

18 (a) Funeral director Frederick A Poly
(b) Address 1200 Lombard St

19 (a) [illegible] MAY 1 1946 Huntington-Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1946, at 8:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 34 19 6 . to Apr 129 1946.. and that I last saw him alive on April 29 19 46 —

Immediate cause of death Respiratory Failure — Duration

Due to Dehydration

Due to Diarrhea

Other Conditions Prematurity

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Ulcerated Ileum

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Mary Raymond Shuster M. D.
Union Memorial
Date signed 4-29

VS 150

X

G33832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G33832

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 635 Pitcher Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 635 Pitcher Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** ROBERT PETERS Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 15, 1860

8. AGE: Years 85 | Months 8 | Days 12 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Grocery business

11. Industry or business

FATHER
12. Name Robert Peters
13. Birthplace West River, Md.

MOTHER
14. Maiden Name Rachel ????????????
15. Birthplace West River, Md.

16 (a) Informant Clementine Thomas
(b) Address 635 Pitcher Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1631 Druid Hill Ave.

19 MAY - 1 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29-27 1946 at 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-19 1946 to 4-27 1946 and that I last saw h[illegible] alive on 4/27 1946

Immediate cause of death

Due to Cerebral Apoplexy

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration: 5 Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B. N. Holeton M. D.
Address 1 W 25th St Date signed

VS 150

G39833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

Registered No. G39833

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1624 Division Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1624 Division Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME THADDEUS WIGGINS

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Esther C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 8, 1866

8. AGE: Years 80 | Months 3 | Days 19 20 | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Butler

11. Industry or business

FATHER 12. Name Uknown
13. Birthplace

MOTHER 14. Maiden Name Uknown
15. Birthplace

16 (a) Informant Esther C. Wiggins
(b) Address 1624 Division Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) MAY 1 1946 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1946 at 12:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 25 1945 to April 27 1946 and that I last saw h[illegible] alive on April 26 1946

Immediate cause of death Chronic Nephritis — Duration 2 years

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Pelle Klein M.D.

M. D.

Address 67 Hamilton Ave. Date signed April 29 1946

VS 150

G39834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G39834

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N 14 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 4
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1118 Division
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Emory Thomas Bond

3 (b) If veteran, name war —

(c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Colored	married

6 (b) Name of husband or wife Helen Bond
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) May 29, 1888

8. AGE: Years	Months	Days	If less than one day
57 58	11	—	hr. — min.

9. Birthplace Howard County, Md
(Town, county, and state)

10. Usual Occupation Waiter
11. Industry or business Private Club

FATHER
12. Name John Bond
13. Birthplace Maryland

MOTHER
14. Maiden Name Ella Harris
15. Birthplace Maryland

16 (a) Informant Helen Bond
(b) Address 1118 Division St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3, 1946 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Emory George H. Hall
(b) Address 1631 Druid Hill Ave.

19 MAY 1 1946 (Date received by Registrar) (b) Huntington Pettigrew Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-29-46 19 at 1:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-24-46 19 to 4-29-46 19 and that I last saw h[illegible] alive on 4-29-46 19

Immediate cause of death: congestive heart failure — Duration: about 2-24-46

Due to: arteriosclerotic heart Disease — Duration: about 4 yrs.

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature James M. Lair
Address 460 N. Carrollton Date signed 5-1-46 M. D.

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G33835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124B

G33835 Registered No.

PRINTED OR TYPEWRITTEN, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 923 N. Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto-
(If outside city or town limits, write RURAL and give town)
(d) Street No. 923 N. Fulton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 923

3 (a) FULL NAME Richard Hollomon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col.	Widower

6 (b) Name of husband or wife Carrie Hollomon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1884

8. AGE: Years	Months	Days	If less than one day
61	6		hr. min.

9. Birthplace Hopewell Va.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Bernice Hollomon
(b) Address 923 N. Fulton Ave.

17 (a) Buried (b) Date thereof May 1, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Katie E. Williams
(b) Address 922 N. Schroeder St.

19 (a) Registrar

MAY 1 1946

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1946 at 11.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/20 1946 to 4/27 1946 and that I last saw h in alive on 4/26 1946

Immediate cause of death
Pernicious Anaemia
Due to Cirrhosis of the Liver
Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. F. Howell M. D.
Address 601 N Carrollton Ave Date signed 5/1/46

X

G39836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1577

Registered No. G39836

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Redwood Hs
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Ht. Mayo
(c) City or town Park Hill PARK HALL
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary A Wise

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband ~~or wife~~ Ralph Wise
6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) Aug 2nd 1925

8. AGE: Years	Months	Days	If less than one day
20	8	28	hr. min.

9. Birthplace Marshall, Charles Co. Md (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Herbert Dudley
13. Birthplace Md

MOTHER
14. Maiden Name Mary A. Ching
15. Birthplace Md

16 (a) Informant Husband
(b) Address Park Hill, Ht Mayo Co Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-46 (month) (day) (year)
(c) Cemetery or crematory Ebenezer ?
Location California, Md

18 (a) Funeral director W. C. Mattingly Sons
(b) Address Leonardtown, Md

19 (a) Filed by [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1946, at 2:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/29/46 19 to 4/30/46 19, and that I last saw h[illegible] alive on 4/30/46 19

Immediate cause of death Cerebral hemorrhage — Duration

Due to Congenital Cerebral aneurysm

Due to

Other Conditions Syphilis, duodenal ulcer, arthritis, pulmonary edema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: 5/1/46

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph L Fischer M. D.
Address Univ. Hosp. Date signed 5/1/46.

VS 150

X Fischer

The ~~space~~ ~~CONTROL~~, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G33837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

Registered No. G33837

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3013 Belmont Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3013 Belmont Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY ROACHE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Michael Roache
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 22, 1871

8. AGE: Years	Months	Days	If less than one day
74	4	8	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER / FATHER
12. Name John Stafford
13. Birthplace Ireland
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mr. Albert Roache
(b) Address 2009 Braddish Ave.

17 (a) Burial (b) Date thereof 5/3/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (b)
(Date received by Registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 30, 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1st 1946 to April 30 1946, and that I last saw h[illegible] alive on April 29. 1946.

Immediate cause of death Uraemia

Duration 1 day

Due to Chr. nephritis

Duration 6 mos.

Due to,

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. J. Niederman

Address 1136 Hoffman Ave Date signed 5/1/46

X

G338.38

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G338.38

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1535 West Fairmount ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1535 West Fairmount ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Beatrice Satterfield Butler.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Joseph M. Butler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2. 1922

8. AGE: Years	Months	Days	If less than one day
24	0	27	hr. min.

9. Birthplace Roxboro North Carolina
(Town, county and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Melvin Satterfield
13. Birthplace Roxboro North Carolina

MOTHER
14. Maiden Name Nannie Lawson
15. Birthplace Roxboro North Carolina

16 (a) Informant Mr. Joseph M. Butler.
(b) Address 1535 West Fairmont ave

17 (a) Burial (b) Date thereof May 3. 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Auburn Cemetery
Location Baltimore City

18 (a) Funeral director Joseph A. Bisco
(b) Address 410 North Mount Street

MAY 1 1946 (b) Huntington Williams M.D.
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1946 at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 14 1946 to April 29 1946 and that I last saw her alive on 4-24 1946

Immediate cause of death: Acute Pneumonia — Duration: 2 Wks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M. D.

Address 861 West Date signed April 30 1946

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46D

G39839 Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital, Balto; Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3012, Putty Hill Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Henry Hartman

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-2846

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Irene Hartman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 5th, 1883.

8. AGE: Years	Months	Days	If less than one day: hr.	min.
62	7	25		

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name William H. Hartman
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Helen Koerner
15. Birthplace Germany

16 (a) Informant Mrs. William H. Hartman
(b) Address 3012 Putty Hill Ave. Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/46 (month) (day) (year)
(c) Cemetery or crematory Moreland Park Cem. Location Taylor ave.

18 (a) Funeral director Howard N. Bright Jr.
(b) Address 6009 Harford Road.

19 (a) Date 1946 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30, 1946, at 2:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 15th 1946. to April 30th 1946. and that I last saw him alive on April 30 1946.

Immediate cause of death Resp. failure — Duration

Due to Intestinal Obstruction — Duration

Due to Pulmonary congestion — Duration

Due to Carcinoma of Rectum and sigmoid Colon. — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation 4-14-46

Major findings of operation: Carcinoma of rectum and sigmoid Colon

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. R. Connor M. D.
Address Mercy Hospital Date signed 4-30-46

VS 150

G33840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82a

Registered No. G33840

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spring Lane
(c) Hospital or institution: Cold Spring Lane Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 W. Cold Spring Lane (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Ohlgart

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	None	Female	White	Widowed

6 (b) Name of husband or wife Charles Ohlgart
6 (c) If alive, give age D years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
About 64			hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Hufnagle
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Christina Tillman
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Elizabeth Mc Kew
(b) Address 5919 Bellona Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road Balto; Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (Date rec'd by registrar) MAY - 1 1946 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30, 1946 at 10 A.M.

21. I certify that I took charge of the remains described above, held an Inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Cerebral hemorrhage, spontaneous
Due to

Other Conditions Uremia, hypertension, laceration, left parietal region of scalp due to fall (Include pregnancy within 3 months of death) Life to stroke

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Haddeis M.D. Medical Examiner.
Date signed 4-30-46

VS 151

The G33841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131Q

Registered No. G33841

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1525 N. Caroline Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 N. Caroline
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Paul A. Hentschel

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 213-12-4737A

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Christina M. Lomp
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Feb. 9th, 1861

8. AGE: Years	Months	Days	If less than one day
85	2	21	######## hr. ######## min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Machinist

FATHER
12. Name Alexander Hentschel
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Christina M. Hentschel
(b) Address 1525 N. Caroline Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road, Balto: Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) MAY – 1 1946 (Date rec'd by Registrar) Thurlington Williams, Registrar, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30th 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1946 to Apr 30 1946 and that I last saw h### alive on April 29 1946.

Immediate cause of death	Duration
Renal Regurgitation Incompetence	10 d
Acute Dilatation	1 hr
Due to arterio Sclerosis	10 Yrs
Due to b. Prostatic Infundibular Hypertrophy	10 d
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. F. A. Strouse M. D.
Address 2878 Harford Av Date signed 5-1-46

VS 150

G39842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. G39842

Type or write with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 113 E. Churchill (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anita Conway

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-25-46

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Conway
13. Birthplace Md

MOTHER
14. Maiden Name Catherine Eder
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location Johns Hopkins Medical School MAY 1 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 1 1946 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1946 at 9:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1946 to April 27 1946 and that I last saw her alive on April 27 1946.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert Greenwood M. D.
Address Johns Hopkins Hospital Date signed 4-27-46

VS 150

5466

X

G33843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. G33843

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto Co.
(c) City or town Sparrows Point (If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 Forest Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby "Anna" McGee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-23-46

8. AGE: Years	Months	Days	If less than one day
		5	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Louis McGee.
13. Birthplace

MOTHER
14. Maiden Name Anna Elizabeth McCully
15. Birthplace W. Va.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School MAY 1 1946

18 (a) Funeral director Commissioner of Health
(b) Address

MAY 1 1946 Hunter Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-28 1946 at 8 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-23 1946 to 4-28 1946 and that I last saw h alive on 4-28 1946.

Immediate cause of death
Premature
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert Jennings M.D.
Address Johns Hopkins Hosp. Date signed 4-28-46

VS 150

5465

G3384

492150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G3384

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1202 Dorman St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Norman W. Blond.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male.	Black.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-5-46

8. AGE: Years	Months	Days	If less than one day
		21	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Norman Blond
13. Birthplace S. C.

MOTHER
14. Maiden Name Lona Blond
15. Birthplace S. C.

16 (a) Informant Rhonda
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location Johns Hopkins Medical School MAY 1 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 (Signature) (Registrar) (Signature) (Address) (Date received by Registrar) Livingston Williams M.D. Registrar

MEDICAL CERTIFICATION P

20. DATE OF DEATH April 26 1946, at 7.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1946 to April 26 1946 and that I last saw him alive on April 26 1946.

Immediate cause of death	Duration
Septicemia - Acidosis	
Due to Prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert Greenhood M. D.
Address Johns Hopkins Hosp. Date signed 4-27-46

VS 150

(over)

5404

633845 HEALTH DEPARTMENT—CITY OF BALTIMORE 633845

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 134 S. Schroeder St., 17 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Catherine E. Metz

If U. S. Veteran specify WAR _____

(a) Residence: No. 134 S. Schroeder St., _____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: late Frank E.

6. DATE OF BIRTH (month, day, year): July - 1859

7. AGE: 86 Years | 9 Months | Days | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year): _____

11. Total time (years) spent in this occupation: _____

12. BIRTHPLACE (city or town) (State or country): West, Va.

FATHER

13. NAME: Michael Joyce

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mr. Wallis L. Metz

(Address) 134 S. Schroeder St

18. BURIAL, CREMATION, OR REMOVAL

Place Pinegrove Md. Date 5/3, 1946

19. UNDERTAKER: Odell Cowdrey Son

(Address) 101-03 E. Baltimore St.

20. MAY 1 - 1946 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): APRIL 29, 1946

22. I HEREBY CERTIFY, That I attended deceased from 28 APRIL, 1946 to 29 APRIL, 1946

I last saw h.er alive on 29 APRIL, 1946 Death is said to have occurred on the date stated above, at 8.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
ARTERIOSCLEROSIS	1930
Other contributory causes of importance: GASTROENTERITIS	APR 28 '46

Was an operation performed? NO Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify _____

(Signed) Benjamin H. Epstein M. D.

(Address) 121 S. Highland Ave

OCCUPATION is very important. See instructions on back of certificate.

V.S.

G39846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13D

Registered No. G39846

1. PLACE OF DEATH:
(a) Baltimore City, Maryland D-1A.
(b) Street address 733 Ramsay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 733 Ramsay St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helena Ada Murray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife Lawrence E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 14, 1876.

8. AGE: Years	Months	Days	If less than one day
69	8	14.	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation housework
11. Industry or business at home

FATHER
12. Name Carl E. Steger
13. Birthplace Germany

MOTHER
14. Maiden Name Federica Ottman
15. Birthplace Germany

16 (a) Informant Mr. Lawrence E. Murray
(b) Address 733 Ramsay Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 2, 46 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park Cem.
Location 5608 Dogwood Road

18 (a) Funeral director Colin Contrum Sons
(b) Address 901-03 Fallsway Street

19 (a) MAY 1 1946 (b) Huntington Williams, M.D.
Filed by registrar (Signature)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/28 1946 at 7 A.M. P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic CV Disease

Due to

Other Conditions Coronary Disease
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. P. Sabatini M.D.
Medical Examiner.
Date signed 4/29/46

G39847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

G39847 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3101 Brighton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Alice J. Hartmann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
Female	White	Married	Henry J. Hartmann	years

7. Birth date of deceased (mo., day, yr.) June 22, 1894.

8. AGE: Years	Months	Days	If less than one day
51	10	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at home.

FATHER
12. Name Michael Doonan
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Canny
15. Birthplace Ireland

16 (a) Informant Henry J. Hartmann
(b) Address 3101, Brighton St. Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 / 4 / 46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director John J. Cowan & Son
(b) Address 901-03 W. Fayette Street

19 MAY 1 1946 (Date rec'd by registrar) (b) Huntington Ave. Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30, 1946, at 3:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1946 to April 30 1946, and that I last saw h[illegible] alive on April 30 1946.

Immediate cause of death Cardio respiratory failure. — Duration

Due to Pneumonia (right lobe) Baby baby — Duration

Due to Abdominal tumor (malignant) — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation April 27, 1946
Major findings of operation: Tumor noted in abdomen
of autopsy

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. F. Turner M. D.
Address Mercy Hospital Date signed 5-31-46

VS 150

G33848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G33848 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street City
(c) Hospital or institution:
Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) Lyrs 3dys
(e) Length of stay in Baltimore (yrs., mos., or days) 88 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas J. Wells

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Sarah Weber
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years	Months	Days	If less than one day
88			hr. min.

9. Birthplace Howard County Md
(Town, county and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Thomas Wells
13. Birthplace Howard Co Md USA

MOTHER
14. Maiden Name Ellen Sakers
15. Birthplace Howard Co Md USA

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2, 1946
(month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director Rita Weisfeld
(b) Address 900 E. Biddle St.

19 (a) MAY 2 - 1946 (b)
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1946, at 1:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1946, to April 30 1946, and that I last saw him alive on April 29 1946.

Immediate cause of death	Duration
Edema Lungs	2 days
Due to Chronic Myocarditis	2 yrs
Due to	
Other Conditions Arteriosclerosis	10 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Gill Wahl M. D.
Address 1231 E. North Ave Date signed 4-30-46

G33849 BALTIMORE CITY HEALTH DEPARTMENT G33849
Registered No.

CERTIFICATE OF DEATH 157E

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSP
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town Jamaica (If outside city or town limits, write RURAL and give town)
(d) Street No. 8402 175th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Michael Kender

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-7-38

8. AGE: Years	Months	Days	If less than one day
7	7	24	hr. min.

9. Birthplace W Va. (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Steve Kender
13. Birthplace Hungary

MOTHER
14. Maiden Name May Scott
15. Birthplace Tenn

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSP

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/46 (month) (day) (year)
(c) Cemetery or crematory Lg Mem Cem
Location Pikesville Md

18 (a) Funeral director John O. Smith & Son
(b) Address 1900 Eutaw Place

Date received by registrar 1946 (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1946, at 11 52 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1946 to May 1 1946 and that I last saw Decedent alive on May 1 1946.

Immediate cause of death: Cardiac Failure
Due to: Congenital Heart Disease Tetralogy of Fallot
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation 5-1-46
Major findings of operation: Tetralogy of Fallot
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. F. W. Scott, Jr. M. D.
Address Johns Hopkins Hosp Date signed

VS 150

X

The information requested on this certificate is necessary for the registration of the death. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52c

Registered No. G39850

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: County Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Fowblesburg (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edna Pearl Harris

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1896

8. AGE: Years 50 | Months 2 | Days | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Richard Harris
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Thos Enson
(b) Address 4105 Wayward Ave Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3/46 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Balto Co

18 (a) Funeral director Edw. C. Tipton
(b) Address Hampstead Md.

MAY 1 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1946, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1946, to April 30 1946, and that I last saw her alive on April 30, 1946.

Immediate cause of death Papillary Carcinoma of Left Ureter, Primary with Metastasis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation March 2, 1946

Major findings of operation: Papillary Carcinoma of Left Ureter

of autopsy — Metastasis of Same

Duration: Oct 21 1945 to April 30 1946 — 6 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James S. Hunter, Jr. M.D.
Address University Hospital Baltimore Md. Date signed 5/1/46

VS 150

X

M. D. B. 1202-9

G33851 **HEALTH DEPARTMENT—CITY OF BALTIMORE** G33851

CERTIFICATE OF DEATH 131a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 Glenwood Ave, 10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Virginia C. Becker

(a) Residence: No. 505 Glenwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of Charles Becker

6. DATE OF BIRTH (month, day, year) Jan 10th 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Norfork Va

FATHER

13. NAME John B. Cotton

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Laura Brown

16. BIRTHPLACE (city or town) (State or country) Norfork Va.

17. INFORMANT Bessie T. Blakeslee

(Address) N. Y. City

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place London Park Date 5/4 1946

19. UNDERTAKER William Cook Inc.

(Address) 319 St. Paul St.

MAY 2 1946 19... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1946

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1928 to May 1, 1946

I last saw h... alive on April 30, 1946 Death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1928
Chronic Myocarditis	1928
Other contributory causes of importance:	
Acute Cardiac Dilatation	1946

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) B. W. Bishop M. D.

(Address) 501-521 Sheldon a

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

G39852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 590

G39852 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W 40th St.
(c) Hospital or institution: Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 4 24
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W. 40th St. H.F.I. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cora Townsend

3 (b) If veteran, name war W

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband ~~or wife~~: Walter R. Townsend

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1853

8. AGE: Years 92 | Months 7 | Days 14 | If less than one day hr. min.

9. Birthplace Chesterfield Co, Virginia (Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business

FATHER
12. Name Major Farmer
13. Birthplace Chesterfield Co. Va.

MOTHER
14. Maiden Name Edna Clark
15. Birthplace Chesterfield Co. Va

16 (a) Informant Home for Incurable Records
(b) Address 700 W 40th St. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/46 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore Md

18 (a) Funeral director Wilson & Son
(b) Address 1848 Pont St

19 MAY 2 - 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1946, at 7.10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/7 1945 to 5/1 1946, and that I last saw h alive on 4/30 1946

Immediate cause of death: Cerebral Embolism (Embolism) — Duration: 5 years

Due to:

Due to Rheumatoid arthritis — 35 years

Other Conditions Bilateral Cataracts — 16 years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Grafton Nordfuger, M.D.
Address 214 Med. and Phy. Bldg. Date signed 5/2/46

VS 3

X

The cause of death should be carefully stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48a

Registered No. G39853

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 18
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 250 - N. Schroeder St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ada Lee Walker Horsey.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Fem.

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar-3-1919

8. AGE: Years 27 | Months 1 | Days 27 | If less than one day hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Emmett Walker
13. Birthplace Va.

MOTHER
14. Maiden Name Maggie Goodrich
15. Birthplace Va.

16 (a) Informant Nannie Goodrich
(b) Address 250 - N. Schroeder St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-46 (month) (day) (year)

(c) Cemetery or crematory
Location Mt. Calvary

18 (a) Funeral director Adolphus Halstead
(b) Address 918 - Druid Hill Aver,

MAY 2 [illegible] (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30, 1946, at 10:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 30, 1946, to Apr. 30 1946, and that I last saw her alive on April 20 1946.

Immediate cause of death	Duration
Acute Shock	2 hrs.
Due to Acute Hemorrhage	20 hrs.
Due to Carcinoma of Cervix	12 mos.
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: —
of autopsy: Ca of Cervix & Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature John F. Gayle M.D.
Address Univ. Hosp. Baltimore Md. Date signed 5/1/46

VS 150

1 Typed G39854 ✓ G39854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93C Registered No.

Typing must be WHITE if typed, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1035 Warden St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1035 Warden St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Kinch

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Patrick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 12 1881

8. AGE: Years 64 | Months 6 | Days 18 | If less than one day hr. min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name Thomas Magee
13. Birthplace Ireland.

MOTHER
14. Maiden Name Rose King
15. Birthplace Thomas Ireland xiach

16 (a) Informant Josephine Sullivan
(b) Address 1035 Warden St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 2 46 (month) (day) (year)
(c) Cemetery or crematory Near Cathedral
Location Hyland Rd

18 (a) Funeral director Mathias H.C. Degnal Sr
(b) Address 7110 Belair Rd

19 (a) MAY 2 - 1946 (Date received by Registrar) Registrar
Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1946 at 5 A.M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct. 15 1940 to April 30 1946 and that I last saw h[illegible] alive on April 29 1946.

Immediate cause of death Chronic Endocarditis Fibrillation — Duration 4 yrs

Due to Arteriosclerotic Cardio vascular disease — 4 yrs

Due to —

Other Conditions Chronic Arthritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) (While at work)
(e) Means of injury

23. Signature Dr. Henry Slaughter.
Address 5247 York Rd. Date signed 5/1/46

VS 180

G33855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G33855 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1701 Ellamont St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 6
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1701 Ellamont St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Alexander Ebenstoff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Anna Ebenstoff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
99 yrs	—	—	hr. min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business —

FATHER
12. Name Joseph Ebenstoff
13. Birthplace Russia

MOTHER
14. Maiden Name Esta Ebenstoff
15. Birthplace Russia

16 (a) Informant David Ebenstoff
(b) Address 4406 Springdale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof V- 2-46 (month) (day) (year)
(c) Cemetery or crematory
Location Hebrew Mt Carmel

18 (a) Funeral director Jack Lewis Inc
(b) Address 1429 E Baltimore St

19 (a) (Registrar's signature) (b) Huntington Williams, M.D.
MAY 2 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1946, at 3:20 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 3 1946 to May 2 1946, and that I last saw h alive on Apr 30 1946.

Immediate cause of death	Duration
Acute cardiac dilatation	
Due to Myocarditis	
Due to arteriosclerosis	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benj. Shader M. D.
Address 2306 Eutaw Pl Date signed 5-2-46

G3385:6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

G3985:6

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2928 Clifton Ave.
(c) Hospital or institution:

15

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2928 Clifton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) FULL NAME Lillie M. Snyder

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Wilmer H. Snyder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1865

8. AGE: Years	Months	Days	If less than one day
81	2	9	hr. min.

9. Birthplace Dorchester Co. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm. E. Dunnock
13. Birthplace Dorchester Co. Md.

MOTHER
14. Maiden Name Susan Meekins
15. Birthplace Dorchester Co. Md.

16 (a) Informant Miss Florence M. Snyder
(b) Address 2928 Clifton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Aves

19 (a) (b)

Filed by me on MAY 2 1946 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1, 1946 at 9:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1946 to May 1 1946 and that I last saw her alive on April 30 1946.

Immediate cause of death: Carcinoma of breast, to extend — Duration: 10 yrs.
Due to: cerebral metastasis of carcinoma — 1 yr.
Due to: cerebral hemorrhage — 1 day

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel Shriver M. D.
Address 833 Guilford Ave Date signed May 2 1946

X

G39857

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93

G39857 Registered No.

The entries on this certificate, with CAPPING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Eaton Avenue
(c) Hospital or institution: Jaukens Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1652 W. North Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Lain

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March, 1861

8. AGE: Years	Months	Days	If less than one day
85	1		hr. min.

9. Birthplace Warrenton Virginia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Elkan Lain
13. Birthplace Germany

MOTHER
14. Maiden Name Konrak
15. Birthplace Germany

16 (a) Informant Jaukens Memorial
(b) Address 1000 Eaton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/2/46 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Odd Fellows
Location Balto. Md.

18 (a) Funeral dir. David Sonnheim
(b) Address 1902 Eutaw Pl. Balto. Md.

19 (a) MAY 2 1946 Registrar

VS-250

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30, 1946, at 7:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Cardiac Resp. Failure

Due to Terminal Bronchopneumonia

Due to Generalized debility from Arteriosclerotic Hypertensive C.V. disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas. E. Carr Jr. M. D.
Address 1652 Eagus Ave. Date signed 4/30/46

G39858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 E

G39858 Registered No. 5698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1624 Harlem ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) none 16
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1624 Harlem ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Josiah Sanders

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: male
5. Color or race: colored
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Mitilda Sanders
6 (c) If alive, give age 64 years
7. Birth date of deceased (mo., day, yr.) May 27 1872
8. AGE: Years 73 74 | Months 11 | Days 3 | If less than one day: hr. min.
9. Birthplace Clear Spring md
(Town, county and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Benjamin Sanders
13. Birthplace Clear Spring md

MOTHER
14. Maiden Name Forbes
15. Birthplace Clear Spring md

16 (a) Informant Mrs Rosa Hilton
(b) Address Clear Spring Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-46 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location Md

18 (a) Funeral director George G. Kelson
(b) Address 1303 Priestman St

19 (a) (b)

MAY 2 - 1946 Huntington Maryland

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-30- 1946, at 1:45 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 4-1- 1946 to 4-30 1946 and that I last saw h alive on 4-24 1946.

Immediate cause of death: Myocarditis — Duration: unknown
Due to: unknown
Due to:
Other Conditions: Cerebral hemorrhage — Duration: unknown
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Frank A. Saunders M. D.
Address 1029 N. Stricker St. Date signed 5-1-46

X

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-100639 639859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1B

✓ 639859 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians—please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12days
(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2744 Bockert Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country Bootcock

3 (a) FULL NAME Alberta Gary

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Married

6 (b) Name of husband or wife Edward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14- 1922

8. AGE: Years	Months	Days	If less than one day
23	11	6 15	hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Willie Gray (D
13. Birthplace S.C.

MOTHER
14. Maiden Name Jonettre Woodward (D
15. Birthplace S.C.

16 (a) Informant Baltimore City Hospitals Record
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) MAY 2 1946 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29- 1946, at 4.35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-17- 1946 to 4-29 1946 and that I last saw her alive on 4-29 1946.

Immediate cause of death

Due to Pulmonary Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Confirmatory to Hist.

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John R. Kelsey M.D.
Address City Hosp. Date signed 4-30-46

AB-1[illegible]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46

G33860

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27days
(e) Length of stay in Baltimore (yrs., mos., or days) 33yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1538 W. Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Myrtle Parker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18- 1904

8. AGE: Years	Months	Days	If less than one day
41	11	21	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Brown
13. Birthplace Md.

MOTHER
14. Maiden Name Mitchell
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-1946 (month) (day) (year)
(c) Cemetery or crematory W/T Cultacres Cem
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MAY 2 - 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29- 1946, at 7.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2- 1946 to 4-29- 1946, and that I last saw her alive on 4-29- 1946

Immediate cause of death: Generalized carcinomatosis — Duration: 6 yr.
Due to: Adenocarcinoma of body of pancreas — 1 yr +
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation 4-16-46
Major findings of operations: as above
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas J. Smith, M. D.
Address Balto. City Hosp. Date signed 4-30-46

X

G39861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G39861 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County —
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2511 W. NORTH AVE.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Eva Phelps Dean

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, (widowed), or divorced: D.

6 (b) Name of husband or wife George Dean
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 22 1885

8. AGE: Years 60 | Months 7 | Days 8 | If less than one day: hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER
12. Name Edward Phelps
13. Birthplace Maryland

MOTHER
14. Maiden Name ~~Sarella~~ ? SARILLA SEWELL
15. Birthplace Maryland.

16 (a) Informant HOSP. RECORDS.
(b) Address U.M.H. - 33rd & Calvert Sts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3-46 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn Md.

18 (a) Funeral director E Haworth Armacost
(b) Address 3911 Liberty Heights Ave

19 (a) MAY 2 - 1946 Huntington Williams, MD
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30th 1946 at 10:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1946 to April 30 1946 and that I last saw h.er alive on April 30 1946

Immediate cause of death ~~Heart Failure~~
Coronary Thrombosis — Duration 4 days.
Due to Hypertensive Cardiovascular Disease and Arteriosclerosis.
Due to
Other Conditions Diabetes mellitus

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward H. Phelps (M.D.)
Address U.M.H. Date signed 4/30/46

VS 150

93D

G39862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1931

Registered No. G39862

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Broadway & Fairmont Ave

(c) Hospital or institution: Church Home & Hospt.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3d.

(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County City

(c) City or town Baltimore (12)
(If outside city or town limits, write RURAL and give town)

(d) Street No. 627 Radnor Ave
(If rural give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Mrs. Mary B French (nee Price)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Canc.	W.

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 6 May 1861

8. AGE: Years	Months	Days	If less than one day
84 86	11	26	hr. min.

9. Birthplace Maryland
(Town, county and state)

10. Usual Occupation none

11. Industry or business

FATHER

12. Name Frances Price

13. Birthplace Maryland

MOTHER

14. Maiden Name —

15. Birthplace —

16 (a) Informant Mr Frances French.

(b) Address 696 Winston Ave.

17 (a) Bethesda (b) Date thereof May 2 1946
(burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Bethesda

Location

18 (a) Funeral director Wm R. Pumphrey

(b) Address 255 Wisconsin Ave Bethesda Md

19 (a) MAY 2 - 1946 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 May 1946 at 8:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 30 Apr. 1946 to 2 May 1946 and that I last saw her alive on 1 May 1946

Immediate cause of death Cerebro-Vascular accident — Duration 3 da.

Due to Arteriosclerotic Hypertension C.V.D. — 6 yrs.

Due to —

Other Conditions Idiopathic Hepato-megaly — 3

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: none

of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at — M

(c) Where did injury occur? —
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)

(e) Means of injury —

23. Signature A. W. Sutton, M.D.

Address Church Home Hospital Date signed 5/4 D.

VS 150

G39863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 46F

Registered No. G39863

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga
(c) Hospital or institution:
Mercy Hospital 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2109 Guenmont Ave
(If rural give location)
(e) Citizen of foreign country? [illegible] (Yes or No)
If yes, name country

3 (a) FULL NAME Katharine E. DRENNAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	W	M

6 (b) Name of husband or wife Rudolph H. DRENNAN
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 3-28-05

8. AGE: Years	Months	Days	If less than one day
41	1	2	hr. min.

9. Birthplace Balt, Balt Md
(Town, county and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Adolph Thiel
13. Birthplace Germany.

MOTHER
14. Maiden Name Anna Marquardt.
15. Birthplace ?

16 (a) Informant Rudolph Brennan
(b) Address 2109 Guenmont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-46 (month) (day) (year)
(c) Cemetery or crematory Loraine Park
Location City

18 (a) Funeral director Wiedefeld & Son
(b) Address Greenmount Ave & 22nd St.

19 (a) Date received MAY 2 1946 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-30 1946, at 11:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20 1946, to 4-30 1946, and that I last saw h[illegible] alive on 4-30 19[illegible].

Immediate cause of death [illegible]
Respiratory failure — Duration
Due to acute uremia failure
Due to Carcinomatosis
Other Conditions
over
(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. T. H. Lebherz M. D.
Address Mercy Hosp. Date signed 4-30-46

G39864 new

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1600

G39864 Registered No.

PRESS WHITE FIRMLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ days
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto Co
(c) City or town Halethorpe (If outside city or town limits, write RURAL and give town)
(d) Street No. Wash Blvd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Kenneth Booth

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28, 1946

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Md. University Hosp. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Donald Booth
13. Birthplace Ohio

MOTHER
14. Maiden Name Mary Trent
15. Birthplace Idaho

16 (a) Informant Mary Trent
(b) Address Wash Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-46 (month) (day) (year)
(c) Cemetery or crematory Bulls Gap
Location Tennessee

18 (a) Funeral director Edward Forsley
(b) Address 2359 Wash Blvd

19 (a) Date received (month) (day) (year) (b) Huntington Williams, M.D. Registrar

MAY 2 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1946, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1946 to April 29 1946, and that I last saw him alive on April 29 1946

Immediate cause of death: Respiratory failure — Duration
Due to Atelectasis
Due to Intracranial hemorrhage
Other Conditions Newborn

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation
of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. E. McCurdy M.D.
Address University Hosp. Date signed 5/1/46

VS 150

G33865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

G33865 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: MARYLAND GENERAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1832 N. Castle Street
(If rural give location) no
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MICHAEL G. DIETRICH. Sr.

3 (b) If veteran, name war: no

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife: Matilda Dietrich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 24, 1887

8. AGE: Years	Months	Days	If less than one day
58	7	6	hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: Maryland Drydock Company
11. Industry or business

FATHER
12. Name: John Dietrich
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: "

16 (a) Informant: Matilda C. Dietrich - wife
(b) Address: 1832 N. Castle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/46 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cemetery
Location: North & Rose Sts

18 (a) Funeral director: Charles E. Schimmek
(b) Address: 2601-03 E. Madison Street

19 (a) [illegible] Washington Williamson, M.D. Registrar
(Date rec'd by registrar) MAY 2 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/30 1946, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/26 1946, to 4/30 1946, and that I last saw him alive on 4/30 1946.

Immediate cause of death: HEMORRHAGIC SHOCK — Duration: 43 DAYS

Due to: RUPTURED AND BLEEDING DUODENAL ULCER.

Due to: ALCOHOLISM AND OVER-DOSAGE OF DICUMAROL CONTRIBUTORY FROM

Other Conditions: BRONCHOPNEUMONIA, BRONCHIECTASIS, THROMBOSIS OF INF. VENA CAVA.
(Whether pregnancy within 3 months of death)

Date of operation: 4/27/46

Major findings of operation: THROMBOSIS OF LEFT ILIAC VEIN.

of autopsy: SEE CAUSES OF DEATH

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 8/5
(a) Accident, suicide, or homicide: ACCIDENT
(b) Date of occurrence 3/17/46 at 2 P M
(c) Where did injury occur? BALTIMORE, MD.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? HOME While at work? [illegible] M.
(Specify type of place)
(e) Means of injury: FELL FROM STEPS

23. Signature: Charles W. Stewart JR. M. D.
Address: MD. GEN. HOSP. Date signed 5/1/46

Howard J. Madden, M.D.

G39866

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 184

G39866 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2235 Hennaman ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Rabenau

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1942

8. AGE: Years	Months	Days	If less than one day
4	2	8	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George F. Rabenau
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Hooper
15. Birthplace Baltimore, Md.

16 (a) Informant George F. Ravenau - father
(b) Address 2235 Hennaman Avenue

17 (a) Burial (b) Date thereof 5/3/46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore, Md.

18 (a) Funeral director Charles E. Schimunak
(b) Address 2601 E. Madison Street.

19 (a) (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MAY 2 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-30 1946 at 12:5 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to last death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Respiratory Failure

Due to following an operation, while under an anesthetic, for

Other Conditions brain injury.

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 4-16- at 8/4 6-30 P.M.

(b) Where did injury occur? 2219 Hennaman Ave

(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? no

(d) Means of injury .22 Cal. Rifle

23. Signature Howard J. Thalheimer M.D.
Medical Examiner.

Date signed 4-30-46

X

G39867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131A

G39867 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 982 North Hill Rd
(c) Hospital or institution: 9
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 982 North Hill Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Heinrich Schilling

3 (b) If veteran, name war: No
3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Minna Schilling
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12 1857

8. AGE: Years	Months	Days	If less than one day
89	0	19	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name (Unknown) Schilling
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Marie Woessner (Daughter)
(b) Address 982 North Hill Rd

17 (a) [illegible] (Burial, cremation, or removal) (b) Date thereof 5/4/46 (month) (day) (year)
(c) Cemetery or crematory Pt. Lawn
Location Taylor Ave.

18 (a) Funeral director H. A. E. D. Hipp & Sons
(b) Address 7110 Belair Rd.

19 (a) (b) Registrar

MAY 2 - 1946 Washington Millimans, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1946, at 5 a M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1946, to May 1 1946, and that I last saw h[illegible] alive on April 30 1946.

Immediate cause of death	Duration
Bronchopneumonia	4 d.
Uraemia	5 d.
Due to arterio sclerosis	12 d.
Hypostasis	12 d.
Due to Chronic Interstitial Nephritis	12 d.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature S. S. A. Stevens
Address 2878 Harford Rd Date signed 5-1-46 M. D.

X

G33868 filed

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 19 9

3-39868 G33868 Registered No. 49542

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town White Hall Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Drotar

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26, 1946

8. AGE: Years	Months	Days	If less than one day
0	0	2	hr. min.

9. Birthplace University Hospital (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Mr. Kalph Drotar
13. Birthplace Pocomoke City Md.

MOTHER
14. Maiden Name Margaret Conklin Winer
15. Birthplace Snow Hill, Md.

16 (a) Informant Mrs. Margaret Winer
(b) Address White Hall, md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 2 1946

18 (a) Funeral director Commissioner of Health
(b) Address Huntington Williams M.D.
MAY 2 1946 (Date rec'd by registrar) Registrar

VS 150

3467 X

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28, 1946 at 9:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1946 to April 28 1946 and that I last saw h in alive on April 26, 1946

Immediate cause of death Cardio-Respiratory failure

Due to Pulmonary atelectasis

Due to prematurity.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Dorgeuse M. D.

Address University Hospital Date signed

G39869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95-B

Registered No. G39869

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument St + Rutland Ave

(c) Hospital or institution: Sinai Hospital 3

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 116 Albemarle St. (If rural give location)

(e) Citizen of foreign country? Yes (Yes or No)

If yes, name country

3 (a) FULL NAME Kote, John

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Self

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location University Medical School MAY 2 1946

18 (a) Funeral director Commissioner of Health

(b) Address

19 MAY 2 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23 1946, at 8A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1946, to April 23 1946, and that I last saw him alive on April 23 1946.

Immediate cause of death Cardiac failure — Duration

Due to Rheumatic heart disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy See above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. W. Hershman

Address Sinai Hospital Date signed 5/1/46 M D

3468 S Hershman

G33870

G398.0

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1572B

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6. Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore - 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1905 Bank St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Baby Girl Perez

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APR. 19, 1946

8. AGE: Years	Months	Days	If less than one day
		5 4	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Michael Jos. Perez
13. Birthplace England

MOTHER
14. Maiden Name Rita Schultz
15. Birthplace Balto., Md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 2 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAY 2 1946 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/23 19 46 at 2254 M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 4/23 1946, and that I last saw him alive on 4/23 19 46.

Immediate cause of death	Duration
Cardiac failure	
Due to Congenital deformities (Craniorachischisis)	
Due to meningocele, etc.)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Marion Kuhn M. D.
Address Sinai Hospital Date signed 4/23

VS 3

5409

X

G39871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

G39871 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1211 Light St
(c) Hospital or institution: South Baltimore Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 3228 Toone St (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Mabel LYNN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife BARNEY LYNN
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) NOV. 28-1911

8. AGE: Years	Months	Days	If less than one day
34	5	-	hr. min.

9. Birthplace BALTIMORE (Town, county, and state)
10. Usual Occupation CLERK.
11. Industry or business RESTAURANT

MOTHER / FATHER
12. Name JACOB. WHITE
13. Birthplace BALTIMORE
14. Maiden Name ANNIE FISCHER
15. Birthplace BALTIMORE

16 (a) Informant HUSBAND
(b) Address 3228 TOONE ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/3/46 (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL
Location O'DONNELL ST.

18 (a) Funeral director Eleanor F. Hoffmann
(b) Address 1639 N Broadway

19 (a) MAY 2 1946 (Date received by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH APRIL 28 1946, at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from APRIL 28 1946 to APRIL 28 1946 and that I last saw her alive on APRIL 28 1946.

Immediate cause of death APLASTIC ANEMIA — Duration

Due to ?

Due to

Other Conditions INCISIONAL HERNIA (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Enlarged liver & Spleen

of autopsy: CHOLECYTHASIS,

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Bussey Jr MD M. D.
Address 1211 Light St. Date signed 4-25-46

G39872

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G39872 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 212 Stony Run Lane
(c) Hospital or institution: McKenna Memorial Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Wks.

2. USUAL RESIDENCE OF DECEASED:
(a) State Texas (b) County Smyth
(c) City or town Tyler
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christina McDougall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Alexander McDougall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 28 1883

8. AGE: Years	Months	Days	If less than one day
63	0	4	hr. min.

9. Birthplace Scotland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Ramsay
13. Birthplace Scotland

MOTHER
14. Maiden Name Christina Halbert
15. Birthplace Scotland

16 (a) Informant W H DeCoursey Stephenson
(b) Address 6300 Boxwood Rd Balto 12

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 3 1946 (month) (day) (year)
(c) Cemetery or crematory
Location Ulrichsville Ohio

18 (a) Funeral director Henry W. Jenkins Sons Co.
(b) Address McCulloh & Orchard Sts

MAY 2 - 1946 (Date rec'd) (by) Huntington Mills Funeral Home

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1946, at 5-20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 9 1946 to May 1 1946; and that I last saw h[illegible] alive on May 1 1946;

Immediate cause of death
Cerebral hemorrhage.
Due to Hypertension and arteriosclerosis.
Due to
Other Conditions Cystitis

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John H. Thacher
Address 1035 N. Calvert Date signed 4/2/46 M. D.

VS 150

G39873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93C

G39873 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1803 Ramsay Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-H
(e) Length of stay in Baltimore (yrs., mos., or days) 61 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1803 Ramsay Street (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Wilhelmina Schoene

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Louis Schoene
6 (c) If alive, give age: 70 years
7. Birth date of deceased (mo., day, yr.): July 29, 1876
8. AGE: Years 69 | Months 9 | Days 4 | If less than one day: hr. min.
9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: Henry Repp
13. Birthplace: Germany

MOTHER
14. Maiden Name: Elizabeth Bensel
15. Birthplace: Germany

16 (a) Informant: Louis Schoene
(b) Address: 1803 Ramsay Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-4-46 (month) (day) (year)
(c) Cemetery or crematory: Cedar Hill
Location: Anne Arundel County Md.

18 (a) Funeral director: George F. Schwab
1 Frederick Ave.
MAY 2 1946
(b)

19 (a) (Date received by registrar) 5/3/46 (b) Registrar

VS 11a

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2, 1946, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1946 to May 2 1946 and that I last saw him alive on May 1 1946

Immediate cause of death: Hypertensive Cardio-Vascular Disease — Duration: 5 yrs.
Due to: Arteriolar Hyperplasia Senescence, Idiopathic — Duration: 8 yrs.
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John P. Uhland Jr. M. D.
Address 122 W. Madison Blvd. Date signed May 2, 1946

639874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1216

Registration No. 639874

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Bolton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Bolton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lelia Blanche Wahl

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1856

8. AGE: Years	Months	Days	If less than one day
90	3		hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Melchior Wahl
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Annie Pope
15. Birthplace Baltimore Md

16 (a) Informant Mrs Longhman
(b) Address 1414 Bolton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/46 (month) (day) (year)
(c) Cemetery Greenmount
Location Balto Md

18 (a) Funeral director Williams & Son Inc
(b) Address 129 St Paul St

MAY 3 - 1946 (Date rec'd by local registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30 1946 at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 18 1946 to Apr 30 1946 and that I last saw h[illegible] alive on Apr 29 1946.

Immediate cause of death Hypostatic Pneumonia (Bilateral)
Due to
Due to
Other Conditions Chr. Nephritis. Senility
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George E. Shannon M.D.
Address 820 Medical Arts Bldg Date signed 5/1/46

VS 150

633873

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G39875

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 733 N. Linwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-1
(e) Length of stay in Baltimore (yrs., mos., or days) 4975.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 733 N. Linwood Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME David E. McCullough

3 (b) If veteran, name war —

3 (c) Social Security Account No. 27-22-0654

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/4/96

8. AGE: Years	Months	Days	If less than one day
49	5	27	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Agent in Post Room
11. Industry or business Glenn L. Martin.

FATHER
12. Name David McCullough
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Catherine White
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Clay. Krall
(b) Address 733 N. Linwood Ave.

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 5/4/46 (month) (day) (year)
(c) Cemetery or crematory Gallo Cem
Location " Md

18 (a) Funeral director Williams Cook Funeral Home
(b) Address 217 St Paul St

MAY 3 - 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1. 1946 at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1946 to May 1- 1946, and that I last saw h alive on May 1- 1946

Immediate cause of death

Duration
Coronary Thrombosis — 4/30/46
Due to Coronary Sclerosis — 1945
Due to Chronic myocarditis — 1945

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Brown M.D.
Address 1663 W. Mount St Date signed 5/1/46.

633876 633876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 421 N. Brice St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2016 Rayner Ave (If rural give location)
(e) Citizen of foreign country? _____ (Yes or No) If yes, name country _____

3 (a) FULL NAME Teresa Teti

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband Filippo Teti
6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Feb. 15 1881

8. AGE: Years	Months	Days	If less than one day
65	2	16	hr. _____ min.

9. Birthplace Isisi Campobasso (Italy) (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER	12. Name Michele Salvatore
	13. Birthplace Italy
MOTHER	14. Maiden Name Filomena Testa
	15. Birthplace Italy

16 (a) Informant Filippo Teti
(b) Address 2016 Rayner Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4 1946 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

MAY 2 - 1946 (Date received by Registrar) (b) Huntingtown Williams, M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1946, at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 27 1946 to May 1 1946 and that I last saw h[illegible] alive on May 1 1946

Immediate cause of death: Pulmonary Edema — Duration 2 days

Due to: Coronal Vascular disease — Duration 2 yrs

Due to: Arterio Sclerosis — Duration 4 yrs

Other Conditions _____

(Include pregnancy within 3 months of death)

Date of operation _____

Major findings of operation: _____

of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M.
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work?
(e) Means of injury _____

23. Signature L. M. Leuthauser, M.D.
Address 190, Eutaw Date signed 5/2/46

G33877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131 B

G33877 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Ave
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 919 Hards Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William J. Mulligan

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Gladys
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 13 1900

8. AGE: Years 46 | Months 6 | Days 20 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Landscaper
11. Industry or business

FATHER 12. Name William
13. Birthplace Md

MOTHER 14. Maiden Name Mary Mag
15. Birthplace Md

16 (a) Informant Hosp Rec'd
(b) Address

17 (a) Burial (b) Date thereof 5-6-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Guy A Foley
(b) Address Fulton Ave Forrest

19 (a) (b)
(Date rec'd by registrar) Registrar

MAY 3 - 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/2 1946, at 6:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1 1946 to 5/2 1946, and that I last saw ~~her~~ alive on 5/2 1946.

Immediate cause of death Cardio Resp. failure
Due to Uremic Coma
Due to Chronic Glomerular Nephritis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos E. Carr M.D.
Address St Agnes Hosp Date signed 5/2/46

G33878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. G33878

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-0-A
(e) Length of stay in Baltimore County (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 428 Ingleside ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Bing

3 (b) If veteran, name war –

3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 9, 1884

8. AGE: Years	Months	Days	If less than one day
61	4	23	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business Reich Brothers

FATHER
12. Name John H. Bing
13. Birthplace Md.

MOTHER
14. Maiden Name Eleanor Himmer
15. Birthplace Md.

16 (a) Informant Anna M. Bing
(b) Address 3703 Belle ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto City

18 (a) Funeral director Edward J. MacNabb
(b) Address Catonsville 28 Md.

19 (a) MAY 3 - 1946 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-1- 1946, at 1:45 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Broken neck.
(Fracture - dislocation of 2nd & third cervical vertebra

Due to

Other Conditions Foramina, abrasions & bruised bruises.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-1-46 at 12:45 P. M.
(b) Where did injury occur In front of 428 Ingleside ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Fell from hay wagon when hay slipped.

23. Signature Howard J. Mudersbach M.D.
Medical Examiner.

Date signed 5-1-46

VS 151

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 119a

Registered No. G39879

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Gen + Redwood

(c) Hospital or institution:

University Hospital 22

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19hrs

(e) Length of stay in Baltimore (yrs., mos., or days) 14 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 122 Warren Ave.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Billie Lamoreaux ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17, 1946

8. AGE: Years	Months	Days	If less than one day
		15	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Nathan Lamoreaux

13. Birthplace Philipsburg Penna.

MOTHER 14. Maiden Name Elizabeth Kearney

15. Birthplace Balto. Md.

16 (a) Informant Mr. M. Lamoreaux

(b) Address 122 Warren Ave.

17 (a) Burial (b) Date thereof 5 / 3 / 46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Lorraine Park

Location Woodlawn

18 (a) Funeral director Krause Funeral Home

(b) Address 1216 S. Charles St.

MAY 3 — 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. **DATE OF DEATH** May 2 1946; at 9 45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1946 to May 2 1946, and that I last saw her alive on May 2 1946

Immediate cause of death	Duration
Respiratory failure	
Due to Dehydration	
Due to Accidents	
Other Conditions Laceration	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy: At discretion of both Drs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature R. E. McCurdy M. D.

Address University Hosp Date signed 5/2/46

VS 150

X

G33880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

G33880
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Redwood Sts
(c) Hospital or institution: Univ. of Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto Co Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 639 Harlem Lane (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Ella Maisel

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Christian F. Maisel
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 16, 1877
8. AGE: Years 68 Months 5 Days 16 If less than one day hr. min.
9. Birthplace (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Christian Luther
13. Birthplace Germany

MOTHER
14. Maiden Name Rose A. Krause
15. Birthplace Baltimore, Md

16 (a) Informant Mrs Eleanora Kirwan
(b) Address 639 Harlem Lane Cato.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5, 1946 (month) (day) (year)
(c) Cemetery or crematory Salem Lutheran
Location Catonsville, Md.

18 (a) Funeral director Easton Lonc Cato
(b) Address 608 Frederick Rd Md

19 (a) (Date rec'd by registrar) (b) Baltimore, Md.

VS MAY 3 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/2/46 19 at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/18/46 19 to 5/2/46 19 and that I last saw h alive on 5/2/46 19

Immediate cause of death Pulmonary Embolism — Duration

Due to

Due to

Other Conditions Chronic Heart Lesions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph F. Doyle, M. D.
Address Univ. Hospital Date signed 5/4/46

G33881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

G33881 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Greenspring & Belvedere Aves.

(c) Hospital or institution: Levindale Hebrew Home & Infirmary

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. Levindale (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME HERMAN GUTMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of ~~husband~~ wife Sara Gutman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1882

8. AGE: Years	Months	Days	If less than one day
63	5	18	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Isaac Gutman

13. Birthplace Germany

MOTHER 14. Maiden Name Johanna Burman

15. Birthplace Germany

16 (a) Informant Mr. Ernst Gutman

(b) Address 4011 Oakford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/46 (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship

Location Balto. Md.

18 (a) Funeral director Harid Sonnheim & Son

(b) Address 1902 Eutaw (Cem.)

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

vs MAY 3 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3rd 1946, at 3 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from October 1941 to May 3 1946 and that I last saw him alive on May 3rd 1946.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions Parkinson's disease	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

Signature Dr. Henry W. Zyd

Address Levindale Home Date signed 5-3-46 M. D.

G33882

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G33882 / 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ..... Dist
(c) Hospital or institution: West Balto General Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 4
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2113 Clifton Ave (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Robert. W. Beall

3 (b) If veteran, name war	3 (c) Social Security Account No. ?
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Alice L. Beall
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 10, 1899

8. AGE: Years	Months	Days	If less than one day
46	9	20	..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Self

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Amanda R. Adreon
(b) Address 2113 Clifton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/46 (month) (day) (year)
(c) Cemetery or crematory New Cathadral
Location .....

18 (a) Funeral director Wm. J. Tickner & Sons, Inc
(b) Address North & Pa. Aves. Balto. Md.

19 (a) ..... (b) .....
(Signature of registrar) ..... Registrar
MAY 3 - 1946 Huntington Woods, Md.
VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/30 1946, at 8:30 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to ..... death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Disease

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....
(d) Means of injury

23. Signature C. P. Goldrink M.D. Medical Examiner
Date signed 5/4/46

X

Please write in ink. Physicians: please write the causes of death clearly and legibly. The cause as expressly important.

G33883 G33883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. ✓ 1639

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days) 15 D

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1731 McKean Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Betty Louise Rallis

3 (b) If veteran, name war

3 (c) Social Security Account No. 233-38-1930

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife James Rallis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 21, 1917

8. AGE: Years 29 | Months 0 | Days 11 | If less than one day hr. min.

9. Birthplace Charleston, W. Va. (Town, county, and state)

10. Usual Occupation Waitress

11. Industry or business Red Apple Restaurant

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mr. James Rallis
(b) Address 1731 McKean Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received) MAY 3 1946 (b) Registrar, Baltimore, Md.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2, 1946 at 6 20 A.M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐ homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Sodium Fluoride Poisoning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-2-46 at 5 A. M.
(b) Where did injury occur? 1731 McKean Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Injection of sodium fluoride

23. Signature Howard J. Rhudick M.D. Medical Examiner
Date signed 5/7/46

X

G33884 G33884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1939

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ..... D&A
(c) Hospital or institution: Providence Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 716 N. Vincent St (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Emma Campbell

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, (widowed) or divorced.
F	C	

6 (b) Name of husband or wife Mack campbell
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
54			..... hr. ..... min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name unknown
13. Birthplace N. C.

MOTHER
14. Maiden Name unknown
15. Birthplace N. C.

16 (a) Informant Margret Campbell
(b) Address 716 Vincent St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. Co. Md.

18 (a) Funeral director Robert Jennings
(b) Address 927 N. Mount St

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

NOV 3 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/2 1946 at 2 44 M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic Myocardial Degeneration

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury .....

23. Signature C. C. Valentine M.D. Medical Examiner.
Date signed 5/2/46

G39885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

Registered No. G39885

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 508 S Milton ave.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 24 (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 S Milton ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Drager

3 (b) If veteran, name war

3 (c) Social Security Account No. none.

4. Sex female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband Michael

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) April 8 - 1899

8. AGE: Years 47 | Months - | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None wife

11. Industry or business

FATHER
12. Name John Waclawski
13. Birthplace Poland

MOTHER
14. Maiden Name Agnes
15. Birthplace unknown

16 (a) Informant Michael Drager
(b) Address 508 S milton ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-46 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore Md

18 (a) Funeral director George A Weber
(b) Address 705 S Ann st

19 (a) (Date rec'd) MAY 3 - 1946 (Registrar's signature) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3rd 1946 at 6 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/24 1943 to 5/3 1946 and that I last saw her alive on 5/2 1946.

Immediate cause of death: Carcinoma - Grad 4 uterus - D — Duration 3 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph S. Blum Asst
Address 1206 E. Preston St Date signed 5/3/46 M.D.

VS 150

X

G39886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. G39886

46-100377

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitlas
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27days
(e) Length of stay in Baltimore (yrs., mos., or days) 30yrs.

16 → 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1717 Mosher St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rachel Warren

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widow

6 (b) Name of husband or wife Spencer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8- 1904

8. AGE: Years	Months	Days	If less than one day
42	2	23	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert Briscoe
13. Birthplace Md.

MOTHER
14. Maiden Name Charity Tabbs
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals Record
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director George H. Nelson
(b) Address 1303 Presstman St.

19 (a) 5-3-1946 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION PM

20. DATE OF DEATH May 1- 1946, at 7.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-4- 1946 to 5-1 1946 and that I last saw her alive on 5-1 1946.

Immediate cause of death Respiratory failure
Due to P. Pneumothorax, Left.
Due to
Other Conditions Carcinoma of Cervix (Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Doyle Walton M. D.
Address B. C. H. Date signed May 2/46

VS 150

G39887

Nr 99380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G39887

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-14 3
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 121 S. Spring st. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Willie Simpson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1896 ?

8. AGE: Years	Months	Days	If less than one day
50 ?	?	?	hr. min.

9. Birthplace Charles Co. Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Janie Simpson
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Bl and ly ave

MAY 3 1946 (Date rec'd) (Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1946, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 1946 to May 2 1946, and that I last saw him alive on May 2 1946.

Immediate cause of death
Pulmonary edema
Due to Arteriosclerotic C.V. disease
Due to Arteriosclerotic gangrene of foot.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 4-22-46
Major findings of operation as above
of autopsy: as above

Duration 2 days
? yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas D. O'Neill M. D.
Address Balto. City Hosps Date signed 5-2-46

VS 150

G39888
AB-100753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G39888

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19days
(e) Length of stay in Baltimore (yrs., mos., or days) 30yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 109 S. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 4- 1874 ?

8. AGE: Years	Months	Days	If less than one day
71?	8	25	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Phillip (D
13. Birthplace Va.

MOTHER
14. Maiden Name Susan ? (D
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 5/3/46 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantly Road

19 (a) (b)
Filed MAY 8 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1946, at 1.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10 1946, to 4-29 1946, and that I last saw him alive on 4-29 1946.

Immediate cause of death	Duration
Due to Pneumonia R.L.L	2 weeks
Due to	
Other Conditions Arteriosclerotic Syphilitic	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Rowell Hoffman M. D.
Address Baltimore City Hosp Date signed 29 April 1946

VS 150

G39889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G39889

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address MONUMENT St & Rutland Ave

(c) Hospital or institution Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 1/3

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 18 N. Arlington Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Esther Hyatt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Jacob Hyatt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Latvia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Reuben Caplan

13. Birthplace Latvia

MOTHER

14. Maiden Name Lyon-

15. Birthplace Latvia

16 (a) Informant Jacob Hyatt

(b) Address 18 N. Arlington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-46 (month) (day) (year)

(c) Cemetery or crematory Pikesdale

Location

18 (a) Funeral director Jacob Levine Inc

(b) Address 1726 E. Balto St Huntington Williams, Md

MAY 3 - 1946 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-3 1946 at (3:01) M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-2 1946 to 5-3 1946, and that I last saw h[illegible] alive on 5-3 1946.

Immediate cause of death Myocardial infarction

Due to Pulmonary edema

Due to Myocardial infarction

Due to Coronary artery disease

Other Conditions

Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Stanley Roy Steinbach M.D.

Address Sinai Hosp Date signed 5-3-46

VS 150

X

G39892669 32 SMOOT G33890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Montgomery Silver Spring
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1523 Live Oak Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles D. A. Smoot

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-1-91

8. AGE: Years 54 | Months 7 | Days 1 | If less than one day hr. min.

9. Birthplace D. C. (Town, county, and state)
10. Usual Occupation Fireman.
11. Industry or business

FATHER
12. Name Chas M. Smoot
13. Birthplace Va.

MOTHER
14. Maiden Name Henrietta Hunig
15. Birthplace New York

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-46 (month) (day) (year)
(c) Cemetery or crematory Glenwood Cemetery
Location Washington D.C.

18 (a) Funeral director Wagner & Pumphrey
(b) Address 8434 Ga ave, Silver Spring Md

MAY 3 - 1946 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1946 at 4:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 16 1946 to May 2 1946 and that I last saw h[illegible] alive on May 2 1946

Immediate cause of death Exfoliative cancer of urinary bladder — Duration

Due to Gangrene of urinary bladder —

Due to retention Ca of bladder Carcinoma.

Other Conditions Extensive carcinoma of urinary bladder
(Include pregnancy within 3 months of death)

Date of operation 4-26-46

Major findings of operation: Gangrene of urinary bladder

of autopsy: Gangrene & extensive carcinomatosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert P. Doroshow M. D.
Address Johns Hopkins Hosp Date signed 5-2-46

DOROSHOW X

VS 150

G39891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 35

Registered No. G39891

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2520 W FRANKLIN ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2520 W FRANKLIN ST (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AUDREY M HOMENS

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEM	WHITE	SINGLE

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) JAN-5-1944

8. AGE: Years	Months	Days	If less than one day
2	3	27	hr. min.

9. Birthplace BALTIMORE MD (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name HARRY HOMENS
13. Birthplace BALTIMORE MD.

MOTHER
14. Maiden Name ESTELLE YOUNG
15. Birthplace BALTIMORE MD

16 (a) Informant HARRY HOMENS
(b) Address 2520 W FRANKLIN ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-4-46 (month) (day) (year)
(c) Cemetery or crematory CATHEDRAL
Location BALTIMORE MD

18 (a) Funeral director Bernard C Hank
(b) Address 121 E West St

19 (a) MAY 3 - 1946 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 2 1946 at 245 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/15 1946 to 5/2 1946, and that I last saw him alive on 5/2 1946.

Immediate cause of death Bronchio pneumonia — Duration 10 days
Due to measles — 9 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. M. Devereux M. D.
Address 136 Poplar Grove St Date signed 5/3/46

G39892 FAVORITE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G39892 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days.
(e) Length of stay in ~~Baltimore~~ (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5 E 9th St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Edward L. Favorite

3 (b) If veteran, name war No

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, ~~married~~, widowed, or divorced.

6 (b) Name of husband or wife Mrs. Edward Favorite

6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) 3 - 3 - 1909

8. AGE: Years 37 | Months 1 | Days 29 | If less than one day hr. min.

9. Birthplace Creagerstown, Md
(Town, county, and state)

10. Usual Occupation Paper Hanger

11. Industry or business

FATHER
12. Name Albert Favorite
13. Birthplace Creagerstown Md

MOTHER
14. Maiden Name Agnes E Young
15. Birthplace Creagerstown Md

16 (a) Informant Mrs Helen M. Favorite
(b) Address Frederick Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5. 5. 1946 (month) (day) (year)
(c) Cemetery or crematory Frederick Memorial Park
Location Frederick Md

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick Md

19 (Date rec'd by registrar) MAY 3 - 1946 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1946 at 6 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1946 to May 2 1946 and that I last saw h[illegible] alive on May 2 1946

Immediate cause of death Cerebro-Vascular accident — Duration

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Mary Dreon Teal M. D.

Address University Hospital Date signed 5-3-46

VS 150

G39893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E

G39893

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Lombard & Green St.

(c) Hospital or institution: Univ Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days): 15 days

(e) Length of stay in Baltimore (yrs., mos., or days): —

2. USUAL RESIDENCE OF DECEASED:

(a) State: Md (b) County: Carroll

(c) City or town: Mt airy Route #2 (If outside city or town limits, write RURAL and give town)

(d) Street No.: Route #2 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country:

3 (a) **FULL NAME:** Howard Price

3 (b) If veteran, name war: —

3 (c) Social Security Account No.: —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of ~~husband or~~ wife: Maggie 6 (c) If alive, give age: 69 yrs years

7. Birth date of deceased (mo., day, yr.): April 12, 1877

8. AGE: Years	Months	Days	If less than one day
69	0	20	hr. min.

9. Birthplace: Mt airy Md. (Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business:

FATHER — 12. Name: Oliver L. Price; 13. Birthplace: Maryland

MOTHER — 14. Maiden Name: Not Known; 15. Birthplace:

16 (a) Informant: Maggie Price

(b) Address: Mt airy Md

17 (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof: 5-5-46 (month) (day) (year)

(c) Cemetery ~~or crematory~~: Taylorsville

Location: Taylorsville, Carroll Co. Md.

18 (a) Funeral director: Midland Waltz

(b) Address: Sykesville Md Winfield, Md.

MAY 3 - 1946

19 (a) (Date rec'd by registrar) (b) Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5/2 1946, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/17 1946 to 5/2 1946 and that I last saw h alive on 5/2 1946

Immediate cause of death: Anopemia

Due to: Unknown at present

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration
over

PHYSICIAN

Underline the cause to which death should be charged statistically!

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence: at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: Ameray Nichols M. D.

Address: Univ. Hosp Date signed: 5/3/46

VS 150

X

G39894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G39894

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Greene & Redwood Sts.

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State D. C. (b) ~~County~~ Washington

(c) City or town

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1600 2 St. S.E.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME William Turner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Black	

6 (b) Name of husband or wife Jamie Turner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1902

8. AGE: Years	Months	Days	If less than one day
43 42	7	13	hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Preacher

11. Industry or business

FATHER

12. Name Eli Turner

13. Birthplace ~~Md~~

MOTHER

14. Maiden Name Unknown

15. Birthplace -

16 (a) Informant Mrs Jamie Turner

(b) Address 1600 - 2 St. S.E. - Wash D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-46 (month) (day) (year)

(c) Cemetery or crematory Lincoln Mem. Park

Location Washington - D. C.

18 (a) Funeral director Francis A. Hensley

(b) Address 578 W. Biddle St

19 (a) (b)

(Date rec'd by reg.) MAY 9 1946 Huntington Maryland

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-3- 1946, at 6:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1946 to 5-3 1946, and that I last saw him alive on 5-2 1946.

Immediate cause of death	Duration
Respiratory failure	
Due to Subarachnoid hemorrhage	
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Subarachnoid hemorrhage

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Walter L. Cornel M. D.

Address University Hosp. Date signed 5-8-46

G39895 G39895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 82

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1744 E Oliver St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 39yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, say RURAL and give town)
(d) Street No. 1744 E. Oliver St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alice Dorothy Walters

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Harry R Walters
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Nov 1905

8. AGE: Years	Months	Days	If less than one day hr.	min.
40	6			

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name Alfred C Blades
13. Birthplace Baltimore

MOTHER
14. Maiden Name Kate Bryan
15. Birthplace Balto

16 (a) Informant Harry Walters
(b) Address 1747 Oliver St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location Eldridge

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2108 Orleans St

19 (a) Date received MAY 3 1946 (b) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1946, at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1945 to May 1 1946 and that I last saw h[illegible] alive on 5-1-46

Immediate cause of death Myocardial Degeneration / Hypostatic Pneumonia — Duration 1 wk

Due to Transverse Myelitis + Paraplegia Bilateral — Duration 6 mos

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. R. Hennegan M.D.
Address 1710 E. 33rd St Date signed 5/4/46

X

G39896

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1210

G39896
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2409 E. Chase St.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2409 E. Chase St.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Magdalena Guember

3 (b) If veteran, name war: --

3 (c) Social Security Account No. --

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Joseph Guember

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18, 1870

8. AGE: Years 76 | Months 0 | Days 20 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Frank Gossman
13. Birthplace Germany

MOTHER
14. Maiden Name --
15. Birthplace Germany

16 (a) Informant Mrs. Bartha Pfarr
(b) Address 2409 E. Chase St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director Ullrich Funeral home
(b) Address 2008 Orleans St.,

19 (a) MAY 3 - 1946 (Date received by registrar) (b) Washington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

P

20. DATE OF DEATH May 2 1946, at 12:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1946 to MAY 2 1946 and that I last saw h ar alive on May 2 1946

Immediate cause of death: Decompensating cardiopanal vascular disease

Duration: 8 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Schweder M. D.
Address 1101 N. Milton Ave Date signed 5-3-46

G39897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

G39897 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1245 Schroeder St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1245 Schroeder St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Kurtz

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 16 - 1877

8. AGE: Years	Months	Days	If less than one day
69	1	17	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business Housewife

FATHER — 12. Name	John Link
FATHER — 13. Birthplace	Germany
MOTHER — 14. Maiden Name	Mary Hummel
MOTHER — 15. Birthplace	Germany

16 (a) Informant Raymond Kurtz
(b) Address 1245 Schroeder

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St

19 (a) (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 May 1946, at 11 45 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute Pulmonary Edema

Due to Arteriosclerotic Cardio-Vascular Disease

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William J Helfrich M.D. (Medical Examiner)
Date signed 3 May 46

Please write plainly. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAY 4 1946

45 151

G39898 — BALTIMORE CITY HEALTH DEPARTMENT — G39898

AB-100986

CERTIFICATE OF DEATH 107

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 S. Bradford St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME: Frederick Schultz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13- 1872

8. AGE: Years	Months	Days	If less than one day
73	11	19	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Frederick Schultz (D
13. Birthplace Germany

MOTHER
14. Maiden Name Martha Stoll (D
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem City
Location

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2008 Orleans St

19 (a) [redacted] by registrar Washington Nottingham, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1946, at 10.55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1 1946, to 5-2 1946, and that I last saw him alive on 5-2- 1946.

Immediate cause of death: Respiratory failure — Duration
Due to: Bronchopneumonia
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Doyle Wallace M. D.
Address B.C.- Date signed May 1/46

VS 180

232664
G39899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 129

G39899 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOS
JOHNS HOPKINS HOS
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 524 S. Duncan St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME (VICTORIA) Dora Stempor - (LUKOWSKI)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1886

8. AGE: Years 60 50? | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation — Housework

11. Industry or business

FATHER 12. Name Joseph Stempor -
13. Birthplace Poland -

MOTHER 14. Maiden Name Antionette Powalowska
15. Birthplace Poland -

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4-46 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location German Hill Rd

18 (a) Funeral director John A. Meyer
(b) Address 2354 Jefferson St.

19 (a) (b) Huntington Williams M.D.
(Date rec'd by registrar) (Registrar)

MAY 3 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1946 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 28 1946 to May 1 1946 and that I last saw h[illegible] alive on May 1 1946

Immediate cause of death Uremia

Due to Shock - intense 3-5 — Duration 3-5 d.

Due to Acute primary peritonitis — Duration 3-5 d.

Other Conditions Bacteremia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Marshall Wiliams M. D.
Address Johns Hopkins Hospital Date signed 5-1-46

X

G33900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G33900 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. Calhoun Street
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 218 Chancery Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Laura Daisy Whitehurst
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 9 1874

8. AGE: Years	Months	Days	If less than one day hr.	min.
72				

9. Birthplace Balto. Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Jesse H. Whitehurst
13. Birthplace Va.

MOTHER
14. Maiden Name Anna L.
15. Birthplace Md.

16 (a) Informant M. Morris Whitehurst
(b) Address 218 Chancery Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) MAY 13 1946 (Date received by registrar) Washington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 2 1946, at 2 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 28 Apr 1946, to 1 May 1946, and that I last saw he alive on 30 Apr 1946.

Immediate cause of death Pulmonary Oedema
Arteriosclerotic Cardio Renal Disease
Due to Cerebral Arteriosclerosis
Due to Marked
Other Conditions

Duration

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 512 Cathedral St. Date signed 3 May 46

512 Cathedral Dr. H. H. Walker-Inst. 0338 X 2 25

G33901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

G33901 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 82 South Kossuth St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 82 S. Kossuth Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY T. MONTGOMERY

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-9977

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine J.
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 11 - 9 -1875

8. AGE: Years	Months	Days	If less than one day
70	5	22	********** hr. min.

9. Birthplace Baltimore Marylamd
(Town, county, and state)
10. Usual Occupation Foreman
11. Industry or business Baltimore Transit Co,

FATHER
12. Name Thomas Montgomery
13. Birthplace Maryland

MOTHER
14. Maiden Name Fannie Kanip
15. Birthplace Maryland

16 (a) Informant Mrs. Catherine J. Montgomery
(b) Address 82 S. Kossuth Street

17 (a) Burial (b) Date thereof May. 4, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathederal
Location Baltimore, Maryland

18 (a) Funeral director J. B. Hilbert & Son
(b) Address 1300 Eutaw Place....C

19 (a) Date received MAY 3 1946 (b) Registrar Washington for Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1st. 1946 at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1946 to April 30 1946
and that I last saw h. alive on April 30 1946.

Immediate cause of death Coronary
Due to Occlusion
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas S Bowyer M. D.
Address Dr. Bowyer, Med. Arts. Read & Cathederal Sts.
Date signed

X

G33903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. G33903

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2912 Ridgewood Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2912 Ridgewood Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY SAUBER

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-6368

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Clothing Cutter

11. Industry or business

FATHER
12. Name Abraham
13. Birthplace Russia

MOTHER
14. Maiden Name Ida
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-46 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philadelphia Rd & Hamilton Ave

18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Baltimore St.

19 (a) MAY 3 - 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS-151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/3/46 19 , at 2:A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Davis M.D.
Medical Examiner.
Date signed 5/3/46

G39903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 71

G39903 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spring Lane
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Weaver Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret(Maggie) Elizabeth Weaver

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Charles F. Weaver
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1866

8. AGE: Years	Months	Days	If less than one day
79	5	2	hr. min.

9. Birthplace Baltimore Co., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Carroll
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine
15. Birthplace

16 (a) Informant Mr. J. Carroll Weaver
(b) Address 2211 Weaver Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4, 1946 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn, Md.

18 (a) Funeral director G. Howard Strong
(b) Address 3207 W. North Ave.

19 (a) 3-7-1946 (Date rec'd by registrar) (b) Registrar Huntington Williams, MD

MEDICAL CERTIFICATION 8.00

20. DATE OF DEATH May 2, 1946, at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1946 to May 2 1946, and that I last saw her alive on May 1, 1946.

Immediate cause of death Arteriosclerosis — Duration 1 yr.
Due to Arteriosclerosis — 15 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Norman R. Kleinman M. D.
Address 3803 Edmondson Ave. Date signed 5/3/46

VS 150

G33904

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193D

G33904 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Church Home + Hospital, Broadway & Eighth

(c) Hospital or institution: Church Home + Hospital 2

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto. City

(c) City or town Baltimore 2

(If outside city or town limits, write RURAL and give town)

(d) Street No. 219 S. Augusta St.

(If rural give location)

(e) Citizen of foreign country? Yes (Yes or No)

If yes, name country

3 (a) FULL NAME Mr. Joseph Griffith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mrs Belle Griffith

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Jan 11, 1874

8. AGE: Years	Months	Days	If less than one day
72	3	22	hr. min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual Occupation Night Watchman Apt. House

11. Industry or business Office building

FATHER

12. Name Mr. Griffith.

13. Birthplace ?

MOTHER

14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Mrs Joseph Griffith (deceased)

(b) Address 219 S Augusta St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/46 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd.

18 (a) Funeral director W. W. E. Dippel's Sons

(b) Address Broadway & Fayette St.

19 (a) MAY 4 1946 (Date rec'd by registrar) (b) Huntington Hollander, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3, 1946, at 6.25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1946, to May 3 1946, and that I last saw h[illegible] alive on May 2 1946.

Immediate cause of death	Duration
Coronary Occlusion/cerebral	
Due to Arteriosclerosis, general.	10 yrs.
Due to	
Other Conditions Arteriosclerotic heart disease Grade III	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature David Backarach. M. D.

Address Church Home + Hospital Date signed 5/2/46

X

G33905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

115c

G39505 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1214 Eutaw Place
(c) Hospital or institution: Throat
Baltimore Eye + Ear, Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Talbot.
(c) City or town Oxford (Rural)
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U.S.A. 228-10-6998

3 (a) FULL NAME ERNEST JOHNSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 228-01-6998

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col.	MARRIED.

6 (b) Name of ~~husband~~ or wife DAISY JOHNSON
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) SEPT. 5, 1907

8. AGE: Years	Months	Days	If less than one day
38	7	28	hr. min.

9. Birthplace Eastern Shore of Virginia (Town, county, and state)
10. Usual Occupation LABORER
11. Industry or business

FATHER
12. Name Will Johnson
13. Birthplace Virginia

MOTHER
14. Maiden Name Lula Savage
15. Birthplace Virginia

16 (a) Informant (Ernest Johnson (patient) upon admission to Hospital
(b) Address 414 Pine St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 5-6 46 (month) (day) (year)
(c) Cemetery or crematory Rhinwood.
Location Rhinwood Md.

18 (a) Funeral director J. Thomas Bucklew
(b) Address 24 Michigan

MAY 4 - 1946 (Date rec'd by Registrar) (b) Huntingtown, Williamsport Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 3, 1946, at 12 Noon M

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 2 1946, to MAY 3 1946, and that I last saw him alive on MAY 3 1946.

Immediate cause of death	Duration
RESPIRATORY FAILURE	
Due to ANASTHETIC SHOCK (ETHER)	
Due to	
Other Conditions ASSOCIATED WITH CARDIAC FAILURE (Include pregnancy within 3 months of death)	

Date of operation MAY 3, 1946
Major findings of operation: Tonsillectomy (tonsils deeply scarred)
of autopsy: NOT DONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? BALTIMORE MD.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? HOSPITAL While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Steiner, M. D.
Address Balto. Eye, Ear & Throat Hosp. Date signed 5/3/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G33906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G33906 (Over)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 828 N. Lombard St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 828 N Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest Vondegrift

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Jennie Ryan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14. 1884

8. AGE: Years	Months	Days	If less than one day
62	2	18	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Iron Worker

11. Industry or business

FATHER
12. Name John C Vondegrift
13. Birthplace Va.

MOTHER
14. Maiden Name Martha Fillen
15. Birthplace Va.

16 (a) Informant Jessie Bragg
(b) Address 828 N Lombard St

17 (a) Burial (b) Date thereof 3/6/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery St. Peters
Location Balto. Md

18 (a) Funeral director William Cook Inc
(b) Address 317 E Pratt Street

MAR 4 - 1946 (Huntington Williams Mgr)
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1946, at 7 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15th 1946 to May 2 1946, and that I last saw h alive on May 2 1946.

Immediate cause of death	Duration
Acute Cardiac Dilatation	1 day
Due to Cardiac Vascular disease	2
Due to	,
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry Glassman M. D.
Address 2687 Maple Ave Date signed May 3 1946

VS 150

63907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1927

Registered No. 63907

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 526 Woodbourne Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 526 Woodbourne Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leonard A. De Witt

3 (b) If veteran, name war: ~~wl~~
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Agnes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 23, 1872

8. AGE: Years	Months	Days	If less than one day
73	6	9	hr. min.

9. Birthplace Cattletsburg Ky
(Town, county, and state)
10. Usual Occupation Cabinet Maker Retired
11. Industry or business

FATHER
12. Name Albert De Witt
13. Birthplace Ky

MOTHER
14. Maiden Name Susan Estep
15. Birthplace Ky

16 (a) Informant Lester A De Witt
(b) Address 526 Woodbourne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Wilson Conkey
(b) Address 1219 St Paul St

19 MAY 4 - 1946 (Date rec'd by local Reg.) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1946, at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1937 to May 2 1946, and that I last saw him alive on May 1 1946.

Immediate cause of death Myocarditis — Duration years
Due to Arteria-Sclerosis generalized — years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry L. Hamm M. D.
Address 20 E. Preston St Date signed 5/3/46

VS 150

G39908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G39908

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4006 Willoby Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4006 Willoby Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella May Croswell

3 (b) If veteran, name war W
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband John T. Croswell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4th 1867

8. AGE: Years	Months	Days	If less than one day
79	0	28	hr. min.

9. Birthplace St. Michaels Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Thomas Sinclair
13. Birthplace Md.

MOTHER
14. Maiden Name Markwood
15. Birthplace "

16 (a) Informant Julia Irene Meade
(b) Address 4604 Marble Hill Rd

17 (a) Burial (b) Date thereof 5/6/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Morland Park
Location Parkville Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

MAY 4 - 1946
(Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2nd 1946, at 3 15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1946 to May 2 1946 and that I last saw her alive on May 2 1946.

Immediate cause of death: Congestive heart failure — Duration 1 mo.
Due to: Arteriosclerotic cardiovascular disease with hypertension
Due to:
Other Conditions: Auricular fibrillation
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sidney R. Gehret Jr M. D.
Address 1422 Park Ave Date signed May 3, 1946

VS 150

G33909 Birth Cert No F16724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10

G33909 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully written. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital 23
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 9 West West St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest Modesto Manalanson

3 (b) If veteran, name war: N

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/24/40

8. AGE: Years	Months	Days	If less than one day
5	7 8	9	hr. min.

9. Birthplace Baltimore Maryland.
(Town, county, and state)

10. Usual Occupation child

11. Industry or business

FATHER
12. Name Modesto Manalansan
13. Birthplace Phillipines

MOTHER
14. Maiden Name Margaret Mullen
15. Birthplace Baltimore

16 (a) Informant mother
(b) Address 9 West West St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 6 46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md

18 (a) Funeral director Fulton Corp
(b) Address 1211 Park Ave

MAY 4 - 1946 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 - 3 1946, at 12:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5 - 2 1946, to 5 - 3 1946, and that I last saw him alive on 5 - 3 1946.

Immediate cause of death	Duration
Peripheral Circulatory Collapse	2 wks
Due to Myocarditis, diphtheritic	
Due to diphtheria	
Other Conditions renal shut down ? cerebral thrombosis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Katherine Sprunt M. D.
Address Sydenham Hospital Date signed 5/3/46.

VS 150

X

G33910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G33910

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 DA
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 615 W. Lexington Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME VERNON C. BAILEY

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Rose May Bailey
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Dec 24. 1886

8. AGE: Years 59 | Months 4 | Days 1110 | If less than one day ____ hr. ____ min.

9. Birthplace Luray Va
(Town, county, and state)

10. Usual Occupation Canvasser
11. Industry or business Notions

FATHER
12. Name George Bailey
13. Birthplace Va

MOTHER
14. Maiden Name Unknown
15. Birthplace Va

16 (a) Informant Rose May Bailey
(b) Address 615 N. Lexington St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 5. 1946 (month) (day) (year)
(c) Cemetery or crematory Luray Va
Location

18 (a) Funeral director Mrs. Mae John W. Tenfel & Son
(b) Address 801 W. Fayette St

19 (a) Date received MAY 4 1946 (b) Registrar Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/3/46 19 ... at 8 A.M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ... at ... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R Wars M.D.
Medical Examiner.
Date signed 5/8/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G39911 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1329 Chapel Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1329 Chapel Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Saunders

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Weldon, N. C (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Saunders
13. Birthplace N. C

MOTHER 14. Maiden Name Martha Brewer
15. Birthplace N. C

16 (a) Informant Bertha Hilliard
(b) Address 357 Christopher St. Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Druid Park Drive

19 (a) MAY 4 - 1946 (Date received by registrar) Huntington Nicholson, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 30, 1946 at 10 A. M

21. I certify that I took charge of the remains described above, held an Inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Due death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 5-30-46

VS 151

Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39912 **HEALTH DEPARTMENT—CITY OF BALTIMORE** G39912

CERTIFICATE OF DEATH ✓ 477

1. PLACE OF DEATH 1606 Madison Ave — Registered No. ____

CITY OF BALTIMORE: (No. ____ St., ____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Benjamin F. McCadden — If U. S. Veteran specify WAR ____

(a) Residence: No. 1606 Madison Ave, 14-2 Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Minnie McCadden

6. DATE OF BIRTH (month, day, year) March 17 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	60	1	16	15

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ — 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Milton, N.C

FATHER

13. NAME Benjamin McCadden

14. BIRTHPLACE (city or town) (State or country) Milton N.C

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) Milton N.C.

17. INFORMANT Howard McA Baber (Address) 1606 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem. Date 5/4 1946

19. UNDERTAKER Archibald R. Gadd's (Address) 2101 McCulloh St. Balto

20. FILED MAY 4 - 1946 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1946

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1946 to May 1, 1946

I last saw him alive on April 30 1946 Death is said to have occurred on the date stated above, at 12 55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	[illegible]
c Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? No Date of ____ 1946

For what disease or injury? Carcinoma of lung

Name of operation ____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) [signature] M. D.

(Address) 1607 N Caroline St

VS 3

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G39913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122164 G39913
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1323 E. Fayette Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bryson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26, 1946

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Leroy Bryson
13. Birthplace Virginia

MOTHER
14. Maiden Name Virginia Henderson
15. Birthplace Virginia

16 (a) Informant Hospital Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School MAY 4 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAY 4 1946 (Date rec'd by registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 1946, at 1:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1946, to April 27 1946, and that I last saw her alive on April 27 1946.

Immediate cause of death: intrauterine asphyxia — Duration
secondary atelectasis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gilbert J. Vosburgh
Address Johns Hopkins Hosp. Date signed 4-29-46 M.D.

VS 150

F 3172

X

G39914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

G39914 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd ST.
(c) Hospital or institution:
UNION MEMORIAL HOSPITAL 13-7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 34.
(e) Length of stay in Baltimore (yrs., mos., or days) 81 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County —
(c) City or town BALTIMORE, 11
(If outside city or town limits, write RURAL and give town)
(d) Street No. 804 BERRY ST.
(If rural give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3 (a) FULL NAME MRS. ANNIE FRANTOM.

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	WIDOWED.

6 (b) Name of husband or wife JOSEPH E. FRANTOM.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) APRIL 2, 1865

8. AGE: Years	Months	Days	If less than one day
81	1	0	— hr. — min.

9. Birthplace MARYLAND.
(Town, county, and state)
10. Usual Occupation NONE.
11. Industry or business —

FATHER
12. Name SMITH (D.)
13. Birthplace ?

MOTHER
14. Maiden Name NOT KNOWN (D.)
15. Birthplace ?

16 (a) Informant MR. WILLIAM FRANTON (SON)
(b) Address 804 BERRY ST, BALTO.

17 (a) Burial (b) Date thereof May 5. 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Taylorsville
Location Md.

18 (a) Funeral director Frank H Seitz
(b) Address 814 N 36 St

19 (a) Date received (b) Registrar
MAY 4 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 2 1946, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from MAR. 30, 1946. to MAY 2 1946. and that I last saw HER alive on MAY 2 1946.

Immediate cause of death
BRONCHOPNEUMONIA.
Due to PULMONARY CONGESTION.
Due to HYPERTENSIVE CARDIOVASCULAR DISEASE
Other Conditions TRANSCERVICAL FRACTURE, RIGHT FEMUR.
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations —
of autopsy: —

Duration
34 d.
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence March 30 1946
(c) Where did injury occur? 804 Berry Street
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Tripped and fell down

23. Signature Helen B. C. Huntington M. D.
Address Union Memorial Hosp. Date signed May 2, 46

Huntington Williams Memorial Hospital

G33915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G33915 Registered No.

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital - D.U.A.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1717 Musander Way (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Guy Burton Baer

3 (b) If veteran, name war: none

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Elizabeth M. Baer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 25, 1884

8. AGE: Years	Months	Days	If less than one day
61	11	8	hr. min.

9. Birthplace: Balto., Md. (Town, county, and state)
10. Usual Occupation: Drill Press Work
11. Industry or business: Glenn L. Martin

FATHER
12. Name: James H. Baer
13. Birthplace: Penna.

MOTHER
14. Maiden Name: Chalk
15. Birthplace: Balto., Md.

16 (a) Informant: Mr. Hallette L. Baer
(b) Address: 1412 N. Mengun St., Durham, N.C.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/5/46 (month) (day) (year)
(c) Cemetery or crematory
Location: Durham, N. C.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Baltimore, Md.

19 (a) MAY 4 - 1946 (Date received by registrar) (b) Registered No.

Entering for William [illegible]

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/3 1946, at 3:20 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature R. J. Seubrich M.D. Medical Examiner.
Signed 5/8/46

G33916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G33916 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 704 Lennox St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 704 Lennox St.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME IDA L. WILLIAMS

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Ralph W. Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1897

8. AGE: Years	Months	Days	If less than one day
48	4	27	hr. min.

9. Birthplace Westminster, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Robert Ward
13. Birthplace Md.

MOTHER
14. Maiden Name Rose Weidner
15. Birthplace Md.

16 (a) Informant Mrs. Leona W. Thompson
(b) Address 2101 Bolton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAY 4 1946 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2, 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1944 to May 2 1946, and that I last saw her alive on May 2 1946.

Immediate cause of death Cerebral hemorrhage — Duration 1 day
Due to Hypertension — years
Due to
Other Conditions Cardiac failure
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur J. Fink M.D.
Address 724 W. North Ave. Date signed 5/3/46

VS 150

Testing for Williams, Mrs.

G33917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48 B

G33917 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 806 N. Bentalou St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 806 N. Bentalou St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MABEL B. GRAHAM

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife C. Raymond Graham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1890

8. AGE: Years	Months	Days	If less than one day
55	4	17	hr. min.

9. Birthplace Hanover, Pa. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Samuel Hoke
13. Birthplace Pa.

MOTHER
14. Maiden Name Anna Grate
15. Birthplace Pa.

16 (a) Informant Mr. C. R. Graham
(b) Address 806 N. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) MAY 4 1946 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3, 1946, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1945 to May 3 1946, and that I last saw h alive on May 2 1946.

Immediate cause of death	Duration
Generalized Carcinomatosis	7 months
Due to Carcinoma of uterus.	3 years.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Nuechil M. D.
Address 2901 Eduardow Date signed May 4 1946

A X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G38918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1218

Registration No. 6

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd st.
(c) Hospital or institution: Union Memorial 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 46 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt.
(c) City or town Baltimore 18
(If outside city or town limits, write RURAL and give town)
(d) Street No. 346 E. 27th St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Carl Edward Brown Jr.

3 (b) If veteran, name war	3 (c) Social Security Account No.
NU	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 18, '33

8. AGE: Years	Months	Days	If less than one day
13	3	15	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation student

11. Industry or business

FATHER
12. Name Mr. Carl E. Brown, Sr. (L)
13. Birthplace Balt. Md.

MOTHER
14. Maiden Name Edith Marie Miller (L)
15. Birthplace Balt. Md.

16 (a) Informant Mr. Carl E. Brown, Sr.
(b) Address 346 E. 27th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/46 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAY 4 1946 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1946, at 9:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1946 to May 3 1946, and that I last saw h alive on May 3 1946.

Immediate cause of death	Duration
[redacted]	
Due to Congestive Heart Failure	3 wks.
Due to Chronic Glomerulo-Nephritis	2 + Mos
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(c) Means of injury

23. Signature Stelline L. Penner M. D.

Address Union Memorial Hosp Date signed May 6 46

VS 150

Huntington Williams, M.D.

G33919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

G33919 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner & Dukeland
(c) Hospital or institution: West Baltimore Gen. Hosp. Ward 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town 3116 Presbury St (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore Md. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME LESLIE KATHERINE KUMMELL

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race W | 6 (a) Single, married, (widowed) or divorced.

6 (b) Name of husband or wife Fred A Kummel
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 11 Feb. 1879

8. AGE: Years 67 | Months 2 | Days 22 | If less than one day hr. ... min.

9. Birthplace Alexandria Carpenter County, Virginia (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER 12. Name Robinson B. Wrenn
13. Birthplace Va

MOTHER 14. Maiden Name Martha E. Hudson
15. Birthplace Va

16 (a) Informant John P. Kummel
(b) Address 3807 Clifton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto. Md.

19 (a) MAY 4 - 1946 (Date rec'd by registrar) (b) Huntington Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 May 1946 at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 April 1946 to 3 May 1946 and that I last saw her alive on 3 May 1946

Immediate cause of death Cardiorespiratory Failure — Duration —
Due to Cerebral Accident (Prob. Thrombosis Left)
Due to Generalized Arteriosclerosis
Other Conditions Pneumonia, Rt.; Arteriosclerotic C.V. Disease Chronic Nephritis
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy —

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Lester A. Hall Jr. M.D.
Address West Baltimore Gen. Hosp. Date signed 5/5/46

VS 150

G39920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. G39920

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1735 N. Caroline St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-16
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1735 N. Caroline St., (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Anna Fischbach

3 (b) If veteran, name war --

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or ~~wife~~: Andrew Fischbach

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16, 1879

8. AGE: Years 66 | Months 9 | Days 16 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Michael Kroener
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mrs. Mae Henry
(b) Address 1531 Pentridge Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6, 1946 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director G. Howard Strong
(b) Address 3207 W. North Ave.

19 (a) May (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2, 1946 at 10.15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 to MAY 2nd 1946. and that I last saw h~~im~~ alive on MAY 2nd 1946

Immediate cause of death: Arteriosclerosis — Duration: 10 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Viola Solberg M.D.

Address 3100 Hoffman Road Date signed 5/3/46

X

G33931 ✓ G33931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 918 S. Wolfe Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sophia Barczewska (Bechéski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 75			hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name —
13. Birthplace Poland

MOTHER
14. Maiden Name —
15. Birthplace Poland

16 (a) Informant Catherine Wladkowski
(b) Address 617 S. Bond

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-46 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Balto. Co.

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 200 Eastern Ave

MAY 4 - 1946 (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2, 1946 at M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Coma - Cerebral Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mazzeo M.D.
Medical Examiner.
Date signed 5-2-46

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G33922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46F

Registered No. G33922

(over)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Mercy Hospital
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 601 Evesham Ave
(If rural give location)
(e) Citizen of foreign country? n.a. (Yes or No)
If yes, name country

3 (a) FULL NAME Anne D Brandt (Anne Dorothy Brandt)

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 212-05-3568

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	S

6 (b) Name of husband or wife: none

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan. 24, 1897

8. AGE: Years	Months	Days	If less than one day
49	3	7	hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Gas & Electric Co.

FATHER
12. Name John H Brandt
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Meyer
15. Birthplace Germany

16 (a) Informant Mrs Mabel Brittingham
(b) Address 601 Evesham Ave, Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-4-46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) ____ (b) ____
(Date rec'd by Registrar) Registrar

MAY 4 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1946, at 4 15 p M

21. I certify that death occurred on the date above stated; that I attended deceased from April 22 1946, to May 1 1946, and that I last saw her alive on May 1 1946.

Immediate cause of death Respiratory Failure

Due to Carcinoma

Due to ____

Other Conditions ____

(Include pregnancy within 3 months of death)

Date of operation 4/22/46

Major findings of operation: Carcinoma of Liver

of autopsy: ____

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature James V. Minor, Jr M.D.
Address Mercy Hospital Date signed 5/1/46

G39923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 112

Registered No. G39923

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 118 Collins Ave
(c) Hospital or institution: 20
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 118 Collins Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edna Frances Norman

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W	Married

6 (b) Name of husband or wife Welsh Norman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 17, 1885

8. AGE: Years	Months	Days	If less than one day
60	8	14	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Phillip H. Smith
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Arrington
15. Birthplace Md.

16 (a) Informant Mr Welsh Norman
(b) Address 118 Collins ave. Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt View Am
Location Howard Co., Md.

18 (a) Funeral director C. Harry Weer
(b) Address Ilchester Md.

MAY 4 - 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1946 at 12:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1936 to 5-3 1946.
and that I last saw her alive on 5-3 1946.

Immediate cause of death: Bronchial Asthma
Status Asthmaticus.

Duration
7 yrs.

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations No

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work
(Specify type of place)
(e) Means of injury

23. Signature D. Lloyd Johnson M. D.
Address Catonsville Date signed May-3-'46

VS 150

G33924 . BALTIMORE CITY HEALTH DEPARTMENT G33924

CERTIFICATE OF DEATH 93D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Forest St.
(c) Hospital or institution:
Bon Secours
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Woodlawn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2015 Brighwood Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lattimore W. Childs, Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of ~~husband~~ or wife Lottie G. Childs
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1882

8. AGE: Years	Months	Days	If less than one day
63	7	13	hr. min.

9. Birthplace Howard County, Md.
(Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Lattimore Childs
13. Birthplace Ellicott, Md.

MOTHER
14. Maiden Name Emma (unknown)
15. Birthplace unknown

16 (a) Informant Wife
(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7 1946 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location 3201 Fredericks Rd.

18 (a) Funeral director Harry N. Weitzke
(b) Address 4101 Edmondson Ave

19 (a) MAY 1946 (b) Huntingtown, Md. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/2/46 19 , at 10 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death
Coronary Thrombosis — Duration

Due to Hypertensive Cardio Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy: Not obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. I. Berkley (Resident Surgeon)

Address Bon Secours Hosp. Date signed 5/2/46 M. D.

G33925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92D Registered No. G33925

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-7A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 631 S. Paca St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** William Saunders

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 214-01-8978

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 184[illegible]

8. AGE: Years	Months	Days	If less than one day
57	1	11	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Janitor
11. Industry or business ?

FATHER
12. Name ?
13. Birthplace Va.

MOTHER
14. Maiden Name ?
15. Birthplace Va.

16 (a) Informant
(b) Address 607-W. Fawnale St.

17 (a) Burial (b) Date thereof 5-4-46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Mt. Calvary.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Lemmon Hill Ave.

19 MAY 5 1946 (b) Huntington Williams M.D.
(Date received by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-26- 1946, at 6 15 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Chronic Myocardial Degeneration

Due to

Other Conditions Senile Debility

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madison M.D.
Medical Examiner.
Date signed 4/26/46

G339426 G339426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1 INDEN AVE. + MADISON ST.

(c) Hospital or institution: MARYLAND GENERAL HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County

(c) City or town BALTIMORE. (If outside city or town limits, write RURAL and give town)

(d) Street No. 403 N. CURLEY ST. (If rural give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3 (a) FULL NAME ROSA MARTEL (ROSA MARTEL)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	M.

6 (b) Name of husband or wife JOSEPH MARTEL

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 12, 1874

8. AGE: Years	Months	Days	If less than one day
72	1	20	hr. min.

9. Birthplace GERMANY. (Town, county, and state)

10. Usual Occupation HOUSE-WORK.

11. Industry or business AT HOME.

FATHER

12. Name ? HELGERT

13. Birthplace GERMANY.

MOTHER

14. Maiden Name UNKNOWN.

15. Birthplace GERMANY

16 (a) Informant GEORGE A. ROCKSTROH (SON)

(b) Address 2508 JEFFERSON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-6-46 (month) (day) (year)

(c) Cemetery or crematory SACRED HEART CEM.

Location GERMAN HILL RD. BALTO. CO. MD.

18 (a) Funeral director Charles S. Zeiler.

(b) Address 3605 Fait Ave.

19 (a) (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MAY 5 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/2 1946, at 7.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/27 1946, to 5/2 1946, and that I last saw HER alive on 5/2 1946.

Immediate cause of death CONGESTIVE HEART FAILURE AND BRONCHOPNEUMONIA — Duration 5 DAYS

Due to PROBABLE CORONARY ARTERY DISEASE

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Charles W. Stewart, M. D.

Address MD. GEN. HOSP. Date signed 5/2/46

X

G39927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

G39927 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ala. (b) County
(c) City or town Ensley, Birmingham Ala
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3123 77 St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Paul W. Naumann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-25-45

8. AGE: Years	Months	Days	If less than one day
	5	10	hr. min.

9. Birthplace Ala.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Robert C. Naumann
13. Birthplace Ala.

MOTHER 14. Maiden Name Lillian Nilson
15. Birthplace Texas

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-46 (month) (day) (year)
(c) Cemetery or crematory Elmwood Cemetery
Location Birmingham Ala.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1950 Eutaw Place

19 (a) [illegible] (b) [illegible] (Date received by registrar) Clayton Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-4 1946, at 11:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10 1946, to 5-4 1946 and that I last saw h[illegible] alive on 5-4 1946.

Immediate cause of death Cardiac failure

Due to Cong. malformation of the Heart - cyanotic type

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5-4-46

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harrison Clark Spencer M. D.
Address Johns Hopkins Hosp. Date signed 5-4-46

VS 150

G39928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G39928 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4658 Park Heights Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Helen B Heise

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: ~~Male~~ Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married Heise

6 (b) Name of husband or wife: Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 30 - 1886

8. AGE: Years 59 | Months 5 | Days 18 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Home Duties

11. Industry or business

FATHER
12. Name John Emerine
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Schneider
15. Birthplace Baltimore

16 (a) Informant Husband Charles Heise
(b) Address 4658 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 1946 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Baltimore Md

18 (a) Funeral director Minnie Cook Syfer
(b) Address 1400 W North Ave

19 (a) Date rec'd by registrar 1946 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/3 1946 at 6:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/7 1946 to 5/3 1946.
and that I last saw h alive on 5/3 1946.

Immediate cause of death: Cardiac failure — Duration

Due to: Myocardial Infarct.

Due to: Generalized Arteriosclerosis Hypertension Uremia

Other Conditions: Diabetes Mellitus

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas B. Carter M.D.
Address St Agnes Hosp Date signed 5/3/46

937

G39929

BALTIMORE CITY HEALTH DEPARTMENT ✓ G39929 Registered No.

CERTIFICATE OF DEATH 45c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address MONUMENT ST
(c) Hospital or institution: SINAI
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2402 E FAIRMOUNT
(If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) **FULL NAME** MORRIS ~~SIGEL~~ SIGEL

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	WHITE	MARRIED

6 (b) Name of husband or wife JENNIE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation GROCER
11. Industry or business

FATHER
12. Name NOT KNOWN
13. Birthplace RUSSIA

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace RUSSIA

16 (a) Informant HOSPI RECORDS
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-5-46 (month) (day) (year)
(c) Cemetery or crematory MT CARMEL
Location GERMAN HILL RD

18 (a) Funeral director JACK LEWIS INC
(b) Address 1439 E. BALTO. ST. Huntington Nottingham, MD

5 (a) 1946 (b) Registrar
(Filed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4, 1946 at 6.40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-15-1946, to 5-4-1946, and that I last saw him alive on 5-4-1946.

Immediate cause of death Bronchopneumonia — Duration

Due to Chronic lymphatic leukemia

Due to

Other Conditions Mixed salivary gland tumor

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address Sinai Hospital Date signed 5-7-46 M. D.

VS 150

X

G33930 BALTIMORE CITY HEALTH DEPARTMENT ✓ G33930

CERTIFICATE OF DEATH 45F

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2503 Harrison Blvd.
(c) Hospital or institution: 15 E 8

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2503 Harrison Blvd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNA MARKS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Dave Marks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Junior ~~Richmond~~ Nursery

11. Industry or business ~~Russia~~

FATHER 12. Name Ida - Jonas Richmond

13. Birthplace Russia

MOTHER 14. Maiden Name ~~Dave Marks~~ Ida -

15. Birthplace Russia

16 (a) Informant Dave Marks

(b) Address 2503 Harrison Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-46 (month) (day) (year)

(c) Cemetery or crematory United Hebrew Cem

Location Washington Blvd.

18 (a) Funeral director Jaggers Leure Inc

(b) Address 1139 E. Balto. St

19 (a) Washington Williams M.D. Registrar

(Date rec'd by registrar) MAY 5 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3, 1946 at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 22 1944 to May 3, 1946 and that I last saw her alive on May 3 1946.

Immediate cause of death: Carcinoma of lungs & throat — Duration: 20 mo.

Due to Carcinoma of lungs & throat — Duration: 20 mo.

Due to — Duration:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles Tribbett

Address 2220 Garrison Blvd Date signed 5/4/46 M.D.

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G33931 IDOV ✓ G33931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai ✓

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2927 Oakley ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Idor

3 (b) If veteran, name war

3 (c) Social Security Account No. 45-05-9002

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Susie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name unknown
13. Birthplace Russia

MOTHER
14. Maiden Name unknown
15. Birthplace Russia

16 (a) Informant Susie Idor
(b) Address 2927 Oakley ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-5-46 (month) (day) (year)
(c) Cemetery or crematory United Hebrew Cem
Location Washington Boulevard

18 (a) Funeral director Jack Levy Inc
(b) Address 1492 E Balto St Huntington Williams, Md

19 (a) (Date received by registrar) (b) Registrar

MAY 5 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 May 1946, at 5:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/21 1946 to 5/4 1946.
and that I last saw h alive on 5/4 1946.

Immediate cause of death Carcinomatosis

Due to

Due to

Other Conditions Carcinoma of Prostate
(Include pregnancy within 3 months of death)

Date of operation 3/14/46

Major findings of operation: Confluentic Carcinoma

of autopsy: Confluentic Carcinoma

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Sinai Hospital Date signed 5/4/46

VS 150

HOLLANDER X

G39.32 ✓ G39.32

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Port land Hos
(c) Hospital or institution: Sinai 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ✓ Md (b) County
(c) City or town Balto - (If outside city or town limits, write RURAL and give town)
(d) Street No. 2707 Keyworth (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ISAAC M. COHEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Minnie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Merchant

11. Industry or business

FATHER
12. Name FISHEL COHEN
13. Birthplace RUSSIA

MOTHER
14. Maiden Name ZELDA
15. Birthplace RUSSIA

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-46 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Furman Mills Md Inc
18 (a) Funeral director Jack Pearl Inc
(b) Address 1439 E. Balt St
19 (a) 1946 (b) Huntington Williams Mgr
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1946, at 3:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from on May 5 1946 19 , and that I last saw h/M alive on May 5 1946.

Immediate cause of death Uremia — Duration

Due to Cardiogenic Shock

Due to hypertensive c v D Arteriosclerotic H D & coronary sclerosis & myocardial infarct (acute)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elliott J. Weitzman M. D.
Address Sinai Hospital Date signed 5-5-46

VS 150

G39933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G399.33 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 125 N. Highland Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME: William E. Clarke

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-1613

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6 (c) If alive, give age 186 years

7. Birth date of deceased (mo., day, yr.) 12-27-[illegible]

8. AGE: Years 79 | Months 5 | Days 7 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Stamping Op

11. Industry or business

FATHER 12. Name John T. Clark
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Mary Johnson
15. Birthplace Balto Md

16 (a) Informant Howard Creagrave
(b) Address 125 N Highland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director John E. Moran
(b) Address 3800 E Baltimore St

5/7 1946 (a) (Date received by registrar) (b) Huntington Williamson Md (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1946 at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1946 to May 3 1946 and that I last saw [illegible] alive on May 3 1946

Immediate cause of death: Hypostatic Pneumonia — Duration

Due to

Due to

Other Conditions: Carcinoma of Pancreas

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H E Wheeler M. D.
Address: South Balto. Gen Hosp Date signed 5-8-46

Over.

G39934 BALTIMORE CITY HEALTH DEPARTMENT G39934

CERTIFICATE OF DEATH

Registered No. 15 7 W

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town Dungannon (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bartley Joe Osborne

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-30-45

8. AGE: Years	Months	Days	If less than one day
1	3/5	5	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Fred Osborne
13. Birthplace Va.

MOTHER
14. Maiden Name Anna R Keith
15. Birthplace Va.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 7 46 (month) (day) (year)
(c) Cemetery or crematory Dungannon
Location Va

18 (a) Funeral director John R Mitchell & Sons
(b) Address 1900 Eutaw Place

19 5 7 1946 (b) Huntington, W. Va.
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1946 at 2 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1946 to May 4 1946 and that I last saw him alive on May 4 1946.

Immediate cause of death	Duration
Respiratory failure	
Due to Multiple congenital malformations	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harrison C. Spencer
Address Johns Hopkins Hosp Date signed 5-7-46

VS 150

G39935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G39935 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 115 Welcome Alley
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., (mos.) or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 115 Welcome Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah Jane Carter

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Child

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 27, 1942

8. AGE: Years	Months	Days	If less than one day
3	7	6	hr. min.

9. Birthplace Coatsville Pa (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Charles Carter
13. Birthplace Orange Va

MOTHER
14. Maiden Name Mattie Carter
15. Birthplace Coatsville Pa

16 (a) Informant Mattie Carter (M)
(b) Address 115 Welcome Alley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6/46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Co. Md

18 (a) Funeral director Isaiah T Bruinton
(b) Address 126 W Montgomery St

MAY 6 - 1946 (Date rec'd by registrar)
(a) (b) Funeral Director for Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1946 at 6 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1946, to May 3 1946, and that I last saw h. alive on May 3 1946

Immediate cause of death

	Duration
Acute Bronchopneumonia	6 days
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A Duncan
Address 908 E. Hoffman Date signed 5/7/46

VS 150

G39936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G39936

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution:
U.S. Marine Hospital 21

(d) Length of stay in hospital or inst. (yrs., mos., or days) 34 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 228 S. Fremont Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Roulhac, Goodwin

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW 2	218-03-6575

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	col	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21, 1917

8. AGE: Years	Months	Days	If less than one day hr.	min.
28	6	12		

9. Birthplace Windsor, N.C. (Town, county, and state)
10. Usual Occupation truck driver
11. Industry or business

FATHER
12. Name Bond Roulhac
13. Birthplace N.C.

MOTHER
14. Maiden Name Anna
15. Birthplace N.C.

16 (a) Informant Records
(b) Address US Marine Hospital, Balto, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a. a. co., Md

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W. Montgomery St.

19 (a) MAY 6 - 1946 (Date received by registrar) Huntington Williams, M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1946 at 9:15A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 30 1946 to May 3 1946 and that I last saw him alive on May 3 1946.

Immediate cause of death Bronchiectasis

Duration 7 yrs

Due to

Due to

Other Conditions Pneumonia over 3 wks

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Wilson
John L. Wilson, Sr. Surgeon M. D.
Address Clinical Director Date signed 5/4/46

X

G33937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13D

G33937 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1508 E. 29th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1508 E. 29th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Anna Frank

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband Robert R. Frank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8 - 1883

8. AGE: Years	Months	Days	If less than one day
62	7	26	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Pius Amann
13. Birthplace Germany

MOTHER
14. Maiden Name Eva M. Hoosh
15. Birthplace Germany

16 (a) Informant Herman Ellis
(b) Address 1508 E. 29th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) MAY 6 - 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4th 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1946 to May 4 1946 and that I last saw her alive on May 3 1946.

Immediate cause of death Myocardial failure — Duration

Due to Arterio Sclerotic Cardio-Vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas L. Wardley M.D.
Address 7900 Harford Blvd Date signed 5/4/46

639938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 5-4a

Registered No. 639938

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harwood & Madison Streets
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Anne Arundel
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 209 W. Meadow Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GARVICE S. TAYLOR

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-3790

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Eleanor Taylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 25 1902

8. AGE: Years	Months	Days	If less than one day
44	2	9	hr. min.

9. Birthplace VA
(Town, county, and state)

10. Usual Occupation Farmer
Maryland Malleable Keystone Acid Works

FATHER
12. Name Eugene Taylor
13. Birthplace Va.

MOTHER
14. Maiden Name Ida Harrow
15. Birthplace Va.

16 (a) Informant Eleanor Taylor
(b) Address 209 W. Meadow Rd.

17 (a) Burial (b) Date thereof 5/8/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glenburnie Anne Arundel Co. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 MAY 6 1946 (b) Huntington Williamsport, Md.
(Date received by local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to May 4 1946, and that I last saw him alive on May 4 1946.

Immediate cause of death Bronchopneumonia — Duration

Due to post operative uremia and Convulsions

Due to pleurisy following

Other Conditions Glioma of brain

(Include pregnancy within 3 months of death)

Date of operation 3-30-46

Major findings of operation: Glioma, Drain

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carlton Brimsfield M.D.
Address Maryland Gen. Hosp. Date signed 5-7-46

VS 150

G33939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G33939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Alberta Bruning Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2614 E Baltimore (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John D Richardson

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Nellie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 13, 1871

8. AGE: Years	Months	Days	If less than one day
74	6	21	hr. min.

9. Birthplace Huntington Va (Town, county, and state)
10. Usual Occupation Retired Steel Worker
11. Industry or business

FATHER 12. Name Philip Richardson
13. Birthplace Va

MOTHER 14. Maiden Name Mary E Showalter
15. Birthplace Va

16 (a) Informant Mr Hyde Bruns
(b) Address Altoona Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/46 (month) (day) (year)
(c) Cemetery or crematory Rose Hill
Location Altoona Pa

18 (a) Funeral director Anthony Lodge
(b) Address 1219 4 Pond St

MAY 6 1946 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1946, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to May 4 1946, and that I last saw him alive on May 4 1946.

Immediate cause of death: Acute Cardiac Dilatation — Duration: unknown

Due to: Carcinoma of Stomach — 2 yrs.

Due to: Peptic Ulcer — 10 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide none
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Zierler M.D.
Address 2218 E Baltimore Date signed 5/6/46

VS 150

63940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1640

63940 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2707 2707 Christopher Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANKLIN L. CONLEY

3 (b) If veteran, name war: W. W. #2
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, ~~or divorced~~: Married
6 (b) Name of ~~husband or~~ wife: Marie Conley
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): May 14th 1908
8. AGE: Years 37 | Months 11 | Days 20 | If less than one day: hr. min.
9. Birthplace: Garrett Co. Md. (Town, county, and state)
10. Usual Occupation: Electrician
11. Industry or business

FATHER
12. Name: Edward W. Conley
13. Birthplace: Unknown

MOTHER
14. Maiden Name: "
15. Birthplace: "

16 (a) Informant: Marie Conley
(b) Address: "

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/8/46 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Parkville Md

18 (a) Funeral director: William Cook Inc.
(b) Address: 1217 St. Paul St.

19 (a) MAY 6 - 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/4/46, 19, at 3:50 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Bullet Wound Head

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur? 2707 2707 Christopher
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury: Shot self (.22 rifle

23. Signature: John Ed Davis M.D. Medical Examiner.
Date signed 5/5/46

VS-151

639941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 639941

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1310 E. Monument

(c) Hospital or institution: at home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d

(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1310 E. Monument (If rural give location)

(e) Citizen of foreign country? China (Yes or No) If yes, name country

3 (a) FULL NAME Dolly Lee

3 (b) If veteran, name war NO

3 (c) Social Security Account No. NO

4. Sex F | 5. Color or race Chinese | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Jenny Lee

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) about 1904

8. AGE: Years about 42 | Months ? | Days ? | If less than one day hr. min.

9. Birthplace China (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name ? Jesse Tom

13. Birthplace China

MOTHER 14. Maiden Name ? - ? - Lees

15. Birthplace China

16 (a) Informant Jenny Lee (son)

(b) Address 1310 E. Monument

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-46 (month) (day) (year)

(c) Cemetery or crematory Lorraine Park

Location Woodlawn, Md.

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address (W. F. MOWEN SUC.) 1225 Huntington Ave

19 (a) MAY 6 - 1946 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1946, at 6:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1945 to May 3 1946 and that I last saw him alive on May 3 1946

Immediate cause of death: Acute Suppurative Ulcerous Carcinomatosis — Duration: 1 day

Due to Carcinoma of Breast — 3 yrs

Due to

Other Conditions Carcinoma of Lungs?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Wm. Le Roy Berry M. D.

Address 1320 E. Chase Date signed May 8 '46

VS 150

G33942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46D

G33942
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3605 Hillsdale Rd.
(c) Hospital or institution: Mrs Anderson's Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Wks
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 104 W Lanvale or Pky
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME Eleanora Robb Storey

3 (b) If veteran, name war no

3 (c) Social Security Account No. none

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John P. Storey

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 25 1867

8. AGE: Years 79 | Months 3 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business —

FATHER
12. Name Joseph Robb
13. Birthplace Phila Pa

MOTHER
14. Maiden Name Susan C. Jones
15. Birthplace Phila Pa

16 (a) Informant Mrs Lesley R. Simpson (niece)
(b) Address 3900 Simpson Oak Ave

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 5/7/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Sulwak Monnes Co.
(b) Address 628 W North Ave.

19 (a) MAY 6 - 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 3 - 1946, at 1.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-16-1946 to 5-4-1946 and that I last saw her alive on 5-3-1946.

Immediate cause of death
Carcinoma Rectum — **Duration** 6 Mos.
Due to Local Metastasis
Due to Adhesions

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard H. Warner M. D.
Address 2404 Garrison Blvd **Date signed** 5-4-46

VS 3

G39943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

G39943 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lombard & Greene

(c) Hospital or institution: University

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County Baltimore City

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 322 Suffolk Rd (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Henry Stringer (HENRY JEROME STRINGER)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Sarah A. Stringer

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Feb 16 1887

8. AGE: Years 59 Months 2 Days 27 If less than one day hr. min.

9. Birthplace K.Y. (Mumsville) (Town, county, and state)

10. Usual Occupation Purchasing agency

11. Industry or business Gas Electric Co.

FATHER 12. Name Charles A. Stringer

13. Birthplace could not ascertain

MOTHER 14. Maiden Name Flora Merrill

15. Birthplace could not ascertain

16 (a) Informant Mrs Sarah A. Stringer (wife)

(b) Address 322 Suffolk Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/46 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge Location Pikesville Md.

18 (a) Funeral director Stewart Morgan Co.

(b) Address 108 W Mt Royal Ave.

MAY 6 - 1946 (Date rec'd by local reg.) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/3 1946, at 6:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1/ 1946, to 5/3 1946, and that I last saw h IM alive on 5/3/ 1946.

Immediate cause of death Coronary Thrombosis & Rupture of myocardium —

Duration

Due to

Due to

Other Conditions Cholecystitis & Lithiasis (Include pregnancy within 3 months of death)

Date of operation 5/3/46

Major findings of operation: Adhesions of GB & Lithiasis

of autopsy: Coronary Thrombosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. H. Hassenburg Jr. M.D.

Address University Hospital Date signed 5/3/46

VS 150

G33944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G33944

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 311 Suffolk Road
(c) Hospital or institution: home
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto. City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 311 Suffolk Rd.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jesse Lippincott Cassard

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-01-9480

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Winifred B. Cassard

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Oct. 14, 1882

8. AGE: Years 63 | Months 6 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore - maryland (Town, county, and state)

10. Usual Occupation Salesman -

11. Industry or business Transfer & Hauling -

FATHER
12. Name Jesse Lippincott Cassard
13. Birthplace Balto. - Md.

MOTHER
14. Maiden Name Sophie Reese
15. Birthplace ? - Balto. Md.

16 (a) Informant Mrs. W. B. Cassard - wife
(b) Address 311 Suffolk Rd. - City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-46 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore City

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 108 W. NORTH AVENUE

19 MAY 6 - 1946 (Date rec'd by local reg.) (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1946, at 8 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1946 to May 4 1946 and that I last saw living alive on May 3 1946.

Immediate cause of death: Hypertension Cardio Vascular disease — Duration: Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death.)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles R. Goodbrow M.D.
Address 2923 St Paul St Date signed 5/5/46

VS 150

G39945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55 E

Registered No. G39945

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1403 N. Collington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1403 N. Collington Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** George A. Frederick Jr.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Maggie A. Frederick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 7 - 1860

8. AGE: Years	Months	Days	If less than one day
85	4	25	hrs. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER — 12. Name	Christoph Frederick
FATHER — 13. Birthplace	Germany
MOTHER — 14. Maiden Name	Wilhelmina Boyle
MOTHER — 15. Birthplace	Germany

16 (a) Informant Minnie Frederick
(b) Address 1403 N. Collington Ave
17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5-6-46 (month) (day) (year)
(c) Cemetery or crematory Balto. Cem
Location North Ave
18 (a) Funeral director John E. Mulloy Son
(b) Address 2425 E. Oliver St
MAY 6 - 1946 (Date rec'd by Registrar) (b) Huntingtown Williamsburg, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1 1946 to 5/3 1946, and that I last saw him alive on 5/1 1946.

Immediate cause of death Bronchopneumonia
Due to Carcinoma Intrinsic
Due to Cervical glands

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Biopsy Supraclavicular
Major findings of operation: Positive
of autopsy:

Duration 5 days
3-4 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Karl Hammann
Address 1212 N. Patterson Pk Ave Date signed 5/7/46 M. D.

VS 150

G39946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G39946 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1038 Rodbman Way (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick G. Zimmerman

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov-13-1931

8. AGE: Years	Months	Days	If less than one day
14	5	21	hr. min.

9. Birthplace Baltimore - Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Harry J. Zimmerman
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Loretta E. Brown
15. Birthplace Va.

16 (a) Informant Loretta E. Zimmerman
(b) Address 1038 Rodman Way

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director John C. Milly Jr.
(b) Address 2445 E. Oliver St.

19 MAY 6 - 1946 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4th 1946, at 1 40 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Lobar Pneumonia
Hypostatic Congestion of Lungs
Due to Anoxemia: Anemia.
Fatty Liver.

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madeira M.D. Medical Examiner.
Date signed 5-7-46

VS 151

G39947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. G39947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 125 E. Birckhead St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 125 E. Birckhead St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME (Lizzie) ELIZABETH PETERS

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John M. Peters

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1878

8. AGE: Years 67 | Months 11 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name Charles Hamilton
13. Birthplace Maryland

MOTHER
14. Maiden Name Susan ?
15. Birthplace Maryland

16 (a) Informant Family
(b) Address 125 E. Birckhead St.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 5/6/46 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn, Md.

18 (a) Funeral director [illegible]
(b) Address 130 E. Fort Ave.

19 (a) (Date rec'd by registrar) **(b)** Registrar

MAY 6 1946 Huntington Williamsburg, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/2 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1945 to 5/2 1946.
and that I last saw h[illegible] alive on 5/2/ 1946.

Immediate cause of death — Pulmonary Edema — Duration 2 days

Due to — General Arteriosclerosis — 5 mo.

Due to — Arteriosclerosis — 5 mo.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.

Address 1279 William r Date signed 5/3/46

X

G33948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH / 22a

G33948 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 73 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5212 Barton Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Rott
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widowed

6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 12-18-73

8. AGE: Years	Months	Days	If less than one day
72	3	24	22 hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Casper Hofling
13. Birthplace Germany

MOTHER
14. Maiden Name —
15. Birthplace

16 (a) Informant
(b) Address West Baltimore Gen Hosp
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9-46 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location
18 (a) Funeral director Jos. F. Stein & Son
(b) Address 3901 Kentucky Ave
19 (a) (Date rec'd by registrar) (b) Registrar

MAY 6 - 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 May 1946, at 6:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 29 April 1946 to 3 May 1946, and that I last saw h[illegible] alive on 3 May 1946.

Immediate cause of death Cardio respiratory failure
Due to Bronchopneumonia
Due to Incarcerated Ventral Hernia
Other Conditions Diabetes mellitus
(Include pregnancy within 3 months of death)
Date of operation 29 April 1946
Major findings of operation Gangrene of small bowel
of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carl H. Weidner M.D.
Address W. Baltimore Gen Hosp Date signed 3 May 1946

633949 AB-100901 dwell

BALTIMORE CITY HEALTH DEPARTMENT ✓

CERTIFICATE OF DEATH 160a

633949 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9hrs-37min
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 513 W. Barre St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Lincoln

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29-1946

8. AGE: Years	Months	Days	If less than one day
			9 hr. 37 min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Samuel Yancey
13. Birthplace Va.

MOTHER 14. Maiden Name Pearline Lincoln
15. Birthplace S.C.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave, 9am.

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 5-1-46 (month) (day) (year)
(c) Cemetery or crematory Baltimore City Hospital
Location 4940 Eastern Ave

18 (a) Funeral director
(b) Address

19 MAY 6 - 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29 1946, at 12.04 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29- 1946 to 4-29 1946 and that I last saw h im alive on 4-29- 1946

Immediate cause of death: Intracranial hemorrhage — Duration 10 hrs.
Due to Prolonged Labor.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sobel M. D.
Address Date signed 5-7-46

VS 150

birth Cert No B 46189

G39950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G39950

EB # 100828

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 Hours
(e) Length of stay in Baltimore (yrs., mos., or days) 19 Hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2832 Winwood Ct.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Baby Boy Bushrod(Sadie)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Newborn

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25, 1946

8. AGE: Years	Months	Days	If less than one day
			19 hr. min.

9. Birthplace Baltimore City Hospitals
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Sherwood Bushrod
13. Birthplace Md.

MOTHER
14. Maiden Name Sadie Blackman
15. Birthplace N. C.

16 (a) Informant Balto. City Hospitals(Records)
(b) Address 4940 Eastern Ave.

17 (a) Cremated (b) Date thereof 4-27-46 10am
(Burial, cremation, or removal) (Month) (day) (year)
(c) Cemetery or crematory Baltimore City Hospitals
Location 4940 Eastern Ave.

18 (a) Funeral director
(b) Address

19 (a) MAY 6 - 1946 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25, 1946, at 8:32P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25, 1946 to April 25 1946 and that I last saw h. im alive April 25 1946.

Immediate cause of death Pulmonary atelectasis — Duration 20 hrs.
Due to Prematurity
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. D.
Address Date signed 5-1-46

VS 150

639951 Birth Cert No D 46186 ✓ 639951

BALTIMORE CITY HEALTH DEPARTMENT

AB-100856 **CERTIFICATE OF DEATH** 160 C Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2104 N. Calvert St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Humphreys

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26-1946

8. AGE: Years	Months	Days	If less than one day
			9 hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Humphreys
13. Birthplace Pa.

MOTHER
14. Maiden Name Mary Barclay
15. Birthplace Pa.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Cremated (b) Date thereof 4 Jan 30-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore City Hospitals
Location 4940 Eastern Ave

18 (a) Funeral director
(b) Address

19 MAY 6 - 1946 Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26- 1946, at 10.15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1946 to April 26 1946 and that I last saw her alive on April 26- 1946

Immediate cause of death
Fatal anoxia
Prematurity accidental
Duration 10 hrs
Due to
Due to Placenta Previa
Prematurity
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature
Address BCHA Date signed M. D. 5-1-46

VS 150

G339.52 Birth Cert No. B 42264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G339.52

HB/[illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 28 da.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 504 N. Arlington Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy (Louise Elizabeth) Canty

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Newborn

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1946

8. AGE: Years	Months	Days	If less than one day
1-	1	28	hr. min.

9. Birthplace Baltimore City Hospitals (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER: 12. Name Willis Canty

13. Birthplace S. C.

MOTHER: 14. Maiden Name Louise Hamilton

15. Birthplace S. C.

16 (a) Informant Balto. City Hospitals (Records)

(b) Address 4940 Eastern Ave. 9am.

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 4-22-46 (month) (day) (year)

(c) ~~Cemetery~~ crematory Baltimore City Hospitals Location 4940 Eastern Ave.

18 (a) Funeral director

(b) Address

MAY 6 1946 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18, 1946, at 5:33 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 20, 1946 to April 18 1946 and that I last saw h 18 alive on April 18 1946.

Immediate cause of death Respiratory failure

Due to multiple pulmonary infarcts

Due to Prematurity

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Richard E Dorman M. D.

Address Balt. City Hosp Date signed 4/30/46

VS 150

X

G39953

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

Registered No. G39953

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Calvert Street
(c) Hospital or institution: Mercy Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1625 Harford Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George John Styles

3 (b) If veteran, name war None

3 (c) Social Security Account No. 212-05-8827

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22, 1919

8. AGE: Years 26 **Months** 9 **Days** 10 1/2 **If less than one day** hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Musician

11. Industry or business

FATHER
12. Name George M. Styles
13. Birthplace Baltimore

MOTHER
14. Maiden Name Esther Mack
15. Birthplace Nancy - Lorraine

16 (a) Informant George M. Styles
(b) Address 1605 Harford Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 5/6/46 (month) (day) (year)
(c) Cemetery or crematory Morelands Park
Location Taylor Avenue

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford avenue

MAY 6 - 1946 (Registrar's signature) (b) Huntingtown, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1946, at 1:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1946, to May 2 1946, and that I last saw him alive on May 2, 1946

Immediate cause of death Cardio-respiratory failure

Due to Uremia

Due to Chronic glomerular nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clarence E. McWilliams, M.D.

Address Mercy Hospital Date signed 5-3-46

VS 150

G39954 Nuel

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH - 157M

G39954 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens
(c) Hospital or institution: St Agnes Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 748 Poplar Grove St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Giordani

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/5 - 1946

8. AGE: Years	Months	Days	If less than one day
			1½ hr. min.

9. Birthplace Mary Land
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Victor Giordani
13. Birthplace

MOTHER 14. Maiden Name Rita Sabbatini
15. Birthplace Md

16 (a) Informant Victor Giordano
(b) Address 748 Poplar Grove St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/6 - 1946 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd. Baltimore

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Monroe St.

19 (a) Date received by MAY 6 1946 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/5 1946, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/2 1946, to 5/5 1946, and that I last saw h[illegible] alive on 5/5 1946.

Immediate cause of death Cardiac Cardiac - Resp. Failure.

Due to Malformation of Chest

Due to Acid tumor Growth over Sacrum and Buttocks -

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Cathan T. Hall Jr.
Address St. Agnes. Hosp. Date signed 5/5/46

VS 150

G39955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 655

G39955 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 749 - Wilmer Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wiley Covington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10 1904

8. AGE: Years 41 | Months 10 | Days 22 | If less than one day hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace N.C.

MOTHER
14. Maiden Name ?
15. Birthplace N.C.

16 (a) Informant Marie Covington
(b) Address 749 - Wilmer Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-46 (month) (day) (year)
(c) Cemetery or crematory
Location Mt. Calvary

18 (a) Funeral director Adolphus Halstead
(b) Address 918 - Ilchid Hill Ave.

19 (a) MAY 6 - 1946 (Must be rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2 May 1946, at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 22 1946, to May 2 1946, and that I last saw h[illegible] alive on 2 May 1946

Immediate cause of death Hemorrhage from carotid artery Cut — Duration

Due to eroding Carcinoma of neck — 1 yr.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edwin O. Dodd, Jr. M. D.
Address Univ. Hosp. Date signed 3 May '46

VS 150

G39956

JL - 72779

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G39956

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Western Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 - 1 - 10
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 305 W. Preston St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Thomas

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23, 1923

8. AGE: Years	Months	Days	If less than one day
22	11	11	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Beverly
FATHER 13. Birthplace Va.

MOTHER 14. Maiden Name Arie Marlow
MOTHER 15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address 4940 Western Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Hofstead
(b) Address 918 Reisterstown Road

19 MAY 6 - 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3, 1946, at 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 24 1942, to May 3 1946, and that I last saw him alive on May 3, 1946

Immediate cause of death

Due to Rheumatic Heart Disease — Duration 6 yrs.

Due to Pulmonary Thromboses — Duration 4 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Confirmation

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John R. Kelsey M. D.
Address City Hosp. Date signed 5-4-46

X

G399:17
AB-100847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G399:17
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16days
(e) Length of stay in Baltimore (yrs., mos., or days) 6mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 760 Brady St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Caldwell

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25- 1917

8. AGE: Years	Months	Days	If less than one day
28	4 5	6	hr. min.

9. Birthplace S.C.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Brooks Caldwell (D
13. Birthplace S.C.

MOTHER
14. Maiden Name Annie Lee GREEN
15. Birthplace S.C.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-6-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary.
Location Catonsville Maryland

18 (a) Funeral director Adolphus Halstead
(b) Address 918- North Hell Ave.

MAY 6 - 1946 (Date rec'd by registrar) Huntington Williams Mort.

MEDICAL CERTIFICATION PM

20. DATE OF DEATH May 1- 1946 at 4.15M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-25- 1946 to 5-1 1946
and that I last saw him alive on 5-1 1946

Immediate cause of death — Duration

Due to Pulmonary Tuberculosis — 3mo +

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Pulmonary Tuberculosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John K. Kelsey M. D.
Address City Hosp. Date signed 5-3-46

VS 150

G39958 ✓ G39958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1672

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Talbot
(c) City or town Tilghman Island (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary L. Lednum

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4 or 2 3 1942

8. AGE: Years 4 | Months — | Days 8 | If less than one day: hr. min.

9. Birthplace Tilghman Talbot Co. Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Milton Lednum
13. Birthplace Tilghman Md

MOTHER 14. Maiden Name Laura Collins
15. Birthplace Cambridge Md

16 (a) Informant JOHNS HOPKINS HOSPITAL
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-46 (month) (day), (year)
(c) Cemetery or crematory Tilghman Methodist
Location Tilghman Md

18 (a) Funeral director J. Thomas Marshall
(b) Address St. Michaels.

19 (a) (Date received by Registrar) MAY 6 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1946 at 2:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1946 to May 5 1946 and that I last saw her alive on May 5 1946.

Immediate cause of death: Cardiac failure — Duration

Due to: congenital heart disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Kibbe

Address Johns Hopkins Hosp. Date signed 5/5/46 M D

VS 150

G399:59

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

G399:59 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 53 days
(e) Length of stay in Baltimore (yrs., mos., or days) 48½ yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 753 Cator Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME James Earl Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mrs. James E. Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 27, 1897

8. AGE: Years	Months	Days	If less than one day
48	7	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Fruit & produce buyer
11. Industry or business Food Fair

FATHER
12. Name Adam A. Johnson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Matilda C. Donaldson
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Mary J. Johnson
(b) Address 753 Cator Ave. 18

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/46 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem. Pk.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MAY 6 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1946, at 5:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 13 1946 to May 5 1946, and that I last saw h. alive on May 5 1946.

Immediate cause of death Respiratory & circulatory failure — Duration

Due to generalized carcinomatosis

Due to Carcinoma of stomach

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation March 22 1946

Major findings of operation Carcinoma of stomach & mesenteric nodes

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert N. Dudley M.D.
Address Union Memorial Hospital Date signed May 5 1946

X Dudley

G33960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G33960 ✓ Registered No. 655

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City Maryland
(b) Street address Broadway & Fairmont
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 62

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore (9)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2424 Brambleton Rd
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME John William Pontier

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-07-8953

4. Sex Male | 5. Color or race Caucasian | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Margaret H. Pontier

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 9 June 1883

8. AGE: Years 62 | Months 10 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Maryland (Town, county, and state)

10. Usual Occupation Retired Salesmanager

11. Industry or business

FATHER
12. Name Edward L. Pontier
13. Birthplace Maryland (Balto.)

MOTHER
14. Maiden Name Mary Mac Williams
15. Birthplace Maryland (Balto.)

16 (a) Informant Deceased
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) ..... (Date rec'd by registrar) (b) Huntington Williams, M.D.

MAY 6 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 May 1946, at 8.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 25 April 1946, to 4 May 1946 and that I last saw him alive on 4 May 1946.

Immediate cause of death	Duration
Respiratory failure	2
Due to Tracheal Obstruction	2wks
Due to Carcinoma Thyroid	15 mos +
Other Conditions Metastases	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: Carcinoma Thyroid

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide — None
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature John A Rosier M. D.
Address Church Home & Hospital Date signed

X Rosier

G33961 ✓ G33961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DO NOT FOLD OR ROLL WHEN SENT FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Redwood & Greene Sts

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Hrs 55 Min

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3113 White Ave (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Louis Langeluttig

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Katie Langeluttig

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1880

8. AGE: Years	Months	Days	If less than one day
66	3	3	hr. min.

9. Birthplace: Balto., Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business: Jeweler - self

FATHER
12. Name: August Langeluttig
13. Birthplace: Minden, Germany

MOTHER
14. Maiden Name: Margaretha Muhl
15. Birthplace: Germany

16 (a) Informant: Mr. David Langeluttig
(b) Address: 3113 White Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/46 (month) (day) (year)

(c) Cemetery or crematory: Parkwood Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) (Date rec'd by registrar) MAY 6 1946 (b) Huntington Williams, M.D.

VS 150

Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1946, at 12.35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1946, to May 5 1946, and that I last saw him alive on May 5 1946.

Immediate cause of death	Duration
Intracerebral Hemorrhage	
Due to Hypertension	
Due to Pyelonephritis	
Other Conditions Coronary Hypertrophy	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Intracerebral Hemorrhage

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Newton Rea M. D.

Address University Hospital Date signed 4/5/46

X

G339,012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G339,012 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3605 Hillsdale Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2309 Roslyn Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALICE SLATER

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Henry T. Slater
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1856

8. AGE: Years	Months	Days	If less than one day
90	2	17	hr. min.

9. Birthplace Rock Hall, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William H. Colison
13. Birthplace Wash., D. C.

MOTHER
14. Maiden Name Martha H. Glen
15. Birthplace Rock Hall, Md.

16 (a) Informant Mr. Wm. F. Slater
(b) Address 2309 Roslyn Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/46 (month) (day) (year)
(c) Cemetery or crematory Wesley Chapel
Location Rock Hall, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Hamilton Ave. Baltimore, Md.

19 (a) (b)
(Date rec'd by registrar) Registrar

MAY 6 1946

VS 190

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4, 1946, at 7:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1-1946, to 5-4-1946, and that I last saw alive on 5-3-1946.

Immediate cause of death

Myocardial failure — Duration 4 days

Due to Arteriosclerosis — 3 Mos.

Due to Chronic Nephritis —

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Warner M. D.
Address 1104 Garrison Blvd. Date signed 5-4-46

X

Perth Cert to B# 84929 SOUZIS

G39963 G39963

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (~~yrs.~~ ~~mos.~~, or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3615 Keswick Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Souzis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/17/1943

8. AGE: Years 2 | Months 8 | Days 15 | If less than one day hr. min.

9. Birthplace Balto md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Harry
13. Birthplace Greece

MOTHER
14. Maiden Name Lena curtis
15. Birthplace Greece

16 (a) Informant Father
(b) Address

17 (a) Burial (b) Date thereof 5-2-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Greek cemetery

18 (a) Funeral director Lambros Funeral
(b) Address 440 E North ave

19 MAY 6 - 1946 Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/30 1946, at 11 P M.

21. I certify that death occurred on the date above stated, that I attended deceased from 4/27 1946 to 4/30 1946 and that I last saw h~~er~~ alive on 4/30 1946

Immediate cause of death
Cardio Respiratory failure
Due to Typhoid Fever
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank J. Lyke, M.D.
Address Univ. Hosp. Date signed 4/30/46

VS 150

G39964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33a

Registered No. G39964

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address #684 Falls Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4684 Falls Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David N. Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife Ellen L.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1861

8. AGE: Years 84 | Months 9 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William Anderson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Maria Moore
15. Birthplace Baltimore, Md.

16 (a) Informant: Ada J. Carden
(b) Address 31 Armory St. Lagdwood, N.

17 (a) Burial (b) Date thereof May 6, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1631 Druid Hill Ave.

MAY 6 - 1946 (b) Huntington Williams, M.D.
(Date received by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-2-1946 at 12:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/24 1946 to 5/2 1946 and that I last saw [illegible] alive on 5-2-1946

Immediate cause of death Bronchio Pneumonia — Duration 8 days

Due to Colds & Grippe

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work)
(Specify type of place)
(e) Means of injury

23. Signature Jean R. Blake M. D.

Address 327 N. Central Ave. Received 5/6/46

VS 150

639965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48a

Registered No. 639965

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1401 Riverside ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town 1401 Riverside ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Jordan

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex female | 5. Color or race White | 6 (a) Single, Married, Widowed, or divorced

6 (b) Name of husband or wife Nicholas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years 49 | Months | Days | If less than one day hr. min.

9. Birthplace Turkey (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER 12. Name Bradone Tatarides
13. Birthplace Turkey

MOTHER 14. Maiden Name Simela
15. Birthplace Turkey

16 (a) Informant husband
(b) Address

17 (a) 5-6-46 (Burial, cremation, or removal) (b) Date thereof 5/6/46 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Windsor Mill Rd

18 (a) Funeral director Lambro Funeral
(b) Address 438 to 440 E. North ave

19 (a) (Date received by registrar) 1946 (b) Huntington Williams, M.D.

VS 190

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/2/1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-44 19 to 5/2/1946, and that I last saw h alive on 5/1/1946

Immediate cause of death | **Duration**

Carcinoma of
Due to Cervix (Uteri)
Vaginal Hemorrhage
Due to Carcinoma
Other Conditions Cachexia

3 mo.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isaac Muller M. D.
Address 1401 Riverside ave Date signed 5/6/46

X

G33966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47

Registered No. G33966

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution: US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass. (b) County
(c) City or town Boston (If outside city or town limits, write RURAL and give town)
(d) Street No. 460 Huntington Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Shepley, John Alfred

3 (b) If veteran, name war: WW I

3 (c) Social Security Account No. 213-05-0651

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1896

8. AGE: Years	Months	Days	If less than one day
49	6	23	hr. min.

9. Birthplace Glosop, England (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Alfred D. Shepley
13. Birthplace England

MOTHER
14. Maiden Name Margaret Calahan
15. Birthplace England

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7 46 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Dulaney Road

18 (a) Funeral director Oliver Funeral Home Inc
(b) Address 46 Oliver St.

19 MAY 6 - 1946 (Date rec'd by registrar) (b) Huntington Williams, Mgr Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1946, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 25 1946 to May 3 1946 and that I last saw him alive on May 3 1946.

Immediate cause of death adenocarcinoma right lung with metastasis to brain and liver — Duration unknown

Due to

Due to

Other Conditions none (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest J. Shepley Jr.
Address US Marine Hospital Date signed 5/8/46

G39967 BALTIMORE CITY HEALTH DEPARTMENT G39967

CERTIFICATE OF DEATH

Registered No. 170C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians—please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Garrison
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Latimer Small Stewart, Jr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5 1931

8. AGE: Years	Months	Days	If less than one day
15	0	0	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Latimer Small Stewart
13. Birthplace Md

MOTHER 14. Maiden Name Eleanor Wesley
15. Birthplace Pa.

16 (a) Informant Dr. Geo S. Finney
(b) Address Eccleston Md

17 (a) Burial (b) Date thereof May 7 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Thomas
Location Garrison Forest

18 (a) Funeral director Henry W. Hopkins Sons
(b) Address Eutaw & Lexington Sts

19 (a) MAY 6 - 1946 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 May 1946, at 7.15 P M

21. I certify that I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture of Skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5 May 46 at 6.10 P M Balto Md
(b) Where did injury occur? Valley Road & Garrison Forest Rd
(c) Did injury occur at home, on farm, industrial place, in public place? On Highway While at work? No
(d) Means of injury Truck overturned, auto riding
23. Signature William F. Helfrich M.D.
Medical Examiner.
Date signed 6 May 46

VS 151

G33968 ANITA G33968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52 B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CAROLINE STREET
(c) Hospital or institution: ST JOSEPHS HOSP
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 48

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County 1 Howard
(c) City or town BALTIMORE Elkridge
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1914 ELKRIDGE HTS
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANITA W LAYNOR

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced MARRIED

6 (b) Name of husband or wife ROGER V. LAYNOR

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) 9-16-97

8. AGE: Years 48 | Months 7 | Days 19 | If less than one day hr. min.

9. Birthplace BALTIMORE
(Town, county, and state)

10. Usual Occupation HSWF.

11. Industry or business

FATHER
12. Name Charles Wittler
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Boehm
15. Birthplace Maryland

16 (a) Informant Roger V. Laynor
(b) Address Elkridge, Md.

17 (a) Burial (b) Date thereof MAY 7, 1946
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Grace Cemetery
Location Elkridge, Md.

18 (a) Funeral director H. Kluter Earle
(b) Address 5512 Main St. Elkridge, Md.

MAY 6 - 1946 (b) Huntington Williams M.D.
(Date rec'd by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-4-46 1946, at 11:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-25 1946 to 5-4 1946, and that I last saw her alive on 5-4 1946.

Immediate cause of death CARDIO RESPIRATORY FAILURE

Due to UREMIA

Due to HYDRONEPHROSIS from CARCINOMA of Bladder

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation CA. of BLADDER

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John B Wells M.D.
Address [illegible] Date signed 5-7-46

VS 150

G39963 AB-90298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. G39963

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr- 7mos-14days
(e) Length of stay in Baltimore (yrs., mos., or days) 5yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~2709 Haywood Ave.~~ 2103 Vine St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Townsend (Charles M. Townsend)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Annie E. Townsend
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7- ~~1865~~ 1866

8. AGE: Years	Months	Days	If less than one day
80-~~81~~	1	26	hr. min.

9. Birthplace Md. Baltimore County (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name ~~Charles Townsend~~ Silas Townsend
13. Birthplace Md. Montgomery Co.

MOTHER
14. Maiden Name ~~Susie Evans~~ Alice Weaver
15. Birthplace Baltimore County, Md.

16 (a) Informant ~~Baltimore City Hospitals Records~~ Mrs. Carrie Haney
(b) Address ~~4940 Eastern Ave.~~ 2103 Vine St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6,1946 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director Wilbur Lawrence
(b) Address 4510 Liberty Heights Ave.

19 MAY 6 - 1946 Received by Registrar Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3- 1946, at 8.10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-19 1944, to 5-3- 1946, and that I last saw him alive on 5-3- 1946.

Immediate cause of death Respiratory failure
Due to Bronchopneumonia
Due to
Other Conditions

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Doyle Wallace M. D.
Address B. C. H. Date signed May 7-46

VS 150

G39970 BALTIMORE CITY HEALTH DEPARTMENT + 183 ✓ G39970

CERTIFICATE OF DEATH

Registered No. U.S. Coast Guard

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 Flint Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. C. (b) County
(c) City or town Smithfort
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fred J. Osborne

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23-1923

8. AGE: Years	Months	Days	If less than one day
22	9	9	hr. min.

9. Birthplace Ashland N C
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name Rosa Conner
15. Birthplace

16 (a) Informant U.S. Coast Guard
(b) Address

17 (a) Removal (b) Date thereof 5/6/46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location West Jefferson N C.

18 (a) Funeral director Robt C. & B M. Walton
(b) Address Pratt & Starke Sts

19 MAY 6 - 1946 (b) [illegible] Williams M.D.
(Date rec'd by Local Reg.) (Signature of Local Registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1946, at 9 30 A M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Probably 4/30/46 4/1 at Pier #2 Pratt St. M.
(b) Where did injury occur? Found floating in City Harbor
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? ?
(d) Means of injury Found drowned

23. Signature Howard J. Thurston M.D.
Medical Examiner.
Date signed 5/7/46

G39971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124a

G39971 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1105 Mast Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 Mast Ct.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY O'BRIEN Margarette C. Trippett

3 (b) If veteran, name war

3 (c) Social Security Account No. 234-38-3193

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Rufus

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) ? 1905

8. AGE: Years	Months	Days	If less than one day
41			hr. min.

9. Birthplace Parkersburg W Va
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name — Hadley
13. Birthplace W. Va

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Rufus Trippett
(b) Address 1105 Mast Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6-1946 (month) (day) (year)

(c) Cemetery or crematory
Location Parkersburg W Va

18 (a) Funeral director Hall C. & D. M. Walter
(b) Address 1421 Stricker St.

19 (a) MAY 6 - 1946 (Date rec'd by registrar) Huntington Williams Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4th 1946, at 6 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy, Inspection or Inquiry) Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute alcoholism

Due to

Other Conditions Fatty Liver.

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Homer J. Mussen M.D.
Medical Examiner.
Date signed 5-6-46

G39972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G39972 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lunacy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 Y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 630 S. Fremont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Simon Sorrell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Mary Sorrell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 25, 1877

8. AGE: Years 68 | Months 7 | Days 7 | If less than one day hr. min.

9. Birthplace: Richmond County Va (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: John Sorrell
13. Birthplace: Richmond County Va

MOTHER
14. Maiden Name: Laureal
15. Birthplace: Richmond County Va

16 (a) Informant: Mary Sorrell
(b) Address: 630 S Fremont ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 9, 1946 (month) (day) (year)
(c) Cemetery or crematory: Mount Auburn
Location: City of Baltimore

18 (a) Funeral director: Joseph A Sorby
(b) Address: 409 N Mount Street

19 (a) MAY 6 - 1946 (Date received by registrar) (b) Registrar's signature: [illegible] Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 2, 1946; at M

21. I certify that I took charge of the remains described above, held an Inspection & Inquest (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: Howard J. Madeira M.D.
Medical Examiner.
Date signed 5-2-46

G39973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 35

G39973 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5804 Dale Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 7½ yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County ——
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5804 DALE ROAD (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT CLENDENIN - HARLAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV 28, 1938

8. AGE: Years	Months	Days	If less than one day
7	5	10½	hr. min.

9. Birthplace BALTIMORE MARYLAND
(Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name EDWIN (NMI) HARLAN
13. Birthplace BALTO MD

MOTHER
14. Maiden Name KATHARINE HATCH
15. Birthplace BALTO MD

16 (a) Informant EDWIN HARLAN
(b) Address 5804 DALE ROAD

17 (a) BURIAL (b) Date thereof 6-7-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory DRUID RIDGE
Location PIKESVILLE MD

18 (a) Funeral director John. O Mitchell & Son
(b) Address 1910 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 15a MAY 6 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 5 1946, at 8:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw him alive on 5 MAY 1946.

Immediate cause of death BRONCHOPNEUMONIA, ACUTE, BILATERAL — Duration 1 DAY

Due to MEASLES, SEVERE — 2 DAYS

Due to

Other Conditions CONGENITAL SPASTIC STATE

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John M. Scott M. D.
Address 911 St. Giorgio Road Date signed May 5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

633.774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. 633.774

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hosp. 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7½ mo
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1203 W 42nd St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Eleanor Eichelty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 13, 1925

8. AGE: Years	Months	Days	If less than one day
21	3	22	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James L Eichelty
13. Birthplace Maryland

MOTHER
14. Maiden Name Nellie Sheridan
15. Birthplace Delaware

16 (a) Informant Miss Katherine Barrett
(b) Address 1203 W 42nd St.

17 (a) Burial (b) Date thereof 5-7-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory GREEN MOUNT
Location GREEN MOUNT AVE.

18 (a) Funeral director John O Mitchell & Son
(b) Address 1900 Eutaw place

19 (a) (b)
(Date rec'd by registrar) Registrar

VS 150 MAY 6 - 1946 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5-46 19 46 at 12:3 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 , and that I last saw h alive on 19 .

Immediate cause of death Diabetic Coma — Duration

Due to Diabetes & Acidosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Carl R. Pool M. D.

Address Date signed

X

G39975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G39975 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1633 Belt St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) about 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1633 Belt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary W. Harlow

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Joseph E. Harlow
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Aug. 30, 1894

8. AGE: Years	Months	Days	If less than one day
51	8	3	hr. min.

9. Birthplace King George Co., Va. (Town, county, and state)
10. Usual Occupation Housewife —
11. Industry or business —

FATHER
12. Name Rhodaham A. Douglas
13. Birthplace Westmoreland Co., Va

MOTHER
14. Maiden Name Sarah A. Somerson
15. Birthplace King George Co., Va.

16 (a) Informant Joseph E. Harlow (Husband)
(b) Address 1633 Belt St. Balto. 30, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1946 (Month) (Day) (Year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Anne Arundel Co., Md.

18 (a) Funeral director C. Howard Evans
(b) Address 4005 St. Charles St., Balto. 30, Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. (Registrar)

MAY 6 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3rd, 1946, at 11:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-2 1946, to 5-3 1946, and that I last saw her alive on 5-3 1946

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 Day
Due to Arteriosclerosis — 1 yr.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature A. Mallod
Address 707 Fort Ave. Date signed 5-6-46 M. D.

X

G39976

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

G39976
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street City
(c) Hospital or institution:
Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Frank Henry Mc Donald

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1872

8. AGE: Years	Months	Days	If less than one day
74 yrs	-	6	hr. min.

9. Birthplace Harford Co Md
(Town, county, and state)

10. Usual Occupation Labourer

11. Industry or business

FATHER
12. Name Denis Mc Donald
13. Birthplace Ireland

MOTHER
14. Maiden Name Anne Doran
15. Birthplace Ireland

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley Street City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7 1946 (month) (day) (year)

(c) Cemetery or crematory St Stephens
Location Abingdon Md.

18 (a) Funeral director Rita Wredefield
(b) Address 914 Greenmount Ave

MAY 6 - 1946 (b)
(Date rec'd by Registrar)

Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1946, at 4:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1946, to May 7 1946, and that I last saw h[illegible]M alive on May 2 1946.

Immediate cause of death Cerebral Embolism — Duration 3 Days

Due to Chr Myocarditis

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide none
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elliott Duker

Address 928 E. North Ave Date signed 5/8/46

G39977 ✓ G39977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117B

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 Orpington Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** George Morton "George Christian Morton IV"

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Catharine A. Morton
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) 2-11-1904

8. AGE: Years	Months	Days	If less than one day
42	2	24	— hr. — min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Electrical Contractor
11. Industry or business Owner.

FATHER
12. Name Christian
13. Birthplace Germany

MOTHER
14. Maiden Name Anna
15. Birthplace Germany

16 (a) Informant Catharine A. Morton
(b) Address 606 Orpington Road

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 5-6-46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director J. A. Rippeth & Son
(b) Address 300 Cathedral Street

19 (a) Filed by registrar Huntington Williams, M.D. Registrar
MAY 6 — 1946
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5th May 1946 at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22- 1946 to 5-5- 1946 and that I last saw h alive on 5-5- 1946.

Immediate cause of death Bile Peritonitis, Pancreatitis.

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Chronic duodenal ulcer bleeding in 2nd part of duodenum. Bile peritonitis, pancreatitis

Date of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Wirt Hollyes M.D.
Address St. Agnes Hosp. Date signed 5/5/46

G33978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

Registered No. G33978

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Forest & Eager Sts
(c) Hospital or institution:
Md. State Penitentiary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Beckley
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theodore R. Quesenberry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	

6 (b) Name of husband or wife

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) July 15-1913

8. AGE: Years	Months	Days	If less than one day
32 33	9	21	hr. min.

9. Birthplace Stanford West. Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Clarence Quesenberry
13. Birthplace Beckley West. Va.

MOTHER 14. Maiden Name Pearl Brumpt
15. Birthplace Beckley West. Va.

16 (a) Informant Colley Funeral Home
(b) Address 90 Third St. Beckley W. Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/46 (month) (day) (year)

(c) Cemetery or crematory
Location Beckley West. Va.

18 (a) Funeral director John A. Mahan
(b) Address 300 E. Baltimore St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5, 1946, at 2:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Stab wound of heart

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 5-5-46 at 12:10 P. M.
(b) Where did injury occur? Md. State Penitentiary Yard Forrest & Eager Streets
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? No
(d) Means of injury Stabbing instrument

23. Signature Howard J. Walker M.D.
Medical Examiner.
Date signed 5-6-46

G33979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

98

G33979 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Hayette
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto, Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2908 Liberty Parkway (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Williams

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W	

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6 1866

8. AGE: Years	Months	Days	If less than one day: hr.	min.
80	0	14		

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER 12. Name August Williams

13. Birthplace Balto

MOTHER 14. Maiden Name Mary Heinlein

15. Birthplace Balto

16 (a) Informant daughter

(b) Address Dundalk md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7 1946 (mo.) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Eastern Ave. Road

18 (a) Funeral director Kendall & Heppe

(b) Address 3125 Hollins St

19 (a) (Date rec'd by registrar) (b) Registrar

Huntingtor Williams, M.D.

MAY 6 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1946, at 1:37 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 27 1946 to May 3 1946, and that I last saw h. alive on May 3 1946

Immediate cause of death	Duration
Cardiac failure	
Due to Cardiac & Lung Thrombosis	
Due to Uremia from diabetes gangrene	
Other Conditions Gangrene of left foot	

(Include pregnancy within 3 months of death)

Date of operation May 3 1946

Major findings of operation: Gangrene of left foot

If autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. T. Hutchins M. D.

Address Church Home Date signed May 7/46

G39980 ✓ G39980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122a

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 319 N Bend Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9

(e) Length of stay in Baltimore (yrs., mos., or days) 18 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 319 N Bend Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary K Ebaugh.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife David A Ebaugh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 18 - 1852

8. AGE: Years	Months	Days	If less than one day
93	5	6 18	hr. min.

9. Birthplace Maryland Penna.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name John Benedict
13. Birthplace Md

MOTHER
14. Maiden Name Lavina McAllister
15. Birthplace Md.

16 (a) Informant Claude Ebaugh
(b) Address 319 N Bend Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9/46 (month) (day) (year)
(c) Cemetery or crematory Grace cemetery
Location Balto Co Md

18 (a) Funeral director Edw E Tipton
(b) Address Hampstead Md

19 (a) Filed (Registrar) Huntington Williams, M.D. Registrar

MAY 6 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6- 1946 at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan - 3 1934 to 5-6- 1946 and that I last saw her alive on 5-5- 1946

Immediate cause of death Intestinal Obstruction — Duration 2 days.

Due to Inguinal Hernia — 25 yrs.

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hoge Johnson M. D.

Address Catonsville, Md Date signed 5-6-46

X

G33981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G33981 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4638 Reisterstown Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4638 Reisterstown Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eugene J Norwitz

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-6723

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Charlotte
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1917

8. AGE: Years	Months	Days	If less than one day
29		26	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business Gas. & Oil Dealer

FATHER
12. Name Samuel Norwitz
13. Birthplace Baltimore

MOTHER
14. Maiden Name Annie Satisky
15. Birthplace Baltimore

16 (a) Informant Samuel Norwitz
(b) Address 2908 Ulman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1946 (month) (day) (year)

(c) Cemetery or crematory Bnai Israel Cemetery
Location Southern Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

MAY 7 - 1946 (Huntington Williams Jr)
(Must not be rec'd by Registrar later)

MEDICAL CERTIFICATION 5.20

20. DATE OF DEATH May 6 1946 at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1946 to May 6 1946 and that I last saw h[illegible] alive on May 6 1946

Immediate cause of death: Carcinoma of Parotid Gland — 4 months
Due to: & cerebral metastasis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Manuel Lerm M. D.
Address 4818 Reisterstown Rd Date signed May 6/46

VS 150

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G39982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 11

Registered No. G39982

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1288 RIVERSIDE AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County [illegible]
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1288 RIVERSIDE AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN B. STRAUB

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	SINGLE

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) MAY 12 1883

8. AGE: Years	Months	Days	If less than one day
62	11	24	hr. min.

9. Birthplace BALTIMORE MD (Town, county, and state)
10. Usual Occupation STREET CLEANING DEPT.
11. Industry or business BALTIMORE CITY.

FATHER
12. Name CHARLES STRAUB
13. Birthplace GERMANY.

MOTHER
14. Maiden Name ELIZABETH ABENDSCHON
15. Birthplace BALTO. MD.

16 (a) Informant ELIZABETH. CASTLE.
(b) Address 1288 RIVERSIDE AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-8-46 (month) (day) (year)
(c) Cemetery ~~or crematory~~ HOLY CROSS
Location A.A. Co.

18 (a) Funeral director Bernard E Hanlon
(b) Address 121 E West St

19 MAY 7 - 1946 Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 6 1946 at 4 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1944 to May 6 1946 and that I last saw h[illegible] alive on May 5 1946

Immediate cause of death Diabetes Mellitus — Duration 2 yrs
Due to Chronic Bronchitis — Duration 20 yrs
Due to [illegible]
Other Conditions Nephritis — Duration 1
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. E. Campbell M.D.
Address 1644 Hanover Date signed 5/16/46

G39983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 C

G39983 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 739 W Lexington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 739 W Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Kazimier Mikolaitis

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Widowed

6 (b) Name of husband or wife Magdlina
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day hr.	min.
67				

9. Birthplace Lith (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER 12. Name ?
FATHER 13. Birthplace Lith

MOTHER 14. Maiden Name ?
MOTHER 15. Birthplace Lith

16 (a) Informant Cris Mikolaitis
(b) Address 739 W Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9 46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Belair Rd

18 (a) Funeral director Joseph Kasmskas Jr
(b) Address 602 Wash. Blvd

19 (Date received by registrar) MAY 7 - 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4, 1946, at 10:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 28 1945 to May 4, 1946 and that I last saw him alive on May 1 1946

Immediate cause of death Myocardial insufficiency — Duration 3 days

Due to Pulmonary edema — 6 hrs

Due to Arterio-sclerosis — No. of years

Chronic arthritis — Number of years

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. A. Kasmskas M.D.
Address 3037 O'Donnell St Date signed 5-6-46 M. D.

VS 150

G39984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G39984 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Pk. Drive & 31st St.
(c) Hospital or institution: US Marine Hospital, Balto, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 12 days
(e) Length of stay in Baltimore (yrs., mos., or days): 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County:
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 2936 Westwood Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3 (a) FULL NAME: Brocato, (Sam) SIMONE

3 (b) If veteran, name war: WW I

3 (c) Social Security Account No.: 214-20-6445

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Rose Centineo Brocato
6 (c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): Aug. 31, 1894

8. AGE: Years	Months	Days	If less than one day
51	8	4	hr. min.

9. Birthplace: Pallermo, Italy
(Town, county, and state)

10. Usual Occupation: none

11. Industry or business:

FATHER
12. Name: Sam Brocato
13. Birthplace: Italy

MOTHER
14. Maiden Name: Servino Domino
15. Birthplace: Italy

16 (a) Informant: Records
(b) Address: US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/46 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location: Baltimore

18 (a) Funeral director: Martin Fahey & Sons
(b) Address: 1827 W. North Ave.

MAY 7 - 1946 (Date rec'd by local registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 5 1946, at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 23 1946, to May 5 1946, and that I last saw him alive on May 5 1946.

Immediate cause of death: Arteriosclerotic heart disease with remote coronary thrombosis. — Duration: 8 mos.

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: John L. Wilson
John L. Wilson, Sr. Surgeon M. D.
Address: Clinical Director Date signed: 5/6/46

VS 180

G33985 Birth Cert No B 46529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G39985 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1633 Lamman Court
(c) Hospital or institution: 15

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) [redacted]

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1633 Lamman Court (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Crawford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4, 1946

8. AGE: Years	Months	Days	If less than one day
			0 hr. 13 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation newborn

11. Industry or business

FATHER
12. Name Clifford Edward Hicks
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Geraldine Fay Crawford
15. Birthplace Baltimore Maryland

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 6 1946
Commissioner of Health

18 (a) Funeral director
(b) Address

19 MAY 7 1946 (Date rec'd by registrar) (Huntington Williams) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 May 1946, at 6 15 P.M

21. I certify that death occurred on the date above stated, that I attended deceased from 4 May 1946, to 4 May 1946, and that I last saw h alive on 19

Immediate cause of death	Duration
Atelectasis	
Due to Immaturity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William [illegible] Hitter M.D.
Address University Hospital Date signed 5/7/46

VS 150

F 3473

G33986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12 7B

Registered No. G39986

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt
(c) City or town Balt.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2233 Christian St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Chester Salgee

3 (b) If veteran, name war None
3 (c) Social Security Account No. 214-03-5374

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Mary Nellie Salgee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 9, 1898

8. AGE: Years	Months	Days	If less than one day
47	3	28	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business - Balt Porcelain & Enamel Co

FATHER
12. Name Henry Salgee
13. Birthplace Balt Md.

MOTHER
14. Maiden Name Mary L. Salgee
15. Birthplace Md.

16 (a) Informant Mrs. Mary Telchewitz
(b) Address 2103 Meyer St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, 1946 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director George L. Schmidt
(b) Address 2101 Frederick Avenue

19 MAY 7 1946 (b) Registrar

Huntington Williams, MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7 1946, at 4:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-5 1946 to 5-7 1946 and that I last saw h[illegible] alive on 5-7 1946

Immediate cause of death CIRC. Failure — Duration

Due to Hepatic Insufficiency

Due to Biliary Obstruction

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Thomas B. Lebherz
Address Mercy Hosp Date signed 5-7-46 M. D.

T. B. Lebherz

G39987

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G39987
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edward & Greene Sts
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County [illegible]
(c) City or town 512 Hewins Road
(If outside city or town limits, write RURAL and give town)
(d) Street No. Radford Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eliza. Gertrude Jones
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widow

6 (b) Name of husband or wife Samuel A. Jones
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 31 - 1872

8. AGE: Years	Months	Days	If less than one day
74	3	6	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Home work
11. Industry or business

FATHER
12. Name Thomas Shaw
13. Birthplace Maryland

MOTHER
14. Maiden Name Eliza Unknown
15. Birthplace Unknown

16 (a) Informant Leslie O. Jones
(b) Address 1711 Letitia Ave. Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director D. L. Hutchins
(b) Address Baltimore Md

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MAY 7 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1946, at 12:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1946 to May 6 1946 and that I last saw h alive on May 6 1946.

Immediate cause of death
(1) Cardiac failure
Due to Congestive heart failure, pulmonary edema, Cardiac hypertrophy
Due to Thyrotoxicosis & Hypertensive Heart disease
Other Conditions

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Richard J. Cross M. D.
Address University Hosp Date signed 5/7/46

G33988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G33988 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2936 Winchester St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) About 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2936 Winchester St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN EDGAR BEATTY, SR.

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Helen B. Beatty
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18, ~~1852~~ 1891

8. AGE: Years	Months	Days	If less than one day
~~55~~ 54	5	18	hr. min.

9. Birthplace Penna.
(Town, county, and state)
10. Usual Occupation Supt.
11. Industry or business Coca Cola Co.

FATHER
12. Name John Henry Beatty
13. Birthplace Penna.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. Helen B. Beatty
(b) Address 2936 Winchester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b)

VS MAY 7 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 1946 at 12:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1946 to May 6 1946 and that I last saw ~~him~~ her alive on May 5 1946.

Immediate cause of death Cerebral Hemorrhage — Duration 7 weeks

Due to Hypertensive Cardio-Renal Disease — Duration 7 yrs ?

Due to Essential Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert J. Stuchat M. D.
Address 230 E. Lexington St. Date signed 5/10/46

Huntington Williams, M.D.

(over) Albert J. Stuchat

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. 33959

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2742 E. Baltimore St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2742 E. Baltimore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GRACE B. NORRIS

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife William I. Norris, Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1883

8. AGE: Years	Months	Days	If less than one day
62	5	28	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William A. Beardsley
13. Birthplace N. Y.

MOTHER
14. Maiden Name Emma Conklin
15. Birthplace Baltimore

16 (a) Informant Mr. William I. Norris
(b) Address 2742 E. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4, 1946 at 10:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1946 to May 4 1946 and that I last saw h 2 alive on May 4 46

Immediate cause of death — Duration

Carcinoma of Breast

Due to Generalized.

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation April 4 46
Major findings of operation: Carcinoma
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. J. Tickner M. D.
Address 2536 E Balto. Date signed May 6 46

MAY 7 - 1946 Huntington Williams, M

X

639990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1702

639990 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2011 W. Saratoga St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas H. Knight

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 216-18-4855

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	widowed

6 (b) Name of husband or wife: Annie Knight
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1887

8. AGE: Years	Months	Days	If less than one day
69	2	26	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Swindell Bros.

FATHER
12. Name William R. Knight
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Rhoades
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Florence M. Clickner
(b) Address 2011 W. Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/46 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. RICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5. 1946 at 4 A. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractured Thoracic Vertebrae (broken back)
Due to
Other Conditions Fractured ribs - multiple bruises
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5/4/46 at 11 P. M.
(b) Where did injury occur? 1400 blk. W. LOMBARD ST.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No.
(d) Means of injury Pedestrian Struck by auto.

23. Signature Thomas J. Waldron M.D. Medical Examiner.
Date signed 5-6-46

VS 101 - 1946

G35491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1710

(Registered No.)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution? West Baltimore Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1653 N. Monroe st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Edgar Davis

3 (b) If veteran, name war: S. A.

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Rose E. Davis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1, 1869

8. AGE: Years 77 | Months 3 | Days 4 | If less than one day: hr. min.

9. Birthplace: Brooklyn, N. Y.
(Town, county, and state)

10. Usual Occupation: Carpenter

11. Industry or business: Retired

FATHER
12. Name: Charles Wesley Davis
13. Birthplace: Long Island, N. Y.

MOTHER
14. Maiden Name: Unknown
15. Birthplace: "

16 (a) Informant: Mrs. Edna Evans
(b) Address: Pasadena, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/8/46 (month) (day) (year)
(c) Cemetery or crematory: Lorraine Park
Location: Woodlawn, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

VS(21)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5th 1946, at 1:55 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fracture Skull

Due to

Other Conditions Multiple contusions, bruises & bruises.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: 15/2
(a) Date of injury 5/4/46 at 1:45 A. M.
(b) Where did injury occur? Pressburg & Fulton Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian Struck by streetcar

23. Signature Howard J. Mealbein M.D.
Medical Examiner.
Date signed 5-6-46

G33992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G33992 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1913 Wilhelm St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1913 Wilhelm St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Emory Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21, 1905

8. AGE: Years	Months	Days	If less than one day
40	6	11	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Chauffeur
11. Industry or business City of Balto.

FATHER
12. Name Charles Miller
13. Birthplace Md.

MOTHER
14. Maiden Name Susan A. Gineman
15. Birthplace Md.

16 (a) Informant Leila Gineman
(b) Address Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7/46 (month) (day) (year)
(c) Cemetery or crematory Westerly
Location Edmondson Ave. & Longwood

18 (a) Funeral director Harry H. Little
(b) Address 401 Edmondson Ave

19 MAY 7 - 1946 (Date rec'd by registrar) Huntington Williams, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1944 to May 1946
and that I last saw him alive on May 2 1946

Immediate cause of death PULMONARY TUBERCULOSIS. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund W. Mahaffa M. D.
Address 1945 W. Baltimore Date signed 5-6-46

VS 150

G33993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

G39993 Registered No.

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1719 Edmondson Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and the town)
(d) Street No. 1719 Edmondson Ave
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leona Chandler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F 44	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years	Months	Days	If less than one day
44			hr. min.

9. Birthplace Louisanna
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace " "

16 (a) Informant Mrs Hattie Madison
(b) Address 1719 Edmondson Ave
17 (a) Buried (b) Date thereof 5-8-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md
18 (a) Funeral director Wm Frank H. Heath
(b) Address 528 W. Biddle St
MAY 7 - 1946 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 May 1946 at 12 10 M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Hypertensive Cardio -
Due to Vascular Disease

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William J Kelly M.D.
Medical Examiner
Date signed 6 May 46

VS 151

G33934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G33934

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6000 Bellona Ave,

(c) Hospital or institution:
Edgewood Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md, (b) County Somerset

(c) City or town Marion Station
(If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Aurelia Florence Miles

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife *****

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1852

8. AGE: Years	Months	Days	If less than one day
93	10	22	hr. min.

9. Birthplace Marion Station, Maryland,
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Southey F. Miles

13. Birthplace Marion Maryland.

MOTHER

14. Maiden Name Christina F. Roach

15. Birthplace Somerset Co, Maryland

16 (a) Informant Mr Southey F. Miles

(b) Address 1909 Chelsea Rd, Baltimore

17 (a) Burial (b) Date thereof 5/8/1946
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Family Burial Plot

Location Marion Station Somerset Co, Md

18 (a) Funeral director Howard J. Dill

(b) Address 19 W. Penna, Ave, Towson, Md

19 (a) (b) Huntington Williams, M.D. (Registrar)
(Date rec'd by registrar)

MAY 7 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6. 1946, at 2:50A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1945 to May 6 1946 and that I last saw her alive on May 5 1946.

Immediate cause of death Bronchio-pneumonia — Duration 10 days

Due to Arterio-sclerotic Heart Disease — Duration

Due to Senile arteriosclerosis — Duration

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Geo. Dawson

Address 4808 Harford Rd Date signed 5/7/46 M. D.

X

G33995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13D

G33995 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Linden & Madison Ave.

(c) Hospital or institution: Maryland General Hospital 1300

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town 829 West 36th Street (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Selina Tuckton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
fe	W	W

6 (b) Name of husband or wife Wm. Tuckton.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 21, 1880

8. AGE: Years	Months	Days	If less than one day
65	7	15	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Wm. Flowers.

13. Birthplace Maryland.

MOTHER

14. Maiden Name Margaret Mowbury.

15. Birthplace Maryland.

16 (a) Informant Elmer Tuckton.

(b) Address 829 W 36th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8/46 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville Md

18 (a) Funeral director Clemmer & Donovan

(b) Address 3615-17 Chestnut Ave

19 (a) MAY 7 - 1946 (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH. May 6 1946, at 1:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1946, to May 6 1946, and that I last saw h alive on 19.

Immediate cause of death Terminal pneumonia

Due to Arteriosclerotic C.V. disease.

Due to

Other Conditions Atonic bladder

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C. E. Gonzales

Address Maryland General Hospital Date signed M 5 D 6/46

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

633996

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46 E

Registered No. 6339 [illegible]98

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2229 Penna. Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2229 Penna. Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Olivia Estella Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Archie Jones 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-17-82

8. AGE: Years 63 | Months 7 | Days 18 | If less than one day hr. min.

9. Birthplace Baskerville, Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joshua Bonds
13. Birthplace Va.

MOTHER
14. Maiden Name Lucy Morse
15. Birthplace Va.

16 (a) Informant James Jones
(b) Address 2229 Penna. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-46 (month) (day) (year)

(c) Cemetery or crematory
Location Baskerville, Va

18 (a) Funeral director Charles R. Law
(b) Address 802 Madison Ave.

19 (a) (b) Huntington Williamsport, Md.

MAY 7 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5-1946 at 1 0 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-6-1946 to 5-5-1946 and that I last saw h[illegible] alive on 5-4-1946.

Immediate cause of death: Carcinoma of intestines — Duration: 8 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 10 29 N. Stricker Date signed 5-6-46

G33997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30E

G33997

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. BEGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 568 W. Preston St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Dor 17
(e) Length of stay in Baltimore (yrs., mos., or days) 18yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 568 W. Preston St
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Bertha Coates

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Alonzo Coates
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) 1-9-99

8. AGE: Years	Months	Days	If less than one day
47	3	27	..... hr. ..... min.

9. Birthplace Warrington, Georgia
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Raymond Haymon
13. Birthplace Dublin, Ga

MOTHER
14. Maiden Name Carey Matthews
15. Birthplace Dublin, Ga.

16 (a) Informant Alonzo Coates
(b) Address 568 W. Preston St.

17 (a) Burial (b) Date thereof 5-9-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. G. Co. Md.

18 (a) Funeral director Charles F. Law
(b) Address 802 Mary[illegible] Ave. Washington Blvd.

19 (a) ..... (b) .....
(Date rec'd by registrar) Registrar

MAY 7 1946

VS 941

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4th 1946 at 7A M

21. I certify that I took charge of the remains described above, held an Autopsy & Inq. thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Cardio-vascular Syphilis

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur? .....
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....
(d) Means of injury .....

23. Signature Howard J. Warren M.D.
Medical Examiner.
Date signed 5-4-46

G33998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G33998 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give name)
(d) Street No. 1703 N Payson St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK Schreiber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Esther
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER
12. Name Max
13. Birthplace Russia

MOTHER
14. Maiden Name Mollie
15. Birthplace Russia

16 (a) Informant Esther Schreiber
(b) Address 1703 N Payson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-46 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cem
Location

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E Balto St

19 (a) Date received MAY 7 1946 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6- 1946 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-23 1946 to 5-6 1946 and that I last saw him alive on 5-6 1946

Immediate cause of death Cancer of Sigmoid with metastasis causing
Due to Obstructive jaundice
Due to Diabetes Mellitus

Duration
1941

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 5-6-46
Major findings of operation: Ca Sigmoid = metastasis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. S. Gordon
Address Sinai Hospital Date signed 5/6/46 M.D.

VS 150

633999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

Registered No. 633999

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring + Belvedere Aves
(c) Hospital or institution: Levindale Hebrew Home + Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5018 Dennore Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Max Lewis
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Freda
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name unknown
13. Birthplace Russia

MOTHER
14. Maiden Name unknown
15. Birthplace Russia

16 (a) Informant Jacob Levin
(b) Address 4001 Norfolk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-46 (month) (day) (year)
(c) Cemetery or crematory Beth Tfiloh
Location Dolfield Mill Road

18 (a) Funeral director Jacob Levin Inc
(b) Address 1639 E Balto St

19 (a) MAY 7 1946 (Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6 1946 at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-6 1946 to 5-6 1946 and that I last saw h[illegible] alive on 5-6 1946.

Immediate cause of death	Duration
cerebral hemorrage	
Due to	
Due to	
Other Conditions Parkinsons Synds. Bronchial asthma (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hedwin L Levin M. D.
Address Levindale Date signed 5-6-46

VS 186

G-3000

G-3000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 522

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1701 Ellamont St

(c) Hospital or institution: Fenhlath Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3415 Liberty Heights Ave (If rural, give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bessie Blacker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Morris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 76 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Elee

13. Birthplace Russia

MOTHER 14. Maiden Name Mirgan

15. Birthplace Russia

16 (a) Informant Mrs Jeanne Tooby

(b) Address 3415 Liberty Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-46 (month) (day) (year)

(c) Cemetery or crematory Dhai Israel

Location Forthern Ave

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E Balto St

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 7 1946

VS 180

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-5-1946 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1946 to 5/5 1946, and that I last saw h[illegible] alive on 5/5 1946.

Immediate cause of death: Pulmonary edema — Duration: 1 day

Due to: Myocardial infarction — Duration: ?

Due to:

Other Conditions: Hypertension — Duration: 1 year?

(Including pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank Lemmon M. D.

Address 4001 Liberty Hgts Ave Date signed 5/6/46

C-10001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46a

Registered No. C-10001

PLEASE WRITE WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Do not abbreviate. Give the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 d
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 110 Reedbird Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Dixon

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-03-3278

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Elmer Dixon

6 (c) If ~~wife~~, give age years

7. Birth date of deceased (mo., day, yr.) June 6. 1898

8. AGE: Years 47 | Months 10. | Days 29 | If less than one day ..... hr. ..... min.

9. Birthplace Texas
(Town, county, and state)

10. Usual Occupation Janitress

11. Industry or business

FATHER
12. Name Dont Know
13. Birthplace Dont Know

MOTHER
14. Maiden Name Dont Know
15. Birthplace

16 (a) Informant Katherine Dixon
(b) Address 110 Reedbird Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7 1946 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cemetery
Location Patapsco Highway

18 (a) Funeral director Martin J. Connor
(b) Address 112 N. Howard Ave

MAY 7 - 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 May 1946 at 4:10 P.M.

21. I certify that I took charge of the remains described above, held an Inquest and Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William J. Kelpatrick M.D.
Medical Examiner.
Date signed 6 May 46

VS 151

G4000.2 G4000.2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2812 Strathmore Ave. (Hamilton)
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2812 Strathmore Ave. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME FANNIE M. FULD.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1875.

8. AGE: Years	Months	Days	If less than one day
70	4	7	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired Office Clerk.

11. Industry or business

FATHER 12. Name Philip Fuld,
13. Birthplace Germany.

MOTHER 14. Maiden Name Nancy Straus,
15. Birthplace Germany.

16 (a) Informant Miss. Laura Fuld,
(b) Address 2812 Strathmore Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5.8.46. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director David Lowenstein & Son
(b) Address 1902 Eutaw Place.

19 (a) (Date rec'd by registrar) Huntington Williams (Registrar)

MAY 7 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5th. 1946, at P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2nd 1941, to May 5th 1946, and that I last saw h[illegible] alive on May 2nd 1946.

Immediate cause of death	Duration
Coronary occlusion	
Due to Arteriosclerosis.	
Due to Medical regurgitation	
Other Conditions Decompensation	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Edward Weiss M. D.
Address 3005 St. Paul St. Date signed 5-6-46

X

G40003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

G40003 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1609 Ruxton avenue (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. [redacted] Fisher (Martha H.)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Mr. Samuel Louis Fisher
6 (c) If alive, give age? years
7. Birth date of deceased (mo., day, yr.) Feb. 13, 1868

8. AGE: Years	Months	Days	If less than one day hr.	min.
78	2	20		

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Mr. Philip Helstein
13. Birthplace ? Germany

MOTHER
14. Maiden Name Sophie Hebe,
15. Birthplace ? Germany

16 (a) Informant Hospital Records, UMH
(b) Address Calvert & 33rd St., Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/46 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director Laird Sondheimer Son
(b) Address 1902 Eutaw Place

19 (a) MAY 7 - 1946 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1946, at 11 05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1946, to May 5 1946, and that I last saw her alive on May 5 1946.

Immediate cause of death Respiratory failure — Duration: 6 days

Due to Bronchopneumonia

Due to

Other Conditions Hypertensive Cardiovascular Disease Failure

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Laurence H. Jones Jr. M. D.
Address Union Mem. Hosp. Date signed 5-5-46

VS 150

107

Wm. M. Schreiber
54 S. Fulton
G40004

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30

Registered No. G40004

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5915 Beaubien Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George Francis May

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Marie Y May
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/15/1902

8. AGE: Years	Months	Days	If less than one day
44	0	17	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Printer
11. Industry or business

FATHER
12. Name George May
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary Hoffman
15. Birthplace Baltimore Maryland

16 (a) Informant Marie May
(b) Address 5915 Beaubien Ave, Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto-

18 (a) Funeral director Leonard J Ruck
(b) Address 5305 Harford Rd.

19 (a) MAY 7 1946 (b) Huntington Williams

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 May 1946, at 1133 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1 May 1946, to 5 May 1946, and that I last saw h~~e~~ alive on 5 May 1946.

Immediate cause of death: Arteriosclerotic Cardiovascular Disease — Duration ?

Due to Coronary Insufficiency — Duration ? one hours

Due to ~~Hemorrhage~~ — Duration

Other Conditions Dissecting Aneurism aorta (Thoracic) — Duration ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. M. Schreiber M. D.
Address 54 S. Fulton Ave Date signed 5-6-46

G40005 BALTIMORE CITY HEALTH DEPARTMENT G40005

CERTIFICATE OF DEATH 1108

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1604 Mc Kean Ave
(c) Hospital or institution: 15 W

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 Mc Kean Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No) Y
If yes, name country

3 (a) FULL NAME William C. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M.

5. Color or race: C.

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/4/99

8. AGE: Years 47 | Months 2 | Days 3 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Isaac Brown
13. Birthplace Md.

MOTHER
14. Maiden Name Emma Morris
15. Birthplace Md.

16 (a) Informant Emma C. Smith
(b) Address

17 (a) Burial (b) Date thereof 5-7-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto. Co.

18 (a) Funeral director Sam'l. W. Cohen & Son
(b) Address 638 N. Dithmar St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/4 1946 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1 1946 to 5/4 1946 and that I last saw h alive on 5/3 1946

Immediate cause of death
Lobar Pneumonia

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration
4 D
Je

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work
(Specify type of place)
(e) Means of injury

23. Signature B. N. Statelaw
Address 1 W Preston Date signed 5/6/46

MAY 7 - 1946

X

G40006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G40006 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 426 N. Calhune Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 426 N. Calhune
(If rural give location) Calhoun
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Ann Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	Widowed

6 (b) Name of husband or wife Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 1855

8. AGE: Years	Months	Days	If less than one day
90	6	17	hr. min.

9. Birthplace Richmond, Va.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Dr Lucius Butler
(b) Address 426 N. Calhune

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7, 1946 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co. Md.

18 (a) Funeral director Wm. George St. Holland
(b) Address 4[illegible] Druid Hill Ave

MAY 7 - 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5, 1946, at 4:45P

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1946, to May 5 1946, and that I last saw h er alive on May 5 1946.

Immediate cause of death	Duration
Congestive Heart Failure	1 Mo.
Due to Hypertensive Cardio-Vascular Desease	6 Mo.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. J. McDonald, M.D.
Address 844 N. Carey Street Date signed 5/7/46

VS 3

G40007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1928 Registered No. G40007

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline ave.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 14 N. Eutaw Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Alexander Semma SEMMA

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-3602

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife Catherine Semma
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years	Months	Days	If less than one day
About 55			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name ? Semma
13. Birthplace Russia

MOTHER
14. Maiden Name Not know
15. Birthplace Russia

16 (a) Informant Mrs Catherine Semma
(b) Address 14 N. Luzerne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8-46 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Russian
Location Stone Run Md.

18 (a) Funeral director John A. Grebhardt Jr.
(b) Address 423 S. Paca St.

19 (a) MAY 7 - 1946 (Date rec'd by registrar) (b) Registrar's No. Interior Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5-46 19 . at 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/22/46 19 . to 5-5-46 19 .
and that I last saw [illegible] alive on 5/1/46 19 .

Immediate cause of death Cardiac - Senility Failure.
Due to Paralysis agitans
Due to Old age

Duration

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eugene J. Lilly M. D.
Address St. Joseph's Hospital Date signed 5/6/46

X

VS 150

G40008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G40008 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3032 Belmont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3032 Belmont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dorothea Dietz

3 (b) If veteran, name war —
3 (c) Social Security Account No. 714-05-6895

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 7. 1895

8. AGE: Years	Months	Days	If less than one day
50	5	28	hr. min.

9. Birthplace Washington D.C. (Town, county, and state)
10. Usual Occupation Clerk.
11. Industry or business Railway Express Agency Inc

FATHER
12. Name Michael Dietz
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Multhauer
15. Birthplace Germany

16 (a) Informant Clarence L. Jones
(b) Address 3032 Belmont Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5-8-46 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location Washington D.C.

18 (a) Funeral director H. Howard Strong
(b) Address 3207 W. North Ave.

19 (a) MAY 7 – 46 (Signature of local registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION 5.45

20. DATE OF DEATH May 5 1946, at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 25 1946, to May 5 1946, and that I last saw h alive on May 5 1946.

Immediate cause of death
Carcinoma of
Due to Breast with
Due to Metastases
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation May 10-1944
Major findings of operation Carcinoma
of breast.
of autopsy:

Duration
1943

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Pauline Brown
Address 663 N. North Ave. Date signed 5/5/46 M D

VS 150

640009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

640009 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 1526 RIVERSIDE AVE (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CONRAD MECKEL

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-09-7983

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife ELIZABETH MECKEL

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) MAY-15-1870

8. AGE: Years	Months	Days	If less than one day
75	11	21	hr. min.

9. Birthplace BALTIMORE MD (Town, county, and state)

10. Usual Occupation MACHINIST

11. Industry or business REVERE & COPPER. BRASS

FATHER

12. Name MARTIN J. MECKEL

13. Birthplace GERMANY.

MOTHER

14. Maiden Name MARET BRENTMILLER

15. Birthplace GERMANY

16 (a) Informant ELIZABETH MECKEL

(b) Address 1526 RIVERSIDE AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-10-46 (month) (day) (year)

(c) Cemetery or crematory HOLY CROSS. Location A A Co.

18 (a) Funeral director Bernard C Harle

(b) Address 121 E WEST ST.

19 MAY 7 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6 1946, at 5.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-24 1946 to 5-6 1946 and that I last saw h alive on 5/6 1946

Immediate cause of death Bronchopneumonia

Due to Carcinoma Lung (left) with metastasis to Adrenals

Due to Fracture femur

Other Conditions Benign Prostatic hypertrophy (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Fracture Femur

of autopsy Ca lung

Duration
7 days
14 days

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence 4/24/46 at 24 M

(c) Where did injury occur? 1526 Riverside ave (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No

(e) Means of injury Fell off bucket

23. Signature J. S. Gordon M. D.

Address Sinai Hospital Date signed 5/6/46

Howard A. Meredith M. D.

VS 150

G40010 G40010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1182a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Hosp'l
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2308 Hawkins Point Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jerome A. Pitts

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/1/46

8. AGE: Years	Months	Days	If less than one day
	3		hr. min.

9. Birthplace Baltimore Co, Md. (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Melvin Pitts
13. Birthplace Maryland

MOTHER
14. Maiden Name Dorothy Peterson
15. Birthplace Maryland

16 (a) Informant Melvin Pitts
(b) Address 3312 Hawkins Pt. Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co, Md.

18 (a) Funeral director H. A. Jackson
(b) Address 916 Edna Ave Curtis Bay, Md.

19 (a) MAY 7 - 1946 (Date rec'd by registrar) (b) Huntington Williams, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5th 1946 at 4 20 P. M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Suffocation

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-6- at 2515 A M.
(b) Where did injury occur? Home
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? no
(d) Means of injury Bed clothing

23. Signature Homer L. Mercer M.D. Medical Examiner.
Date signed 5-6-46

VS 151

G40031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G40031

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5111 Queensberry Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md, (b) County Balto.,
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5111 Queensberry Ave., (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah R. Jones

3 (b) If veteran, name war ----
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John A. Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1857

8. AGE: Years	Months	Days	If less than one day
88	7	12	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business "

FATHER
12. Name George W. Wolfe
13. Birthplace Maryland

MOTHER
14. Maiden Name Araminta L. Meyers
15. Birthplace Maryland

16 (a) Informant Mrs. Sarah A. Crockett
(b) Address 5111 Queensberry Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-8-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Baltimore, Maryland

18 (a) Funeral director LORING BYERS
(b) Address 5005 Park Heights Ave

19 MAY 7 - 1946 Filed by registrar Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 1946 at 12:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from DEC 4 1945, to May 6 1946 and that I last saw h[e] alive on May 6 1946.

Immediate cause of death	Duration
Cerebral Hemorrhage	12/4/45
Due to	?
Due to Diabetes	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John D. Bebat M. D.
Address 5063 Park Heights Date signed 5/6/46

X

VS 150

G40012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 F

Registered No. G40012

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 34 D
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2913 St. Paul St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John F. Kelly — John Francis Kelly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife Lyda Anderson
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 9-29-1871

8. AGE: Years	Months	Days	If less than one day
74	7 10	6 7	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Patrick Kelly
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Barrett
15. Birthplace Ireland

16 (a) Informant Mrs. Lyda A. Kelly
(b) Address 2913 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Henry W. Mears & Son
(b) Address 805 N. Calvert St.

19 MAY 7 - 1946 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6 1946, at 2.25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-3 1946 to 5-6 1946, and that I last saw him alive on 5-6 1946.

Immediate cause of death: Cardio resp. failure
Due to: Carcinoma of biliary duct
Due to:
Other Conditions: metastasis to liver
(Include pregnancy within 3 months of death)
Date of operation 4-13-46
Major findings of operation: Cancer biliary duct -
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert E. May M. D.
Address Mercy Hosp. Date signed 5-6-46

VS 150

G40013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946 Registered No. G40013

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4th
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 420 W. Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Saurusaitis (SAURUSAITIS)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years 50 | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Box Maker

11. Industry or business George Frank & Sons

FATHER
12. Name John Saurusaitis
13. Birthplace Russia

MOTHER
14. Maiden Name Anna Venskis
15. Birthplace Russia

16 (a) Informant Frank Joseph Saurusaitis
(b) Address 4602 Minnesota Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) MAY 7 - 1946 (Date rec'd by registrar) (b) (Signature for William Cook Inc.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4, 1946 at 3 P. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute congestive cardiac failure.

Due to

Other Conditions Coronary disease, Generalized arteriosclerosis.
(Including pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mooney M.D. Medical Examiner
Date signed 5-6-46

VS 151

G10014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48B

Registered No. G10014

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1123 Forrest Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 Forrest St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDITH L. SHIPLEY

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Wallace W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1906

8. AGE: Years	Months	Days	If less than one day
39	6	0	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Telephone Operator
11. Industry or business C. & P. Telephone Co.

FATHER
12. Name John A. Hunt
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Edith Bailey
15. Birthplace Baltimore, Md.

16 (a) Informant Wallace W. Shipley
(b) Address 1123 Forrest St.

17 (a) Burial (b) Date thereof May 8, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave. (Extended)

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul St.

19 MAY 7 1946 (Date rec'd by registrar) Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1946 at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1944 to May 5 1946 and that I last saw h[illegible] alive on May 4 1946.

Immediate cause of death Cardiac failure
from Metastasis
of Carcinoma
Duration 18 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. B. Stevens M. D.
Address 3400 Edmondson Date signed 5/6/46

VS 150

640015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1312

Registered No. 640015

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1134 Homewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1134 Homewood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cornelius A. Donnelly

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 28th 1875

8. AGE: Years	Months	Days	If less than one day
70	9	8	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Calvert Hall

FATHER
12. Name Richard Donnelly
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Talia Dignan
15. Birthplace Ireland

16 (a) Informant Mrs. Helen Harcourt
(b) Address 1810 Barclay St.

17 (a) Burial (b) Date thereof 5/9/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

MAY 7 1946 Huntington Williams M.D.
(Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6th 1946, at 12:38 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1946 to May 6 1946 and that I last saw him alive on 5/5 1946.

Immediate cause of death: Uremia - Selerotic Cardio-Vascular Renal disease

Duration
2
2 mo.

Due to

Due to

Other Conditions Tumor ulcer on leg

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph L. Blume

Address 1206 E. Preston Date signed 5/6/46

G30016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1634 Registered No.

G30016

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Josephs
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1836 North Bond (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA SAUER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Albert Sauer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20 1907

8. AGE: Years 36 | Months 10 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Cashier

11. Industry or business Ford Fair

FATHER
12. Name Frank Yarman
13. Birthplace Balto Md

MOTHER
14. Maiden Name Henrietta
15. Birthplace Maryland

16 (a) Informant Albert Sauer
(b) Address 1836 N. Bond St

17 (a) Parkwood (Burial, cremation, or removal) (b) Date thereof May 8-1946 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Taylor Ave Parkville

18 (a) Funeral director McCleaves Cook Inc
(b) Address 1217 & 1219 Paul Street

19 (a) MAY 7 - 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/4/46 19 . at 1:00 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Carbon Monoxide Poisoning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5/4/46 1:00 P.M.
(b) Where did injury occur? Home (1836 N Bond)
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work?
(d) Means of injury Turned on gas burners

23. Signature Philip R Davis M.D.
Medical Examiner.
Date signed 5/5/46

G40017

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

Registered No. G40017

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: (a) Baltimore City, Maryland 1309 N. Stricker St
(b) Street address Balto Md
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d 5M
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 Stricker St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James R. Briscoe
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~
M	Col	Married

6 (b) Name of husband or wife Alberta Busey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1878

8. AGE: Years 68 | Months | Days | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Benjamin Briscoe
13. Birthplace Md

MOTHER
14. Maiden Name Manning
15. Birthplace Md

16 (a) Informant Alberta Busey
(b) Address 1309 Stricker

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/46 (month) (day) (year)
(c) Cemetery or crematory St Marys Co. Md
Location Md

18 (a) Funeral director Wes. G. Nelson
(b) Address 1303 Pennsylvania Ave

19 (a) MAY 7 1946 (b) Registrar Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

A

20. DATE OF DEATH: 5-5-1946 at 1:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 21 1946 to 5-5-1946, and that I last saw him alive on 5-4-1946

Immediate cause of death: Cardiac Dilatation, Myocarditis
Due to: Gastritis
Due to: Hypertension
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm R Boarman M.D.
Address 1135 Belmont Ave Date signed 5/6/46

X

G40018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

HB # 101028

Registered No. 131 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 10

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 919 N. Gay St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Ashbury Hornsby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ashbury Hornsby
13. Birthplace Md.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Balto. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/46 (Month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md.

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Pressman St

19 (a) Date rec'd by local reg. MAY 7 1946 (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 1946 at 6:10A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3, 1946 to May 6, 1946 and that I last saw him alive on May 6, 1946

Immediate cause of death
Cardiac failure
Due to Hypertensive cardiovascular disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Doyle Kelson M.D.
Address BCH Date signed May 7/46

640013 new

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

640013 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2143 Druid Hill Ave
(c) Hospital or institution: 14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2143 Division St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Howard

3 (b) If veteran, name war 1942

3 (c) Social Security Account No.

4. Sex F | 5. Color or race CA | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife Margaret Hackett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/4/46

8. AGE: Years | Months | Days | If less than one day 7 hr. 0 min.

9. Birthplace 2093 Division (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Howard
13. Birthplace Montgomery Co. Md

MOTHER
14. Maiden Name Margaret Hackett
15. Birthplace Balto. Md

16 (a) Informant Margaret Howard
(b) Address 2143 Division St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/7/46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md.

18 (a) Funeral director Wm. H. Kelson
(b) Address 1303 Presstman St

19 Filed 5/7 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/5/46 at 7 0 M

21. I certify that death occurred on the date above stated, that I attended deceased from 5/4/1946 to 5/5/1946 and that I last saw her alive on 5/4/1946

Immediate cause of death Atelectasis — Duration

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. Lloyd Jr. Nelson

Address 1303 N. Presstman St Date signed 5/7/46

G40020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G40020 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2506 W Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 1 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2506 W Lafayette Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CLARENCE P REINHARD

3 (b) If veteran, name war WD

3 (c) Social Security Account No. 213-03-2207

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Dora

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years 49 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Printer

11. Industry or business

FATHER 12. Name John Reinhard
13. Birthplace Balto

MOTHER 14. Maiden Name ?
15. Birthplace

16 (a) Informant Dora Reinhard
(b) Address 2506 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11-46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd

18 (a) Funeral director Joseph Kaufman
(b) Address 602 Wash. Blvd

19 MAY 7 - 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7- 1946, at 7a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940. to May 7 1946 and that I last saw deceased alive on May 5 1946.

Immediate cause of death: cerebral embolism — Duration: 2 min

Due to: Chronic myocarditis — 1 year

Due to: arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Egbert K. Mortimer Jr

Address 2706 St Paul St Date signed 5/7/46

VS 150

G40021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G40021 / 482 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1537 Light St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1537 Light St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Helen O'Greer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Alexander
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Jan 8, 1884

8. AGE: Years	Months	Days	If less than one day
61	3	28	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Joseph Heilman
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr Alexander O'Greer
(b) Address 1537 Light St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location East End North Ave

18 (a) Funeral director John F Dempsey Inc
(b) Address 716 Light St.

19 (a) [redacted] (Date received by local registrar) Registrar

MAY 11

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6th 1946 at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 12 1946 to May 5 1946, and that I last saw h[illegible] alive on May 1 1946.

Immediate cause of death
Carcinoma of Cervix

Duration
?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph S Heilman

Address 1206 E. Preston St. Date signed 5/6/46

X

G40022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43D

G40022 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1842 Wilhelm St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1842 Wilhelm St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E Elmore

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Edwin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10 1877

8. AGE: Years 68 | Months 9 | Days 26 | If less than one day: hr. min.

9. Birthplace Elkridge Md
(Town, county, and state)

10. Usual Occupation Housework
11. Industry or business at home

FATHER
12. Name William Hudson
13. Birthplace Delaware

MOTHER
14. Maiden Name Mary Laine
15. Birthplace Elkridge

16 (a) Informant Mr Edwin Elmore
(b) Address 1842 Wilhelm St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location 4300 Old Frederick Road

18 (a) Funeral director Chas J Gowan & Son
(b) Address 901-03 W Fayette St

MAY 7 1946 Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/6/1946 at 9:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/30 1946 to 5/6 1946 and that I last saw h[illegible] alive on 5/6 1946.

Immediate cause of death [illegible] arterio-sclerotic vascular disease — Duration: 1 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benjamin Miller M.D.
Address 2030 Wilkens Date signed 5/7/46

X ave

G40023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

Registered No. G40023

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Richard a Gross St.
(c) Hospital or institution: Maryland Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 47 Y
(e) Length of stay in Baltimore (yrs., mos., or days) 15 Y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4918 Queensbury Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Fabricant

3 (b) If veteran, name war

3 (c) Social Security Account No. 057-10-8167

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Port Henry N.Y. (Town, county and state)
10. Usual Occupation Manager
11. Industry or business

FATHER
12. Name Samuel
13. Birthplace Russia

MOTHER
14. Maiden Name Rose
15. Birthplace Russia

16 (a) Informant Anna Fabricant
(b) Address 4918 Queensbury Ave
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-7-46 (month) (day) (year)
(c) Cemetery or crematory
Location New York City
18 (a) Funeral director Jack Lewis Jr
(b) Address 1409 E Balto St
19 (a) (b)

Date rec'd MAY 7 1946 Registrar Washington Millimore, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1946 at 9:17 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 22 1946 to May 6 1946, and that I last saw h[illegible] alive on May 6 1946.

Immediate cause of death Cardiac failure — Duration

Due to Coronary thrombosis

Due to

Other Conditions Benign hypertension

(Include pregnancy within 3 months of death)

Date of operation Apr. 15, 1946

Major findings of operation: Aneurysm

of autopsy: Autopsy performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Bregg M. D.
Address U. of Maryland Hosp. Date signed 5-7-46

X

64004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

64004 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1841 N. Duncan St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 1841 N. Duncan St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George A. Defor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Mary Lasseth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19, 1920

8. AGE: Years	Months	Days	If less than one day
25	11	17	hr. min.

9. Birthplace Baltimore Md, (Town, county, and state)

10. Usual Occupation Aircraft Worker

11. Industry or business Glenn L. Martin

FATHER 12. Name Michael Defor

13. Birthplace Italy

MOTHER 14. Maiden Name Lucia Imperial

15. Birthplace Italy

16 (a) Informant Wife

(b) Address 1841 N. Duncan St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9th-46 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director Frank V. Pipitone

(b) Address 2418 E. Baltimore St

19 (a) (Date rec'd by registrar) (b) (Registrar's signature)

VS 150 MAY 7 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5th 1946, at 6.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5 1946 to May 5 1946, and that I last saw him alive on May 5 1946.

	Duration
Immediate cause of death: Myocardial failure	1 wk.
Due to: Hypertension with Arteriosclerosis	10 yrs.
Due to: Chronic nephritis	10 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Clarence W. LeGoues, M.D. 601 S. Ellwood Ave. Date signed 5/6/46

640025

640025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193D

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4003 Wilkens Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4003 Wilkens Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNIE SOPHIA BARBER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	none	female	white	Widowed

6 (b) Name of husband or wife Alexander Barber
6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) Feb. 16. 1862

8. AGE: Years	Months	Days	If less than one day
84	2	20	hr. min.

9. Birthplace Louisville Kentucky (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Mickel Riegel
13. Birthplace Germany

MOTHER
14. Maiden Name Rosie Loeffler
15. Birthplace Germany

16 (a) Informant Mrs. H. Arthur Adolph (Daughter)
(b) Address 4003 Wilkins Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9. 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

MAY 7 1946

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1946, at 12 25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1945 to May 7, 1946, and that I last saw her alive on May 6 1946.

Immediate cause of death: Arteriosclerotic Cardiovascular Disease — Duration 8 yrs

Due to Tumor of Mesentery (Nature Unspecified) — 2 yrs

Due to

Other Conditions Senile Gangrene & Starvation Cachexia — 7 yrs
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Earl Sass M. D.
Address 4001 Wilkens Ave Date signed 5-7-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64006 BALTIMORE CITY HEALTH DEPARTMENT 64006
CERTIFICATE OF DEATH 13 1a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3204 CHESTERFIELD AVENUE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3204 CHESTERFIELD AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN WILLIAM PRICE

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Margaret Driver Pr[illegible]
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Oct. 4, 1880

8. AGE: Years	Months	Days	If less than one day
65	7	1	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Shipping Comm.
11. Industry or business U.S. Custom House

FATHER
12. Name William T. Price
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Louisa Schultz
15. Birthplace ?

16 (a) Informant Mrs. Margaret Price
(b) Address 3204 Chesterfield Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-46 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) MAY 7 1946 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION P. M

20. DATE OF DEATH May 5 1946, at 10.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 13 1946 to May 5 1946 that I last saw him alive on May 5 1946.

Immediate cause of death: Myocardial failure (chronic myocarditis) — Duration 5/1/46
Cardio-vascular-Renal Dis. — Jan 15/46
Due to arterio-sclerosis
Due to —
(MILROY'S)
Other Conditions Marbury's disease —
(Familial oedema)
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

KRUMREIN
23. Signature Louis A. Krumrein M. D.
Address 722 N. Kenwood Ave Date signed May 6/46

VS 150

G40037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

G40037 Registered No. 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1036 W. Lexington Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) D O A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1036 West Lexington Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Berry Richardson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Lillie Richardson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21, 1890

8. AGE: Years	Months	Days	If less than one day
55	6	16	hr. min.

9. Birthplace Princeton, N.C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Calvin Richardson
13. Birthplace N.C.

MOTHER
14. Maiden Name Jamesa Wilson
15. Birthplace N.C.

16 (a) Informant Lillie Richardson
(b) Address 1036 W. Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, 1946 (month) (day) (year)
(c) Cemetery or crematory Arlington Memorial
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 229 N. Schroeder St.

19 (a) (Date rec'd by Local Reg.) (b) Huntington Williams, M.D.

MAY 7 - 1946

MHS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 1946 at 9 20 AM

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary disease

Due to

Other Conditions arteriosclerosis

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 5-6-46

640028

CHK-98621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

640028

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3m 18

(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1416 Cherry Street (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Moskal

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14-1882

8. AGE: Years	Months	Days	If less than one day
63	9	21	hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Jacob Moskal

13. Birthplace Austria

MOTHER 14. Maiden Name Mary Kelly

15. Birthplace Austria

16 (a) Informant Records-Balto. City Hospitals

(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-46 (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location A-A. Co.

18 (a) Funeral director Wm. S. Fialkowski

(b) Address 2007 Eastern ave

19 (a) MAY 7 1946 (b) Registrar

VS 150

Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 19 46 at 6:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 19 46 to May 5 1946, and that I last saw h. im alive on May 5 19 46.

Immediate cause of death	Duration
Due to Pulmonary Tuberculosis	5 Mo's
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John R. Kelley

Address Taylorsville, Md. Date signed 5-6-46

X

640029 Birth Cert No D08686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1042 Registered No. 640029

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 542 W. Conway Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 542 W. Conway St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gentry McCray D08686

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	~~White~~ C	Child

6 (b) Name of husband or wife —

6 (c) If alive, give age 1944 years

7. Birth date of deceased (mo., day, yr.) 9/10/[illegible]

8. AGE: Years	Months	Days	If less than one day
1	6	26	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Miller McCray
13. Birthplace Manning S.C.

MOTHER
14. Maiden Name Anna L. Elvira
15. Birthplace Manning S.C.

16 (a) Informant Anna McCray
(b) Address 542 W Conway St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location B.A. Co. Md

18 (a) Funeral director Isaiah L. Brannon
(b) Address 108 W Montgomery St

19 MAY 8 - 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 1946, at 8:30 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Upper Respiratory Infection

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury, at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Wilkens M.D. Medical Examiner.
Date signed 5-6-46

(Over)

G40030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH /3 4a

Registered No. G40030

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Univ. Hosp. Bolwood & Greene

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4506 Laminole Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dr. William E. Evans

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Mildred A. (Anderson) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 19, 1905

8. AGE: Years	Months	Days	If less than one day
40	7	19	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Ph. D. asso. Prof.

11. Industry or business University of Md. Med. School

FATHER

12. Name Wm E Evans

13. Birthplace Ohio

MOTHER

14. Maiden Name Minnie Schoonmaker

15. Birthplace Md

16 (a) Informant Mildred A. Evans (Wife)

(b) Address 4506 Laminole Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9 '46 (month) (day) (year)

(c) Cemetery or crematory Lutheran Cem

Location Timonium, Md

18 (a) Funeral director Harry W Wright

(b) Address 4101 Edmondson Ave.

MAY 8 - 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6- 1946, at 8.25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-6 1946, to 5-6-1946, and that I last saw h[illegible] alive on 5-6-1946.

Immediate cause of death [redacted]

Cerebro-vascular Accident

Due to Obstructive Anuria

Due to Uremia

Due to Renal Calculi & Pyelo Nephritis (Pyelo-)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5-2-46

Major findings of operation: Renal calculi, rt.; Nephritis; Anuria

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James L. Eavey M. D.

Address University Hosp Date signed 5-6-46

VS 150

G40031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G40031

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2203 W. Saratoga St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2203 W. Saratoga St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frances J. Graser

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Late Charles F.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29. 1880

8. AGE: Years 65 | Months 10 | Days 4 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER — 12. Name John A. Baer
13. Birthplace Md.

MOTHER — 14. Maiden Name Margaret E. Sweeney
15. Birthplace Md.

16 (a) Informant Mrs. Mary M. Cecil
(b) Address 2203 W. Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8/46 (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location Frederick Rd.

18 (a) Funeral director Harry A. Little
(b) Address 4101 E. Monument Ave.

19 (a) Date received by Local Registrar MAY 9 1946 (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3/46 19 . at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1943 to May 3 1946, and that I last saw h alive on May 3 1946.

Immediate cause of death: Cardiac, vascular, nephritis

Due to: Arteriosclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration: from onset — Cause — Yrs.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M Bauer and Lord, M. D.
Address 2200 Garrison Blvd Date signed 5/6/46

G40032

JL - 96611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47a

Registered No. G40032

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6- 26
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 915 N. Duncan St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Richard F. Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Div.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1887

8. AGE: Years	Months	Days	If less than one day
58	6	18	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Richard F. Scott
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Ross
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9/46 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto Co Md

18 (a) Funeral director Wilmot Funeral Home
(b) Address 2008 Orleans St

19 (a) MAY 8 1946 (b) Signature of local registrar Huntington Williams M.D.

(over)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 1946, at 2.05A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 11, 1945 to May 6 1946. and that I last saw h im alive on May 6 1946.

Immediate cause of death

Due to C.A. of Lungs

Due to Pulmonary Tuberculosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
7mo+
7mo.+

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John R. Kelsey M. D.
Address City Hosp. Date signed 5-7-46

X

640033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

640033 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 507 N Lakewood ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 507 N Lakewood ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Lee Posterfield

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Frances Posterfield
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 22 1871

8. AGE: Years	Months	Days	If less than one day
74	8	12	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Locomotive engineer
11. Industry or business

FATHER
12. Name Geo Posterfield
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Wright
15. Birthplace Md

16 (a) Informant Robert Posterfield
(b) Address 507 N Lakewood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location City

18 (a) Funeral director Elliott Funeral Home
(b) Address 2005 Eutaw St

19 MAY 8 - 1946 (Date rec'd by registrar) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 4 1946 at 11 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 13 1946 to May 4 1946, and that I last saw him alive on May 4 1946.

	Duration
Immediate cause of death. Bronchio-Pneumonia	5/4/46
Due to Cardio-vascular-renal disease	2 years
Due to arterio-sclerosis	
Due to	
Other Conditions Diabetes Mellitus	5 yrs.

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. P. Steinmetz M. D.
Address 722 N. Lakewood Ave Date signed May 6/46

VS 199

1312

G400.34 ✓ G400.34

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 419 N. Streeper St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 d
(e) Length of stay in Baltimore (yrs., mos., or days) 73 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 419 N. Streeper St. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Fredrick Herman Schmittner

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Lola Schmittner
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1872

8. AGE: Years	Months	Days	If less than one day
73	6	28	hr. ..... min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Caretaker
11. Industry or business Church

FATHER
12. Name Henry Schmittner
13. Birthplace Hanover, Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Herbert Schmittner
(b) Address 2918 Liberty Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9th (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location City

18 (a) Funeral director Lellyett Funeral Home
(b) Address 200 S. Pleasant St. Huntington, Williams, Mgr.

MAY 8 - 1946 (Date rec'd by Registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1946, at 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1944 to May 6 1946, and that I last saw him alive on May 5 1946.

Immediate cause of death: Cerebral Hemorrhage — Duration 5 days
Due to Arteriosclerotic Hypertensive heart disease — 7 yr.
Due to Chronic Nephritis — 1937
Other Conditions Carcinoma of Sigmoid — 1944
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature L. S. Schlitzberger, M.D.
Address 303 4 E. Baltimore St. Date signed 5/6/46

VS 3

1310

G400.35

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 542

G400.35

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3901 Phila ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Oliver Joseph Petersen

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Emma Petersen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 7 1896

8. AGE: Years	Months	Days	If less than one day
49	5	29	hr. min.

9. Birthplace St. Louis, Mo
(Town, county, and state)

10. Usual Occupation Tavern Keeper

11. Industry or business

FATHER
12. Name -
13. Birthplace -

MOTHER
14. Maiden Name -
15. Birthplace -

16 (a) Informant Emma Petersen
(b) Address 3901 Phila Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore

18 (a) Funeral director Philip Herring Sons
(b) Address 2124 Eutaw st

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MAY 8 - 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5, 1946; at M

21. I certify that death occurred on the date above stated; that I attended deceased from D.O.A. 19 , to 19 ,
and that I last saw h alive on 19 .

Immediate cause of death	Duration
myocardial insufficiency & pulm. edema	
Due to Coronary occlusion	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Contusion of L. A.D. & left [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert J. Weiss
Address Sinai Hospital Date signed 5/6/46 M. D.

Howard J. Weiss, M.D.

TANKARD

G40036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G40036

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 949 W. Franklin St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 949 W. Mulberry St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Tankard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	Widow

6 (b) Name of husband or wife Charles Tankard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1874

8. AGE: Years	Months	Days	If less than one day
71	9	28	hr. min.

9. Birthplace Reistertown Md.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Franklin Barton
13. Birthplace Lee Bluff Ark.

MOTHER
14. Maiden Name Harriett Patterson
15. Birthplace Balto. Co. Md.

16 (a) Informant Blanche Morgan
(b) Address 2214 Elting St

17 (a) Burial (b) Date thereof May 8, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Laurel Cem.
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 929 N. Schroeder St

19 MAY 8 - 1946 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1946, at 1.04 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1946, to May 3 1946, and that I last saw h[illegible] alive on May 2 1946.

Immediate cause of death
Coronary Thrombosis — Duration
Due to
Arteriosclerosis & Hypertension — 4 Mo.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jas Julian
Address 517 N. Schroeder St Date signed 5/7/46

VS 159

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

640037 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2710 Cheswolde Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2710 Cheswolde Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME RICHARD A. HAGNER

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	212-01-6080

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lulu May Hagner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1883

8. AGE: Years	Months	Days	If less than one day
62	10	5	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Auditor
11. Industry or business Retired

FATHER
12. Name Daniel Hagner
13. Birthplace Md.

MOTHER
14. Maiden Name Blanche Neely
15. Birthplace Md.

16 (a) Informant Mr. Donald F. Hagner
(b) Address Hopkins Apts.

17 (a) Burial (b) Date thereof 5/9/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (b) Huntington Williams, M.D.
(Date received by registrar)

MAY 8 - 1946

VS-150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 1946, at 12:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1946 to May 6 1946 and that I last saw him alive on May 5 1946

Immediate cause of death Coronary Thrombosis — Duration 2 day

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel A. Guerrant M. D.
Address 5611 Pimlico Rd. May 7 '46

G40038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48B

Registered No. G40038

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2634 Harford Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2634 Harford Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CATHERINE RUPPRECHT

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Louis C. Rupprecht
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5, 1887

8. AGE: Years	Months	Days	If less than one day
59	3	1	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Gillard
13. Birthplace London, England

MOTHER
14. Maiden Name - Leike
15. Birthplace Germany

16 (a) Informant Mr. Louis C. Rupprecht
(b) Address 2634 Harford Rd.

17 (a) Burial (b) Date thereof 5/9/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (b) MAY 8 1946 Huntington Millspaugh, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 1946, at 8:30P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7 Jan. 1946. to 6 May 1946. and that I last saw her alive on 6 May 1946.

Immediate cause of death Carcinoma of lungs, massive, metastatic
Due to Carcinoma of uterus
Due to
Other Conditions Inanition

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph E. Muse Jr. M. D.,
Address 3311 St Paul St. Date signed 7 May 46.

VS 150

G400.39

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

Registered No. G400.39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CAROLINE Street
(c) Hospital or institution: ST JOSEPH'S HOSP. 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 68 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County 1
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1118 Mc Aller Court.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME ALBERT A. BERRY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	WIDOWER.

6 (b) Name of husband or wife DEC

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 23rd 1878

8. AGE: Years	Months	Days	If less than one day
68	3	13	hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name Wm. J. Berry
13. Birthplace Richmond Va.

MOTHER
14. Maiden Name Adeline Nunnelly
15. Birthplace Richmond Va.

16 (a) Informant Mr. Berry
(b) Address 1801 N Park St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9th 1946 (month) (day) (year)
(c) Cemetery or crematory Medow Ridge.
Location Dorsey Md

18 (a) Funeral director Leo S. Leach
(b) Address 1201-03 N. Patterson Park Ave

MAY 8 - 1946 (Date rec'd by Registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6 1946 at 9 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-8 1946 to 5-6 1946 and that I last saw him alive on 5-6 1946.

Immediate cause of death	Duration
CARDIO RESPIRATORY FAILURE	
Due to SUBACUTE MYELOID	
Due to LEUKEMIA.	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John B. Wells M. D.
Address 630 Jo Hop Date signed 5-6-46

Huntington Williams M.D.

G40040

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ 83a

G40040 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: MARYLAND GENERAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
Street No. 15" Byrd St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM CANBY

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widr.

6 (b) Name of husband or wife Mary E. Fallin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Ja. 7, 1871

8. AGE: Years 75 | Months 3 5 | Days 19 29 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business Am. Dyestuff Fil.

FATHER 12. Name —
FATHER 13. Birthplace —

MOTHER 14. Maiden Name —
MOTHER 15. Birthplace —

16 (a) Informant Family
(b) Address 15" Byrd ST

17 (a) B. (Burial, cremation, or removal) (b) Date thereof 5-9-46 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glen Burnie, Md

18 (a) Funeral director J. McCauley
(b) Address 150 S. Fountain.

19 (a) (b) Williamsport, Md. Registrar
(Date rec'd by reg.) MAY 8 - 1946

vs MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/6 1946, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/3 1946, to 5/6 1946, and that I last saw h IM alive on 5/6 1946.

Immediate cause of death CEREBRAL ACCIDENT AND BRONCHOPNEUMONIA — Duration 3 DAYS
Due to HYPERTENSIVE DISEASE
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles W. Stewart, M.D.
Address Md. Gen. Hosp. Date signed 5/6/46

X

64004.1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

64004.1 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1538 Gorsuch Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1538 Gorsuch Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME IDA E. MYERS

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles A. Myers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 3, 1869

8. AGE: Years	Months	Days	If less than one day
76	5	3	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Home

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Anna M. Caswell
15. Birthplace ?

16 (a) Informant Family
(b) Address 1538 Gorsuch Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/46 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave.

18 (a) Funeral director James L. McCauley
(b) Address 230 E. Fort Ave.

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williams

VS 288 MAY 8 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6 1946, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-9 1946 to 5-6 1946 and that I last saw h alive on 5-6 1946.

Immediate cause of death: Apoplexy — Duration 1 hr
Due to Hypertension — 2 yrs
Due to Arteriosclerosis — ?
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm Dew M. D.
Address 324 E. Mon. St
Date signed 5-8-46

X

G:00:2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 D

G:00:2 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 Old Orchard Road (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Stuart R. Wilcox

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Wh	Mar

6 (b) Name of husband or wife Emma Wilcox
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15, 1891

8. AGE: Years	Months	Days	If less than one day
54	8	19	hr. min.

9. Birthplace Balto, Md (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER 12. Name Theodore F. Wilcox
13. Birthplace Md

MOTHER 14. Maiden Name Lila Curley
15. Birthplace Md

16 (a) Informant Stuart R. Wilcox Jr.
(b) Address 521 Old Orchard Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9/46 (month, day, year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville md

18 (a) Funeral director John O. Mitchell, Inc.
(b) Address 1900 Eastern Ave

19 (a) (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MAY 8 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1946 11 55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 19, 1946. to May 6 1946. and that I last saw him alive on May 6, 1946.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerotic Cardio-Vascular Disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul B. Tome, M.D.
Address Union Memorial Hosp. Date signed 5/6/46

X

G40043 X ✓ G40043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Idaho (b) County
(c) City or town Ferdinand
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Darlene Bexfield

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-14-23

8. AGE: Years	Months	Days	If less than one day
22	7	23	hr. min.

9. Birthplace Colo. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name George Wilmer

13. Birthplace ?

MOTHER 14. Maiden Name Leona Byers

15. Birthplace Ia

16 (a) Informant Robert Bexfield JOHNS HOPKINS HOSPITAL

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) By JOHNS HOPKINS HOSPITAL (b) Date filed (month) (day) (year)
(Burial, cremation, or removal)

(c) Cemetery or crematory Wesley Idaho

Location Ferdinand Idaho

18 (a) Funeral director John O. Mitchell Home

(b) Address 1904 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Huntington Williams Mfr Registrar

MAY 8 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1946, at 1 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1946, to May 7 1946, and that I last saw her alive on May 7 1946.

Immediate cause of death Acute Cardiac Failure

Due to Congenital Heart Disease Coarctation of Aorta

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5/7/46

Major findings of operation Coarctation of Aorta

of autopsy: Coarctation of Aorta

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. William Scott, Jr.

Address Johns Hopkins Hospital Date signed 5/7/46

For B.J.R. Davis, By Howard J. Worthington, M.D.

G400-4

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G400-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address D.H.
(c) Hospital or institution: Balto City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County BALTO.
(c) City or town Baltimore City
(If outside city or town limits write RURAL and give town)
(d) Street No. 2519 Fait Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George SVENSEN

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 214 03 2342

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: NELLIE SVENSEN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 15 1883

8. AGE: Years 62 | Months 7 | Days 24 21 | If less than one day hr. min.

9. Birthplace SWEDEN (Town, county, and state)

10. Usual Occupation RETIRED

11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace SWEDEN

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace SWEDEN

16 (a) Informant NELLIE SVENSEN (WIFE)
(b) Address 2519 FAIT AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 9/46 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S. WOLFE ST.

MAY 8 - 1946 (Date rec'd by registrar) (b) Huntington Hilliard M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/6 1946, at 11:20 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Chronic Myocardial Degeneration
Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. J. Lubinski M.D.
Medical Examiner.
Date signed 5/6/46

VS 151

G 10045

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13D

G 10045
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-0-A
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County BALTO.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12 N. Front Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emil Yammer

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	DIVORCED

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 9 1878

8. AGE: Years	Months	Days	If less than one day
68	3	27	hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation RETIRED
11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace BALTO. MD.

16 (a) Informant HILDA CALDWELL (DAUGHTER)
(b) Address 403 BAYSIDE DRIVE DUNDALK

17 (a) BURIAL (b) Date thereof MAY 9/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory ST. MATHEWS
Location ODONNELL ST.

18 (a) Funeral director Leilly & Zeiler inc.
(b) Address 403 S. WOLFE ST.

19 MAY 8 - 1946 (b) Washington Williams, M.D.
(Date rec'd by registrar) (Registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6- 1946 at 9.05 A.M.

21. I certify that I took charge of the remains described above, held an Inspection + Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Cardio-Vascular Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Weldon M.D.
Medical Examiner.
Date signed 5-6-46

G40046

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

942 ✓ Registered No.: G40046

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 414 S Augusta Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 414 S Augusta Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John M. Wetzler
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Mary A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 25 1883

8. AGE: Years	Months	Days	If less than one day
63	3	10	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business

FATHER
12. Name John M Wetzler
13. Birthplace Germany

MOTHER
14. Maiden Name Theresa Dimpfel
15. Birthplace Maryland

16 (a) Informant Mrs J M ~~Wetzler~~ Wetzler
(b) Address 414 S Augusta Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-46 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Baltimore Md

18 (a) Funeral director Geiger & Staley
(b) Address Fulton & Fayette

19 (a) (Date received by Registrar) MAY 8 1946 Hunting for Wetzler

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1946, at 4:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1944 to May 5 1946, and that I last saw him alive on May 4 1946.

Immediate cause of death Coronary Thrombosis. Cerebral Hemorrhage

Duration

Due to Hypertension

Due to Arteriosclerosis

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

If autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Norbert C. Nitsch 2651 Wilkens Ave Date signed 5/7/46

Norbert C. Nitsch

VS 150

6400-7 ✓ 6400-7

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

134a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Pulaski
(c) Hospital or institution Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1830 W Saratoga
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine E Bell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F **5. Color or race** W **6 (a) Single, married, widowed, or divorced** Married

6 (b) Name of husband or wife Adman J
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22 1892

8. AGE: Years 54 | Months 3 | Days 14 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Charles A Hook
13. Birthplace Md

MOTHER
14. Maiden Name Catherine Stanton
15. Birthplace Md

16 (a) Informant Adman J Bell
(b) Address 1830 W Saratoga

17 (a) Burial **(b) Date thereof** 5-9-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto Md

18 (a) Funeral director Geo A Farley
(b) Address Fulton & Fayette

19 (a) MAY 8 - 1946 Huntington Williams, Md
(Date received by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1946, at 3 45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 22, 1946, to May 7 1946, and that I last saw h alive on May 6 1946.

Immediate cause of death Respiratory failure

Duration

Due to cerebral damage from anemia

Due to Epidermoid carcinoma Vagina

Other Conditions Renal calculi ?
Thyroid goiter (ten years)
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William F Cain M. D.
Address Bon Secours Hospital **Date signed** 5/7/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. 8

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 600 E. Pratt St. ?
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Leo William Halloran

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna Halloran
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
44 ?	?	?	hr. min.

9. Birthplace ?, Pennsylvania
(Town, county, and state)

10. Usual Occupation ?
11. Industry or business

FATHER
12. Name Patrick Halloran
13. Birthplace ?

MOTHER
14. Maiden Name Anna Halloran
15. Birthplace ?

16 (a) Informant [redacted] Hosp Record
(b) Address

17 (a) Removal (b) Date thereof 5-8-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Bridgeville, Penna.

18 (a) Funeral director Joseph Fayley
(b) Address Fulton Ave & Fayette

19 (a) (Date rec'd by registrar) (b) Registrar

VS 150 MAY 8 - 1946 Huntington, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 19 46, at 11:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death
Cardio-respiratory failure

Due to Pulmonary tuberculosis left.

Due to Extensive ulcerative lesions Intestines.

Other Conditions
Incomplete Paraplegia Aetiology

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Clarence E. McWilliams M. D.

Address Date signed

X

G40049 Birth Cert No 46144 BALTIMORE CITY HEALTH DEPARTMENT X ✓ 26946 G40049

CERTIFICATE OF DEATH 160Q Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Kent
(c) City or town Chestertown (If outside city or town limits, write RURAL and give town)
(d) Street No. 319 Carron Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Comegys

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22, 1946

8. AGE: Years	Months	Days	If less than one day
			5 hr. 20 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Willie Holland
13. Birthplace unknown

MOTHER
14. Maiden Name Lillian Comegys
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location Johns Hopkins Medical School MAY 7 1946
18 (a) Funeral director Commissioner of Health
(b) Address

MAY 8 1946 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 1946, at 6:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 22 1946 to April 22 1946, and that I last saw him alive on April 22 1946.

Immediate cause of death	Duration
asphyxia neonatorum	
? intracranial hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert J. Vosburgh M. D.
Address Johns Hopkins Hospital Date signed 4-29-46

VS 150

F 3477

G-00050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1602

Registered No. G-00050

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Camp Parole
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth Virginia Hicks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-28-46.

8. AGE: Years | Months | Days: 3 2 | If less than one day: hr. min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Hicks
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Sims
15. Birthplace Md.

16 (a) Informant JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School MAY 7 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 8 1946 (Date filed by Registrar) Wm. [illegible] Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-30 1946 at 3 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1946 April 30 1946 and that I last saw her alive on April 19 1946

Immediate cause of death: Intracranial Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work
(Specify type of place)
(e) Means of injury

23. Signature George L Palmer
Address Harriet Lane Date signed 5-7-46

VS 150

3476

6:00 Saturday ZAK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 57E

Registered No. 6:00:1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 948 N. Chapel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimor
(If outside city or town limits, write RURAL and give town)
(d) Street No. 948 N. Chapel
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Zak

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary Zak
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 19, 1863

8. AGE: Years	Months	Days	If less than one day
82	5	17	hr. min.

9. Birthplace Bohemia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name	John Zak
FATHER 13. Birthplace	Bohemia
MOTHER 14. Maiden Name	Not known
MOTHER 15. Birthplace	Bohemia

16 (a) Informant Mrs. Zak
(b) Address 948 N Chapel
17 (a) Burial (b) Date thereof 5-9-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto, Md
18 (a) Funeral director Frank Kwiatkowski
(b) Address 900 N. Eastern Ave
19 MAY 8 - 1946 (b) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1946, at 2:30 P.M.
21. I certify that death occurred on the date above stated, that I attended deceased from 5-2 1946 to 5-6 1946
and that I last saw alive on 5-5 1946.

Immediate cause of death Pulmonary Tumor — Duration 7 days
Due to
Due to over 2 mos.
Other Conditions Post Operative
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Edward L. Schmuck M. D.
Address 939 N. Eden Date signed 5/7/46

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 47C 630052

630052

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1815 Edison Highway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 6 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1815 Edison Highway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Danneberg

3 (b) If veteran, name war

3 (c) Social Security Account No:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Virginia I Danneberg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 30 1879

8. AGE: Years	Months	Days	If less than one day
66	7	7	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Retired letter carrier

11. Industry or business

FATHER
12. Name Otto Danneberg
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Mary Dietrich
15. Birthplace Baltimore Md

16 (a) Informant Mrs Ellen Wood
(b) Address 1815 Edison Highway

17 (a) Burial (b) Date thereof 5/11/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Bela ir Road

19 (a) (b)
(Date rec'd by registrar) Registrar

MAY 8 - 1946

Huntington for William

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1946 9:50 PM 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 19 46 to May 7 19 46 and that I last saw him alive on May 6 19 46

Immediate cause of death

Duration

Due to Carcinoma of Colon Liver Pneumonia 7 yrs

Due to acute Cardiac Dilatation 1 dy

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J Fred Smith M.D.
Address 6001 Dalton Ave Date signed May 8 1946

X

Duplicate 640053

CWK-101088

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 107

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 Forrest Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie Bell Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15-1902

8. AGE: Years	Months	Days	If less than one day
44	1	24	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Lorenzo Harris (D)
13. Birthplace Virginia

MOTHER
14. Maiden Name Emma Anderson (D)
15. Birthplace Virginia

16 (a) Informant Records-Balto. City Hospitals
(b) Address 4940 Eastern Avenue

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7 May 8/46 (month) (day) (year)
(c) Cemetery or crematory Craigsville Va
Location Virginia

18 (a) Funeral director William Cook Inc
(b) Address 127 St Paul Street

19 (a) (Date rec'd by registrar) (b)

VS 150 MAY 8 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1946, at 5:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1946, to May 7 1946, and that I last saw h er alive on May 7 1946.

Immediate cause of death Pneumonia, Type Undet.

Due to

Due to

Other Conditions Mongolism

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: —

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H R Farber, M.D.
Address Balt. City Hosps Date signed 5-7-46

Huntington Williams, M. D.

64054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830a

✓ 64054 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3915 Falls Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3915 Falls Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELLA B. EWIG

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-8582

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife George Ewig
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/19/1882

8. AGE: Years	Months	Days	If less than one day
63	7	18	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business Y.W.C.A.

FATHER
12. Name John Jackson
13. Birthplace unknown

MOTHER
14. Maiden Name Florence Kulp
15. Birthplace Maryland Line, Maryland

16 (a) Informant Ruth E. White
(b) Address 1728 Thomas Avenue

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5/10/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul Street

19 (a) (Date rec'd by registrar) (b) Registrar

VS 180 MAY 8 - 1946 Huntington Millennium

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7th 1946 at 4 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1st 1946 to May 7th 1946 and that I last saw h[illegible] alive on May 7th 1946

Immediate cause of death Cerebral hemorrhage

Duration 4 days

Due to Arterial sclerosis - hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]

Address 3614 Falls Rd. Balto. Date signed 5/7/46

X

64005 BAKER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

942 ✓ 64005

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 904 Whitelock St rear
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELLIS H BAKER

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-6392

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name Joseph
13. Birthplace Russia

MOTHER
14. Maiden Name Eva
15. Birthplace Russia

16 (a) Informant Jessie J Baker
(b) Address 904 Whitelock St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location

18 (a) Funeral director Jacob Levin Inc
(b) Address 1420 E. Baltimore St

19 (a) MAY 8 - 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/7/46 19..., at 5:30 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R Davis M.D.
Medical Examiner
Date signed 5/7/46

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131Q

640056 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1510 Whitelock Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2209 Brookfield Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David Glazer

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-18-4521

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 68 | Months | Days | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Mechanic

11. Industry or business

FATHER 12. Name Mayer
13. Birthplace Russia

MOTHER 14. Maiden Name Barther
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (b) Date thereof 5-8-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Beth Tfiloh
Location Windsor Mill Rd.

18 (a) Funeral director Jack Levi Inc
(b) Address 1439 E Balto St

19 (a) MAY 8 1946
(Date rec'd by registrar) Huntington Willis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1946 at 12 40 P.M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute dilatation of heart with concentric hypertrophy.
Due to

Other Conditions Coronary disease, Arteriosclerosis Nephrosclerosis
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Maddox M.D.
Medical Examiner.
Date signed 5-7-46

VS 151

93 C

G300.57

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

Registered No. G300.57

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2035 Dimsow Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2035 Dimsow Av (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Mc Nair

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 12, 1889

8. AGE: Years	Months	Days	If less than one day
56	4	27	hr. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Rufus Mc Nair
13. Birthplace North Carolina

MOTHER
14. Maiden Name Jane Harvey
15. Birthplace North Carolina

16 (a) Informant Ada Morrison
(b) Address 2035 Dimsow Av.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md.

18 (a) Funeral director Geo. L. Kobson
(b) Address 1303 Pressman

(a) Date received by registrar MAY 8 - 1946 (b) Registrar Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1946, at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1945 to May 6 1946 and that I last saw her alive on May 1 1946.

Immediate cause of death Carcinoma of Cervix Uteris — Duration 1 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. William Fiery M.D.

Address 128 Penna Av Date signed 5/7/46

File No. 40058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. 40058

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 209 N. Bradford
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 209 N. Bradford St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Widow

6 (b) Name of husband or wife Matilda Scott
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1874

8. AGE: Years	Months	Days	If less than one day
71	4	11	hr. min.

9. Birthplace Centerville Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business —

FATHER
12. Name Isaiah Scott
13. Birthplace Eastern Shore Md.

MOTHER
14. Maiden Name Rachael Carr.
15. Birthplace Md.

16 (a) Informant Alice Scott
(b) Address 209 N. Bradford St.

17 (a) Burial (b) Date thereof May 8 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 3249 Pennsylvania Ave Baltimore, Md.

19 MAY 8 - 1946 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6 1946, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1945 to May 5 1946 and that I last saw h alive on January 5 1946

Immediate cause of death: Chronic Interstitial Nephritis

Duration
1 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Rose A Johnson M. D.
Address 2329 Guilford Ave Date signed May 8 1946

VS 150

640059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 H

640059

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Green Sts

(c) Hospital or institution: U. of Maryland Hospital

17

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 535 St. Mary's St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Rebecca V. Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Married

6 (b) Name of husband or wife Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 23, 1895

8. AGE: Years	Months	Days	If less than one day
51	2	9	hr. min.

9. Birthplace Washington D. C. (Town, county, and state)

10. Usual Occupation Attendant

11. Industry or business

FATHER

12. Name Unknown

13. Birthplace

MOTHER

14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Martha Jones

(b) Address 538 St. Mary's St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, 1946 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Park

Location Baltimore Co. Md.

18 (a) Funeral director Wm. George A. Hall & Son

(b) Address 1631 Druid Hill Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

MAY 8 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1946, at 1000 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6, 1946 to May 6 1946, and that I last saw her alive on May 6 1946.

	Duration
Immediate cause of death Anuria	
Due to Respiratory Obstruction	
Due to Abdominal Distention	
Other Conditions Carcinomatosis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Carcinoma of ovarium.

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. B. Gregg

Address Univ. Maryland Hosp. Date signed May 6 46

X

64000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

64000 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address No. 712 Bayonne Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County B'
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 712 Bayonne Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ida May Shue

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Widowed

6 (b) Name of husband or wife Franklin D. Shue
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8 - 1876

8. AGE: Years	Months	Days	If less than one day
69	5	27	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Hubbard Dehn
13. Birthplace Md.

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Lawrence Shue
(b) Address Red Bank Balto 21, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8 - 46 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Ave.

18 (a) Funeral director Jas. E. Connolly
(b) Address 418 Eastern Ave. Balto

19 (a) MAY 8 - 1946 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/5/1946, at 7:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/20 1946 to 5/5 1946 and that I last saw her alive on 5/4 1946.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arteriosclerotic Hypertension Cardio Vascular disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. T. Battaglia M. D.
Address 5829 Belair Rd Date signed 5/3/46

VS 3

64061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 64061

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 51
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 N. Front St - (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Bainder
3 (b) If veteran, name war
3 (c) Social Security Account No. 217-07-4596

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Rose Nee Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 8, 1880

8. AGE: Years	Months	Days	If less than one day
66	3	29	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Tailor

FATHER
12. Name Herman Bainder
13. Birthplace Russia

MOTHER
14. Maiden Name Rose Rubin
15. Birthplace Russia

16 (a) Informant Friends
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, 1946 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel Cem
Location German Hill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 MAY 8 - 1946 (Date rec'd by registrar) Registrar

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1946 at 7.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1 1946 to 5/7 1946 and that I last saw h[illegible] alive on 5/7 1946.

Immediate cause of death Cardiac failure

Due to Arteriosclerotic heart disease

Due to Generalized arteriosclerosis

Other Conditions Pulmonary fibrosis and emphysema, Rheumatism (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy As above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dayton Weyer M.D.
Address Johns Hopkins Hosp Date signed May 8 1946

64006 2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. 64006

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1514 Division St

(c) Hospital or institution: Provident Hospital 14

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days

(e) Length of stay in Baltimore (yrs., mos., or days) 5 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 618 Decker St. (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country Poland St

3 (a) **FULL NAME** Margaret Briscoe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lewis Briscoe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17, 1872

8. AGE: Years 74 | Months | Days 27 20 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Adams

13. Birthplace Md.

MOTHER 14. Maiden Name Amelia Matthews

15. Birthplace Md.

16 (a) Informant Gertrude Briggs

(b) Address 831 N. Gilmore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8, 1946 (month, day, year)

(c) Cemetery or crematory Trenton N. J.

Location

18 (a) Funeral director Mrs Katie P. Williams

(b) Address 322 N. Schroeder St

19 (a) (b) Registrar

MAY 8 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7 1946 at 6:44 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-23 1946 to 5-7 1946, and that I last saw her alive on 5-7 1946.

Immediate cause of death Cerebral accident

Due to Hypertension, arteriosclerotic Cardiovascular-renal disease

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Charles T Foodland

Address 861 Harlem Ave Date signed May 8 1946

131a

640063

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

183

640063 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1922 Thames Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George J. Hartman

3 (b) If veteran, name war: No
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Helen M
6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) Feb. 5, 1906

8. AGE: Years 40 | Months 3 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business Md. Pilot Assoc.

FATHER
12. Name George J. Hartman
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name ~~Helen M. Horton~~ Emma P. Hauf
15. Birthplace Baltimore Md.

16 (a) Informant Helen M. Hartman
(b) Address 1722 Thames St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. end of North Ave.

18 (a) Funeral director M. W. E. Dippolt Sons
(b) Address 600 Bond & Aliceanna Sts.

19 (a) (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MAY 8 1946

VS 51

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1, 1946, at 11 45 A.M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

Autopsy, Inspection or Inquiry

IMMEDIATE CAUSE OF DEATH Drowning.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-7-46 at 2/3 A. M.
(b) Where did injury occur? Harbor, foot of Broadway
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? no
(d) Means of injury Found drowned.

23. Signature Howard J. Macleish M.D. Medical Examiner.
Date signed 5-7-46

X

G40064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G40064 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4612 Park Hgts Ave D&H
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4612 Park Hgts Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Thomas Ruisinger

3 (b) If veteran, name war: NONE

3 (c) Social Security Account No. 215-01-2484

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Rosalie Ruisinger

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) JAN. 2, 1889

8. AGE: Years	Months	Days	If less than one day
57	4	4	hr. min.

9. Birthplace N.Y. N.Y.
(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business General

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs. Rosalie Ruisinger
(b) Address 4612 Park Heights.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. County.

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights Ave

MAY 8 — 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/6 1946, at 8:20 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. P. Sulzbacher M.D.
Medical Examiner.
Date signed 5/8/46

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

570

64065 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3009 Presstmann St.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3009 Presstmann St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME M. Cecelia Sturm,

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4, 1870

8. AGE: Years	Months	Days	If less than one day
76	4	2	hr. min.

9. Birthplace Baltimore,
(Town, county, and state)
10. Usual Occupation Seamstress,
11. Industry or business

FATHER
12. Name Hubert Sturm,
13. Birthplace Germany,

MOTHER
14. Maiden Name Marie Henschel,
15. Birthplace Germany,

16 (a) Informant Mrs. Harry Apostolos,
(b) Address 3009 Presstmann St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer,
Location Baltimore City,

18 (a) Funeral director E. Vernon Lemmon,
(b) Address 4611 Park Heights Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 8 - 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1946, at 11:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1946 to 5/6/ 1946 and that I last saw her alive on 5/6/ 1946

Immediate cause of death

Carcinoma of L. Breast

Due to

Due to

Other Conditions Chronic Myocarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Manner of injury

Address 1729 W. Lombard St. Date signed 5/7/46 M. D.

5-00056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. 5100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Middle River
(If outside city or town limits, write RURAL and give town)
(d) Street No. 88 Kingston Pk.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Goff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-3-46

8. AGE: Years	Months	Days	If less than one day
			1½ hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Goff
13. Birthplace Md.

MOTHER
14. Maiden Name Marjorie ?
15. Birthplace Del.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School MAY 8 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAY 8 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3 1946 at 10 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1946 to May 3 1946 and that I last saw h alive on May 3 1946

Immediate cause of death
Premature
Prematurity

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert Gunnard

Address Johns Hopkins Hosp Date signed 5-8-46

VS 150

F 3483

64007 over

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. 64007

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 609 West Saratoga St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Hatcher

3 (b) If veteran, name war /

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-1-46

8. AGE: Years	Months	Days	If less than one day
			8 hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Argreen Hatcher.
13. Birthplace ?

MOTHER
14. Maiden Name Viretha ?
15. Birthplace ?

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School MAY 8 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 8 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1946, at 8 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 11 1946, to May 7 1946, and that I last saw h[illegible] alive on May 7 1946.

Immediate cause of death
Prematurity
Prematurity
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert Jarman
Address Johns Hopkins Hosp Date signed 5-3-46 M. D.

VS 150

5484

X

6400:8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. 6400:8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Middle River (If outside city or town limits, write RURAL and give town)
(d) Street No. 88 Kingston Pk. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Goff #2
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-3-46

8. AGE: Years | Months | Days: 2 | If less than one day: 52 hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John D. Goff
13. Birthplace Md

MOTHER
14. Maiden Name Marjorie ?
15. Birthplace Del -

16 (a) Informant R Goff
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School MAY 8 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 8 1946 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1946 at 12:59 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1946 to May 5 1946 and that I last saw him alive on May 5 1946

Immediate cause of death: Prematurity [redacted]

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert Runnard
Address Johns Hopkins Hosp Date signed 5-8-46

VS 150

3482

Dup 6400.9

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 168

Registered No. 6400.9

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1803 Fleet Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Chester Fukashefski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sophia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8. 1907

8. AGE: Years	Months	Days	If less than one day
38	8		hr. min.

9. Birthplace Moconaqua Penna
(Town, county, and state)

10. Usual Occupation Packing house worker

11. Industry or business Getz

FATHER
12. Name Anthony Moconaqua
13. Birthplace Poland

MOTHER
14. Maiden Name Marie Novitski
15. Birthplace Poland

16 (a) Informant Stanley Fukashefsky
(b) Address 1803 Fleet Street

17 (a) Removal (b) Date thereof May 9. 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Moconaqua Cem
Location Penna

18 (a) Funeral director William Cook Inc
(b) Address 217 St Paul Street

(a) 8-1946 (b) Huntington Md
(Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-8- 1946 at 1 A M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebellum Hemorrhage
Subarachnoid Hemorrhage

Due to

Other Conditions Pathological hemorrhage
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury May 5- 1946 at 3:40 A.M. ☒ M.
(b) Where did injury occur? Eastern Ave & Ann St
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Blunt force

23. Signature Howard J. Waldeis M.D.
Medical Examiner.
Date signed 5-8-46

(over)

Every item of information should be carefully supplied. The cause age is especially important. Physicians: please write the causes of death clearly and legibly.

G400.0

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G40020 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Pl
(c) Hospital or institution: Elmhurst Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 502 Edgewood St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A Tweedale

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6. (b) Name of husband or wife Charles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19 1870

8. AGE: Years	Months	Days	If less than one day: hr.	min.
75	9	17		

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name John A Humphrey
13. Birthplace Md

MOTHER
14. Maiden Name Not Known
15. Birthplace Md

16 (a) Informant Charles A Faulk
(b) Address 502 Edgewood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-46 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location

18 (a) Funeral director George A Fowler
(b) Address Fulton Ave & Fayette

MAY 9 — 1946 (Date filed by registrar) (b)

Huntington Williams MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-6- - 1946, at 11 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20- 1946 to 5-5- 1946 and that I last saw h alive on 5-5- 1946.

Immediate cause of death
Coronary Thrombosis
Due to Adv. Atherosclerosis
Due to plus diabetes
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis Gaish M. D.
Address 1700 Eutaw Pl Date signed 5-8-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40071

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

G40071 ✓ Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 923 North Gay street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 923 North Gay street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Charles Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1880

8. AGE: Years	Months	Days	If less than one day
66	0	4	hr. min.

9. Birthplace Baltimore County and
(Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Jim Wilson
13. Birthplace Baltimore County and

MOTHER
14. Maiden Name Mary anna Young
15. Birthplace Baltimore City Md

16 (a) Informant Charles Thomas
(b) Address 923 North Gay Street

17 (a) Burial (b) Date thereof May 9, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Calvary
Location Anne Arundel County Md

18 (a) Funeral director Joseph A. Lively
(b) Address 419 North Mount Street

19 (a) 1946 Thos. Worthington Williams, M.D.
(Date received by registrar) (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1946, at 6:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 15 1946, to May 5 1946 and that I last saw h er alive on May 5 1946.

Immediate cause of death Bronchopneumonia — Duration 3 Day

Due to Diabetes Mellitus

Due to Hypertension

Other Conditions Endocrinal Disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ellis A. Lafond M.D.
Address 822 N. Broadway Date signed May 7 1946

64007 2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. 64007 2

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Kent Baltimore Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2426 W. Franklin St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles R. Swigert

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	212-01-4583	Male	White	Married

6 (b) Name of husband or wife Lillie Swigert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1879

8. AGE: Years	Months	Days	If less than one day hr.	min.
67	1	21		

9. Birthplace Baltimore, Maryland (Town, county and state)
10. Usual Occupation Roofer
11. Industry or business Wm. A. Imbach & Sons

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Lillie Swigert
(b) Address 2426 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Md.

18 (a) Funeral director George L. Schnebel
(b) Address 201 Frederick Ave.

MAY 9 - 1946 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7- 1946 at 11 45 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractured skull

Due to

Other Conditions Intracranial hemorrhage
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: 15/9
(a) Date of injury 5/7/46 at 9:30 A.M.
(b) Where did injury occur? 3108 Garrison Blvd.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? Yes
(d) Means of injury Fell from roof while painting

23. Signature Howard J. Mussen M.D.
Medical Examiner,
Date signed 5-8-46

VS 151

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. 640073

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5009 Holder Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5009 Holder Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRANK WILSON

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Jennie Wilson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/2/1872

8. AGE: Years	Months	Days	If less than one day
73	7	4	hr. min.

9. Birthplace Bangor, Maine (Town, county, and state)
10. Usual Occupation Electrician & Engineer
11. Industry or business Maryland Casualty Co.

FATHER
12. Name unknown
13. Birthplace Maine

MOTHER
14. Maiden Name unknown
15. Birthplace Maine

16 (a) Informant Jennie Wilson
(b) Address 5009 Holden Avenue

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5/9/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director William Cook, Inc.,
(b) Address 1217 St. Paul Street

19 (a) (Signature of registrar) (b) Huntington Williams, M.D.

MAY 9 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6th 1946, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 11th 1946, to May 6th 1946 and that I last saw [illegible] alive on May 6th 1946

Immediate cause of death Myocarditis — Duration

Due to Arteriosclerosis

Due to Hypostatic Pneumonia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fra E Whitehill M. D.
Address 2306 E. Mnor O'Ky Baltimore Md Date signed May 7/46

6:00:74 ✓ 6:00:74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1000

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. Calhoun Street
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 434 W 23rd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mockard, Ralph

3 (b) If veteran, name war

3 (c) Social Security Account No. 717-07-8234

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	

6 (b) Name of husband or wife Cynthia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-4-1892

8. AGE: Years	Months	Days	If less than one day
54	3	3	hr. min.

9. Birthplace Goldsboro, Penna. (Town, county, and state)

10. Usual Occupation Asst. Yardmaster

11. Industry or business P.R.R.

FATHER
12. Name Elmer Mockard
13. Birthplace Penna.

MOTHER
14. Maiden Name Maggie Wilson
15. Birthplace Penna.

16 (a) Informant Cynthia Mockard
(b) Address 434 W. 23rd St

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 5/11/46 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1317 St. Paul St

19 MAY 9 - 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1946, at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-2 1946 to 5-7 1946 and that I last saw h.i.m. alive on May 7 1946.

Immediate cause of death: General Peritonitis — Duration 3 days

Due to Mesenteric Thrombosis — 3 days

Due to Arterial Hypertension — 4 years

Other Conditions Gangrenous Hemorrhoid

(Include pregnancy within 3 months of death)

Date of operation May 4. 46

Major findings of operation: Gangrenous Hemorrhoid

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. W. Peake M. D.

Address 1127 St. Paul Date signed 5-9-46

VS 180

X

G40075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 F

Registered No. G40075

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3615 Galston Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3615 Galston Drive
(If rural give location)
(e) Citizen of foreign country? Helston (Yes or No)
If yes, name country

3 (a) FULL NAME Louise (Stahling) Stahovis

3 (b) If veteran, name war /
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	W	Widowed

6 (b) Name of husband or wife Vincent
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Lith (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Jennie Sakie
(b) Address 3615 Galston Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10 46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd

18 (a) Funeral director Joseph Kasunakas Jr.
(b) Address 602 Wash. Blvd

19 (a) MAY 9 1946 (Date received by local registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1946, at 4:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1946 to May 7 1946 and that I last saw h[illegible] alive on May 6 1946.

Immediate cause of death	Duration
Hepatic Insufficiency	4 mos
Due to Carcinoma Of the Liver	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(d) Means of injury

23. Signature
Address 7128 Edmondson Date signed 5/9/46

VS 150

6400 76 — 6400 76

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 15-9

Registered No.

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 W. Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Walter Wornlein Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-6-46

8. AGE: Years	Months	Days	If less than one day
		1/2	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name Charles W. Wornlein Sr.
13. Birthplace Md.

MOTHER — 14. Maiden Name Shirley June Baker
15. Birthplace Md.

16 (a) Informant Resident
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9/46 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baltimore Md

18 (a) Funeral director Ulman Funeral Home
(b) Address 2008 Eutaw St.

19 (a) MAY 9 1946 (Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1946, at 9.35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1946 to May 7 1946 and that I last saw h. alive on May 7 1946.

Immediate cause of death
Pneumonia
Influenza
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert Reynard
Address Johns Hopkins Hosp. Date signed 5-9-46 M. D.

VS 150

G 500 77

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. G 500 77

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Arbutus (If outside city or town limits, write RURAL and give town)
(d) Street No. 303 Linden Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida Stamm

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Charles H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1888

8. AGE: Years	Months	Days	If less than one day
57 58	8	25	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business

FATHER
12. Name Henry Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Ida Ruder
15. Birthplace Pa.

16 (a) Informant Charles Stamm
(b) Address 1303 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director Harry A. Wilke
(b) Address 401 E Edmondson Ave

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

MAY 9 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/7 1946 at 1 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/6 1946 to 5/7 1946, and that I last saw h e alive on 5/7 1946.

Immediate cause of death: Cardiac tamponade

Due to Metastatic carcinoma to pericardium

Due to Recurrent carcinoma of breast left.

Other Conditions Metastases to lungs liver diaphragm & pleura

(Include pregnancy within 3 months of death) Autopsy

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Wilke M.D.
Address St. Agnes Hosp. Date signed 5/7/46

64078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 E

64078 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State NJ. (b) County
(c) City or town Penns Grove (If outside city or town limits, write RURAL and give town)
(d) Street No. 32 Dixie Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thurair Carnal

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: David

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-1-68

8. AGE: Years 78 | Months 7 | Days 7 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Russell Moore

13. Birthplace Va

MOTHER 14. Maiden Name Elvira Christley

15. Birthplace Va.

16 (a) Informant Records JOHNS HOPKINS HOSPITAL

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9 1946 (month) (day) (year)

(c) Cemetery or crematory Ellisonia Cem.

Location Ellisonia Pa.

18 (a) Funeral director Jesse D. Mitchell Home

(b) Address 1900 Eutaw Place

19 MAY 9 1946 (a) Date rec'd by reg.

Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1946 at 3:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1946 to May 8 1946 and that I last saw her alive on May 7 1946.

Immediate cause of death: Carcinomatosis, peritoneal metastases. — Duration: 1 yr.

Due to: ? Carcinoma of caecum. — ? 1 yr.

Due to:

Other Conditions: Carcinoma of liver, metastatic (Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: As Above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eugene Meyer M. D.

Address Johns Hopkins Hosp Date signed May 8 1946.

VS 150

C300079

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

Registered No. C300079

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 435 N. Monumental St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) 18 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 435 N. Monumental St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillie Victoria Johnson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	married

6 (b) Name of husband or wife Purdy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 7, 1900

8. AGE: Years	Months	Days	If less than one day
45	7	0	hr. min.

9. Birthplace Bertha, North Carolina (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Ellis Boswright
13. Birthplace N. C.

MOTHER
14. Maiden Name Joella Midgett
15. Birthplace N. C.

16 (a) Informant Evelyn J. Scarborough
(b) Address 435 N. Monument St

17 (a) Burial (b) Date thereof 5-10-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Maryland

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna. Ave. N. W.

MAY 9 - 1946 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1946, at 2 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 7, 1946 to May 7 1946. and that I last saw her alive on May 6 1946.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Pettit M. D.
Address 817 Hamilton Ave Date signed May 9/46

VS 150

64080 BALTIMORE CITY HEALTH DEPARTMENT 64080
CERTIFICATE OF DEATH 94Q Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Seville
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Seville Apts. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME (Dr.) Lewis J. Rosenthal
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex M
5. Color or race W.
6 (a) Single, married, widowed, or divorced. M.
6 (b) Name of husband or wife Beatrice Rosenthal
6 (c) If alive, give age 48 years
7. Birth date of deceased (mo., day, yr.) Sept. 29, 1881
8. AGE: Years 65 Months Days 19 If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Physician + Surgeon
11. Industry or business
FATHER 12. Name John Rosenthal
13. Birthplace Conn.
MOTHER 14. Maiden Name Sophie Weisenbach,
15. Birthplace Balto. Md.
16 (a) Informant Dr. John L. Rosenthal
(b) Address Sinai Hospital
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/46 (month) (day) (year)
(c) Cemetery Balto. Hebrew
Location Balto. Md.
18 (a) Funeral director David Sondheim + Son
(b) Address 1902 Eutaw Place
19 (a) MAY 9 1946 Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH 5/9/46 at 12:00 A M
21. I certify that death occurred on the date above stated that I attended deceased from 4/28 1945 to 5/9 1946.
and that I last saw him alive on 5/8 1946.
Immediate cause of death Cirrhosis of Liver
Failed
Due to Coronary Occlusion
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Eugene D. Goldstein M.D.
Address Sinai Hospital Date signed 5/9/46

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64-0081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106a

Registered No. 64-0081

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3636 Roland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3636 Roland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice M Lowe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Thomas Lowe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2 - 1856

8. AGE: Years 89 | Months 8 | Days 5 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Jesse Hann
13. Birthplace Md

MOTHER
14. Maiden name Matilda Stonesifer
15. Birthplace Md

16 (a) Informant Harry D Lowe
(b) Address 3636 Roland ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10-46 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemetery
Location Greenmount Md

18 (a) Funeral director Frank H Seitz
(b) Address 814 W 36 St

19 (a) (b) Williamsport Md
Filed by registrar MAY 9 1946

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1946 at 10:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/4 1946 to 5/7 1946 and that I last saw her alive on 5/7 1946

Immediate cause of death: Pulmonary Embolism — Duration 8 hrs.
Due to: Bronchitis, acute — Duration 3 days
Due to:
Other Conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 2120 N. Charles Date signed 5/10/46

G:00382 ✓ G:00382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3631 Cottage ave
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County .....
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3631 Cottage ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3 (a) FULL NAME Yetta Deborah Gordon

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Widowed

6 (b) Name of husband ~~of wife~~ Shalej L. Gordon
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 4, 1866

8. AGE: Years	Months	Days	If less than one day
79	9	4	hr. ..... min.

9. Birthplace Vosville Russia
(Town, county, and state)
10. Usual Occupation none
11. Industry or business —

FATHER
12. Name Joseph B Steinberg
13. Birthplace Vosville Russia

MOTHER
14. Maiden Name Freda .....
15. Birthplace Vosville Russia

16 (a) Informant Rae Gordon
(b) Address 3631 Cottage ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9/46 (month) (day) (year)
(c) Cemetery or crematory Brai Israel Cemetery
Location Southern ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North ave

19 (a) ..... (b) .....
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1946 at 1930 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 25 1946 to May 8 1946, and that I last saw her alive on May 8 1946.

Immediate cause of death Heart Failure (Decompensation) — Duration .....
Due to Hypertension .....
Due to Arteriosclerosis .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Lester N. Kolman M.D.
Address 7700 Park Heights Ave Date signed May 8 1946

Lester N. Kolman

G:0033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G:0033

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution Lanhurst Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2814 Huntingdon Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Davis Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife William Oakley Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19 1864

8. AGE: Years 81 Months 11 Days 18 If less than one day hr. min.

9. Birthplace Manchester Carroll Co. Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Alfred Koff
13. Birthplace Maryland

MOTHER
14. Maiden Name Amanda Ritter
15. Birthplace Maryland

16 (a) Informant Dorothy G. Jones
(b) Address 2814 Huntingdon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Maria Homeland
Location Baltimore, Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3021 Falls Road

MAY 9 - 1946 (Date rec'd by registrar) (Huntington Williams M.D. Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1946, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from MARCH 1946 to MAY 7 1946 and that I last saw h ER alive on MAY 7 1946.

Immediate cause of death Cerebral Embolism — Duration 3 days

Due to Chronic Myocarditis — Duration 2 yrs

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: X X X

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elliott Dyker

Address 928 E North Ave Date signed 5/8/46

VS 150

X

G:0034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. G:0034

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 923 North Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leslie Amos

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3-1890

8. AGE: Years: 56 Months: 0 Days: 3 If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Lemuel Amos
13. Birthplace Va

MOTHER
14. Maiden Name Sarah McCrone
15. Birthplace Va

16 (a) Informant mrs L. Amos
(b) Address 214 Hanby st

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-9-46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director Wm J Dickman & Son Inc
(b) Address N. & P. Aves Baltimore Md

19. MAY 9 - 1946 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/6/46 19 at 12:30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Guy R. Davis M.D. Medical Examiner
Date signed 5/6/46

VS 151

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-0085

AB-99712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

Registered No. G10085

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mos-2days
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 N. Stricker St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: William Harrison Caster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lillian

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 17 1883

8. AGE: Years 62 | Months 9 | Days 20 | If less than one day hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Albert Caster (D
13. Birthplace Va.

MOTHER
14. Maiden Name Martha Lewis (D
15. Birthplace Va.

16 (a) Informant: Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/46 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location Md.

18 (a) Funeral director Geo. U. Kelson
(b) Address 1303 Pleasantman

19 (a) MAY 9 1946 (Date rec'd by registrar) (b) Huntington-Williams M.S. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7- 1946 at 9:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-5 1946 to 5-7 1946, and that I last saw him alive on 5-7 1946.

Immediate cause of death: Carcinoma of Prostate — Duration: 2 yrs.

Due to

Due to

Other Conditions: Hypertensive Cardiovascular Disease — 7
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Manning McLacy M. D.
Address Baltimore City Hospitals Date signed 5-8-46
Baltimore 24, Md.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64 0036 — BALTIMORE CITY HEALTH DEPARTMENT — 64 0036

CERTIFICATE OF DEATH

Registered No. 46 E

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 710 Mosher St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 710 Mosher St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellen Gray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 2, 1904

8. AGE: Years	Months	Days	If less than one day
41	6	3	hr. min.

9. Birthplace Calvert Co. Md.
(Town, county and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Basil Gray
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Holder
15. Birthplace Md

16 (a) Informant Cora Blackwell
(b) Address 710 Mosher St.

17 (a) Burial (b) Date thereof May 9, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Glen Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

19 (a) (b)
(Date rec'd by registrar) Registrar

MAY 9 - 1946 Huntington-Williams, M

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/5/1946, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/1/1946 to 5/5/1946 and that I last saw h[illegible] alive on 5/3/1946

Immediate cause of death: Coronary thrombosis

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wayland D. Jones

Address 1300 N. Fremont Date signed 5/5/46

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

640037 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Temple Garden Apt 201 1321
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Temple Garden Apts (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Goodfriend

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Adolph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Meyer
13. Birthplace Austria

MOTHER
14. Maiden Name Rose
15. Birthplace Austria

16 (a) Informant Mrs Maurice Feesker
(b) Address Temple Garden Apts

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-9-46 (month) (day) (year)

(c) Cemetery or crematory
Location Phila. Pa.

18 (a) Funeral director Jake Levin Inc
(b) Address 1439 E. Balto St

19 MAY 9 - 1946 (Date rec'd by registrar) Huntington Williams Mortuary

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-9-1946 at 5:27 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1942 19 to 1946 19, and that I last saw him alive on May 19 46.

Immediate cause of death Coronary artery sclerosis — Duration ?

Due to arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 2904 Penn Rd Date signed 5/9/46 M.D.

VS 180

62 Lanvale
G-0038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122B

Registered No. G-0038

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4100 Fleetwood Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto Md

(If outside city or town limits, write RURAL and give town)

(d) Street No. 4100 Fleetwood Ave

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Belle Billings Harper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) ~~Single, married~~, widowed, or divorced. Widow.

6 (b) Name of husband or wife James B Harper

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 10-1860

8. AGE: Years 85 | Months 4 | Days 28 | If less than one day hr. min.

9. Birthplace Balto Md.

(town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Edwin C Billings

13. Birthplace Phila Pa

MOTHER 14. Maiden Name Sarah Cheney

15. Birthplace Md

16 (a) Informant Jenny G Harper

(b) Address 4100 Fleetwood Ave

17 (a) Burial (b) Date thereof May 10-1946

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Oakwood

Location Balto Co Md

18 (a) Funeral director Bertram D Fox

(b) Address 2324 N Charles St

MAY 9 - 1946 (b) Huntington Baltimore, Md.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8th 1946, at 6:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1946, to May 8 1946, and that I last saw h[illegible] alive on May 8 1946

Immediate cause of death: Acute intestinal obstruction

etiology X.

Duration: 1 wk

Due to Generalized arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify)

(e) Means of injury

23. Signature [signature]

Address 6417 Harford Rd Date signed 5/9/46

M.D.

VS 3

G40039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V93D

G40039 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1311 N. Carey St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry D. Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Carrie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-18-1891

8. AGE: Years	Months	Days	If less than one day
54	7	19	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Julius Robinson
13. Birthplace Md.

MOTHER
14. Maiden Name Rachel Fisher
15. Birthplace Md.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-46 (month) (day) (year)
(c) Cemetery or crematory Arlington
Location Balto. Co.

18 (a) Funeral director Samuel W. Sullivan Jr.
(b) Address 1011 N. Arlington Ave

19 (a) MAY 9 1946 (Date received by registrar) Harrington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7- 1946 at 11:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10:45 PM to 11:45 PM 7 May 1946. and that I last saw him alive on 7 May 1946.

Immediate cause of death Hypertensive Cardiovascular disease with pulmonary edema — Duration

Due to

Due to

Other Conditions Pneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Marion B. Ray M. D.
Address Johns Hopkins Hosp. Date signed 5-8-46

For S. M. Morris, by Howard L. Venables, M.D.

VS 150

G30090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No. G30090

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1749 Ashland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clifford Henton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Henton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1913

8. AGE: Years 32 34 | Months 5 | Days 23 | If less than one day hr. min.

9. Birthplace Rockmart, Ga (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Mary Henton
(b) Address 1749 Ashland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (month) 10 (day) 46 (year)
(c) Cemetery or crematory Baltimore National
Location

18 (a) Funeral director Elroy C. Wilson
(b) Address 1000 Brantly ave.

19 (a) MAY 9 - 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1946 at 1:45 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Hemorrhage into pericardial cavity
due to gunshot of pulmonary artery
Due to Gunshot of lung, liver
stomach & spleen.

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5/7/46 at 1:30 A.M.
(b) Where did injury occur? 1117 N. Wolfe st
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Gunshot, revolver

23. Signature Howard J. Hiveson M.D. Medical Examiner.
Date signed 5-7-46

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G30091 BALTIMORE CITY HEALTH DEPARTMENT G30091

CERTIFICATE OF DEATH 95 C

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 515 East 23rd Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 515 East 23rd St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CLARA VIRGINIA INSLEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widowed

6 (b) Name of husband or wife John A. Insley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace Clara, Wicomico Co. Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Massey Roberts
13. Birthplace -------

MOTHER
14. Maiden Name Oliva White
15. Birthplace --------

16 (a) Informant Mrs. Edw. StC. Buckler
(b) Address 515 East 23rd Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-46 (month) (day) (year)
(c) Cemetery or crematory BivalveCem.
Location Bivalve, Wicomico Co., Md.

18 (a) Funeral director WIEDEFELD AND SON
(b) Address Greenmount Ave & 22nd St.

19 (a) MAY 9 1946 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/8/46 19 , at 2:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10. 1946 to May 8. 1946. and that I last saw h alive on May 7 1946.

Immediate cause of death Cardiac Dilatation

Due to Old Age.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. C. Blake M. D.
Address Med. arts Bldg Date signed

USE 150 Huntington Williams, M.D.

G40092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. G40092

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 404 E. 31st. Street
(c) Hospital or institution: **
(d) Length of stay in hospital or inst. (yrs., mos., or days) ** 17
(e) Length of stay in Baltimore (yrs., mos., or days) 63-8-8

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 E. 31st. Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME CHARLES LOUIS WOLLENBERG

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 220-24-6503

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Inez May

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Aug. 30, 1882

8. AGE: Years	Months	Days	If less than one day
63	8	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Apartment House

FATHER
12. Name Herman Wollenberg
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Contrum
15. Birthplace Baltimore, Md.

16 (a) Informant Inez M. Wollenberg (Wife)
(b) Address 404 E. 31st. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof ~~April~~ May 11, 46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director Walter Brooks Bradley
(b) Address 1922 W. North Avenue

19 (a) ~~MAY 9 1946~~ Huntington Williams, M.D.

VS 150

5/8/46 **MEDICAL CERTIFICATION**

20. DATE OF DEATH ~~April~~ May 8 1946, at ~~5~~ 1A. M

21. I certify that death occurred on the date above stated, and that I attended deceased from ~~Jan 7~~ 1944 to ~~April 28~~ May 8 1946, and that I last saw him alive on ~~April 28~~ May 8 1946.

Immediate cause of death Myocardial Infarction
Coronary occlusion

Due to

Due to

Other Conditions Pulmonary infarct

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hiram Tried M. D.
Address #316 Med. Arts Bldg Date signed May 8/46

(over)

X

G30093 — BALTIMORE CITY HEALTH DEPARTMENT — G-00013

CERTIFICATE OF DEATH

Registered No. 131a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1615 Homestead Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Homestead Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BERTHA C. BRUNIER

3 (b) If veteran, name war ********
3 (c) Social Security Account No. *********

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Harry A. Brunier
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 8 th. July 187[illegible]

8. AGE: Years	Months	Days	If less than one day
70 71	9	29	********* hr. ********* min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife At.
11. Industry or business Home

FATHER
12. Name Thomas L. Richardson
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace Virginia

16 (a) Informant Mr. Harry A. Brunier
(b) Address 1615 Homestead Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 May 46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director J. B. Shibbet & Son
(b) Address 1300 EUTAW PLACE

19 (a) Date received by Registrar MAY 9 1946 — [illegible] Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7th. MAY 19 46 at 2:P. M

21. I certify that death occurred on the date above stated; that I attended deceased from [illegible] 15 1945 to May 7 19 46
and that I last saw her alive on May 7 19 46.

Immediate cause of death

	Duration
(a) Chronic Myocarditis	6 months
Due to	
Due to	
Other Conditions Asthenic Salpingo-oophoritis Chronic Myocarditis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lee Richardson
Address 112 West 25th St Date signed May 9 1946

Dr. Richardson.

C-40094
00:14
AB-98452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

C-40094
Registered No. 00:14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4mos- 21days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 13 S. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Albert Thomas

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4 ? (42?

8. AGE: Years	Months	Days	If less than one day
42 ?	1	27	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Albert Thomas
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Bradford
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 9 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 9 1946 (Date rec'd by registrar) Winston Williams, M.D. Registrar

MEDICAL CERTIFICATION

AM

20. DATE OF DEATH May 1 - 1946, at 7.20M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-10- 1946 to 5-1 1946, and that I last saw him alive on 5-1 1946.

Immediate cause of death: Respiration failure
Due to: Bronchopneumonia
Due to:
Other Conditions: Cerebro-vascular accident
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Wayne Walker M. D.
Address B. C. H. Date signed May 7/46

VS 150

F 3487

107

G4005 Birth Certificate

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

#46412 / 161a

Registered No. G4005

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3502 Manchester St.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto., Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3502 Manchester St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Kronenberg.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27, 1946

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Clerk-Drug Store
11. Industry or business

FATHER
12. Name Sidney Kronenberg
13. Birthplace Brooklyn, N. Y.

MOTHER
14. Maiden Name Sophie Silverman
15. Birthplace Russia

16 (a) Informant Mrs. Sophie Kronenberg
(b) Address 3502 Manchester St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 8 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAY 9 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 - 29 1946, at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4 - 27 1946 to 4 - 29 1946, and that I last saw him alive on 4 - 29 1946.

Immediate cause of death Massive Atelectasis with possible secondary pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Hyman M. D.
Address Sinai Hospital Date signed 4-29-46

VS 150

3485

X

G4.00-96

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G4.00-96

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Jail 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 613 E. Balto St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Nichols

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	?

6 (b) Name of husband or wife

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual Occupation ?

11. Industry or business ?

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name
15. Birthplace ?

16 (a) Informant ?
(b) Address ?

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 9 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAY 9 1946 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/27 1946, at 4:20 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to b/s death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Chronic Myocardial Degeneration

Due to

Other Conditions Acute Alcoholism

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. P. Sabrinsky M.D.
Medical Examiner.
Date signed 7/30/46

VS 151

3489

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G:00:97 Birth Cert No G46508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161a

G:00:97

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1925 E. Balt. St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Walter Edward Heinecke, Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1946

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Walter E. Heinecke
13. Birthplace Cockeysville, Md.

MOTHER
14. Maiden Name Marguerite Charlton
15. Birthplace Pruner, W. Va.

16 (a) Informant Mrs. Marg. Heinecke
(b) Address 825 E. Baltimore St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 9 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 9 1946 (Date rec'd by registrar) (Signature of Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-3 1946, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1 1946, to 5-3 1946 and that I last saw him alive on 5-3 1946.

Immediate cause of death Atelectasis — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 5-7-46

Major findings of operation

of autopsy Atelectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ben Leonard M. D.
Address 1334 Eutaw St. Date signed

5488

X

6:00:98

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 10

6:00:98 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Herring Run & Harford Rd.

(c) Hospital or institution: Sydenham Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 34 days

(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1043 S. Hanover (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country —

3 (a) FULL NAME Kenneth Lee Gardiner

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9, 1940

8. AGE: Years	Months	Days	If less than one day: hr.	min.
5	9	29		

9. Birthplace Philadelphia Pa (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER

12. Name John Gardiner

13. Birthplace Penn

MOTHER

14. Maiden Name Helen Wilde

15. Birthplace Philadelphia Pa

16 (a) Informant Mother - Helen Wilde Gardiner

(b) Address 1043 S. Hanover St.

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof May 11 1946 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Baltimore Md

18 (a) Funeral director Tipton Corse

(b) Address 2141 E. Cold St

19 (a) 1946 (Registered by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1946, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1946, to May 8 1946, and that I last saw him alive on May 8 1946.

Immediate cause of death Heart Failure

Due to Diphtheritic myocarditis

Due to Diphtheria

Other Conditions Diphtheritic Paralysis. Tracheotomy

(Include pregnancy within 3 months of death)

Date of operation 3-24-46 Tracheotomy

Major findings of operation:

of autopsy:

Duration
41 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Mary Allen Eagle M. D.

Address Sydenham Hosp. Date signed May 8 1946

VS 150

G40099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓163M

G40099 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 111 Clayton Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel J Gray ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 7, 1908

8. AGE: Years	Months	Days	If less than one day
37 38	6	-	hr. min.

9. Birthplace Oregon
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Daniel Gray

13. Birthplace Germany

MOTHER 14. Maiden Name Johanna Unruh

15. Birthplace Germany

16 (a) Informant Mrs Johanna Gray

(b) Address 111 Clayton Court

17 (a) Burial (b) Date thereof 5/10/46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Roslyn Md

18 (a) Funeral director Wilhoyte & Son Inc

(b) Address 1219 Park Ave

19 (a) 5-9-1946 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-7-1946 at 2.35 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Asphyxiation
Carbon Monoxide

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 5-7- at P. M.

(b) Where did injury occur? Rear of 1135 S. Randall St.

(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No

(d) Means of injury Found in an automobile

23. Signature Howard J. Mueller M.D.
Medical Examiner.

Date signed 5-8-46

VS 151

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. E. J. Alessi
G40.00

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131a

G40.00
Registered No. _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6304 Birchwood Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6304 Birchwood Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Henry Laucht

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-3618

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Elizabeth L.
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Mar. 18, 1874

8. AGE: Years	Months	Days	If less than one day
72	1	20	____ hr. ____ min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation retired
11. Industry or business Lucas Brothers

FATHER
12. Name Christian Luecht
13. Birthplace Germeny

MOTHER
14. Maiden Name Margaret Deutch
15. Birthplace Germany

16 (a) Informant Mrs. Elizabeth L. Laucht
(b) Address 6304 Birchwood Avenue

17 (a) Bruial (Burial, cremation, or removal) (b) Date thereof 5/10/46 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Baltimore, Md.

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford rd.

19 (a) MAY 9 - 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8th, 1946 at 7.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1936 to May 8 1946.
and that I last saw h[illegible] alive on May 8 1946.

Immediate cause of death	Duration
Acute Pulmonary edema	2 wks
Due to Hypertentenous arteriosclerotic cardiovascular renal disease	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury

23. Signature E. J. Alessi M.D.
Address 6217 Harford Rd Date signed 5/9/46

VS 2

X

G40.01 G40.01

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd St & Calvert

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3813 Woodlea Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country Norway

3 (a) FULL NAME Paul August Tveten

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-4919

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married-

6 (b) Name of husband or wife Emilie Tveten

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1879

8. AGE: Years	Months	Days	If less than one day
66	11	29	hr. min.

9. Birthplace Norway (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business

FATHER 12. Name Christopher Tveten

13. Birthplace Norway

MOTHER 14. Maiden Name Maren Johannsen

15. Birthplace Norway

16 (a) Informant Mrs. Emelie Tveten

(b) Address 3813 Woodlea Ave.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5-11-46 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore

18 (a) Funeral director Leonard J. Ruck

(b) Address 305 Harford Rd.

MAY 9 - 1946 (Date rec'd by registrar)

(b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1946, at 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw h alive on 19

Immediate cause of death Hemorrhage

Due to Gastric carcinoma

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Lymphosarcoma

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Crawford M. Kirkpatrick, Jr. M. D.

Address Union Memorial Hospital Date signed 5-7-46

VS 150

Dr. Stevens
2878 Harford Road

G:0.02

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G:0.02 / 131a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2819 Alvarado Square
(c) Hospital or institution:

27

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2819 Alvarado Square
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose Salisbury

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Charles S.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1862

8. AGE: Years	Months	Days	If less than one day: hr.	min.
84	8	0	18	4

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Thomas W. Harrigan
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Md.

16 (a) Informant Mr. Walter Salisbury
(b) Address 2819 Alvarado Square

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Baltimore, Md.

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rod.

19 (a) 8 1946 Clayton Williams M.D. Registrar
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7th, 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1946 to April 7 1946, and that I last saw her alive on May 6 1946.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 d
Uremia	5 d.
Due to Arterio Sclerosis Hypertension	14 d
Due to Chronic Interstitial Nephritis	14 days
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. a Stevens, M. D.
Address 2878 Harford Rd Date signed 5-8-46

X

G40:03

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G40:03 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1106 W. Balto. St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 W. Baltimore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DORA HOLLE

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1866

8. AGE: Years	Months	Days	If less than one day
80	2	1	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Julius Holle
13. Birthplace Holland

MOTHER
14. Maiden Name Anna ?
15. Birthplace Germany

16 (a) Informant Mrs. Lillian Naff
(b) Address 1128 W. Balto. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 MAY 9 - 1946 (Date rec'd by Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1946, at 11.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feby 3 1946, to May 9 1946, and that I last saw her alive on May 8 1946

Immediate cause of death Coronary Renal

	Duration
Due to Dementia	
Due to Pulmonary Oedema	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theo Koldewey M.D. M. D.
Address 1715 N Pratt Date signed 5/9/46

VS 150

Theo. Koldewey

G:0:04

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

G:0:04 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3313 Liberty Heights Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Claude Henry Neely

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	212-16-4035	male	white	married

6 (b) Name of husband or wife Ann B. Neely Neely — 6 (c) If alive, give age / years

7. Birth date of deceased (mo., day, yr.) December 25, 1883

8. AGE: Years	Months	Days	If less than one day
62	8	13	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Bendix Corp.

FATHER 12. Name Joseph H. Neely
13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Mollie Parsons
15. Birthplace ? Md.

16 (a) Informant Hospital Records. Union Memorial Hospital
(b) Address Calvert & 33rd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

MAY 9 - 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1946, at 6:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1946, to May 8 1946, and that I last saw him alive on May 8 1946.

Immediate cause of death: Respiratory failure — Duration: 15 min.
Due to: Arteriosclerotic - hypertensive Cardiovascular disease
Due to:
Other Conditions: cardiac decompensation
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul B. Tomes
Address Union Memorial Hosp. Date signed M 5 D 8/46

VS 150

640:05

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 952

640:05 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette & Fremont Sts.
(c) Hospital or institution Hospital for Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1812 Linden Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Violette Winfred Irwin

3 (b) If veteran, name war: No

3 (c) Social Security Account No.:

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John William Irwin
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) July 14, 1903

8. AGE: Years 42 | Months 9 | Days 23 | If less than one day: hr. min.

9. Birthplace Louisville, Ky.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Matthew Dowd
13. Birthplace ?

MOTHER
14. Maiden Name Margaret Jones
15. Birthplace Kentucky

16 (a) Informant Husband
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/10/46 (month) (day) (year)

(c) Cemetery or crematory
Location Columbia Furnace, Va.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

(a) Date received (Registrar) (b) Registrar

MAY 9 - 1946

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1946, at 1:12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1946, to May 7 1946, and that I last saw her alive on May 7 1946.

Immediate cause of death: Cardiac failure — Duration:

Due to Rheumatic Heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank W. Logan M. D.
Address Women's Hospital Date signed 5-7-46

X

640:06

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 50

640:06 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3117 Strickland St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 6

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3117 Strickland St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Anna Brecht

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: Louis H. Brecht, Sr.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Mar. 31, 1887

8. AGE: Years	Months	Days	If less than one day
59	1	9	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER 12. Name: John Glick

13. Birthplace: Germany

MOTHER 14. Maiden Name: Barbara Spahn

15. Birthplace: Germany

16 (a) Informant: Mr. Louis H. Brecht, Sr.

(b) Address: 3117 Strickland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/46 (month) (day) (year)

(c) Cemetery or crematory: Loudon Park Cem.

Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS

(b) Address: Balto., Md.

19 (a) MAY 9 - 1946 (Date Rec'd by registrar) Huntington for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 1946, at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1946 to May 8 1946, and that I last saw her alive on May 7 1946.

Immediate cause of death: Carcinoma of Breast — Generalized Metastases — Duration 6 mos. 6 mos.

Due to:

Due to:

Other Conditions: Shock (Surgical)

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence: at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: Earl Pass

Address: 4001 Wilkens Ave Date signed: 5-8-46 M.D.

VS 250

X

G30:07

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 477

Registered No. G30:07

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Wyman Pk. Drive & 31st St.

(c) Hospital or institution: US Marine Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days): 123 days

(e) Length of stay in Baltimore (yrs., mos., or days): 5 mos.

2. USUAL RESIDENCE OF DECEASED:

(a) State: N.Y. (b) County:

(c) City or town: Brooklyn (If outside city or town limits, write RURAL and give town)

(d) Street No.: 500 Humboldt St. (If rural give location)

(e) Citizen of foreign country? NO (Yes or No) If yes, name country:

3 (a) FULL NAME: Mc Guckin, Donald John

3 (b) If veteran, name war:

3 (c) Social Security Account No.: 433-26-3325

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife:

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 22, 1903

8. AGE: Years	Months	Days	If less than one day
42	8	15	hr. min.

9. Birthplace: Balto., Md. (Town, county, and state)

10. Usual Occupation: 2nd mate

11. Industry or business: Seafarer

FATHER — 12. Name: John D. Mc Guckin

13. Birthplace: Scotland

MOTHER — 14. Maiden Name: Anna Bray

15. Birthplace: Ireland

16 (a) Informant: Records

(b) Address: US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year): 5/10/46

(c) Cemetery or crematory: New Cathedral Cem.

Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS

(b) Address: Balto., Md.

19 (a) MAY 9 - 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 7 1946, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 4 1946 to May 7 1946, and that I last saw him alive on May 7 1946

Immediate cause of death: Carcinoma left lung with metastasis to brain — Duration: UNKNOWN

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: As above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence: at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: E.S. Moore

E.S. Moore, PA Surgeon

Address: US Marine Hospital, Baltimore, Md. Date signed: 5/8/46

VS 150

630:08

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E

630:08

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2212 Garrison Blvd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2212 Garrison Blvd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME NELSON E. SHOWACRE

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elma D. Showacre
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1881

8. AGE: Years	Months	Days	If less than one day
64	6	2	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Credit Manager
11. Industry or business Daniel Miller

FATHER
12. Name Nelson C. Showacre
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Matilda Coleman
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Elma D. Showacre
(b) Address 2212 Garrison Blvd.

17 (a) Burial (b) Date thereof 5/10/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAY 9 - 1946 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1946, at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1, 1945 to May 7, 1946 and that I last saw him alive on May 7, 1946.

Immediate cause of death: Carcinoma of lungs-about — Duration 8 mo.

Due to: Metastasis from carcinoma of the pelvis — ? given

Due to:

Other Conditions: Carcinoma of pelvis about 4 yrs.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hallie E. Liblet M. D.
Address 2220 Garrison Blvd Date signed 5/8/46

VS 150

640:09

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

640:09 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Sidney Ave.
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2117 Sidney Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Mn. Carter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Clinton A. Carter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/15/1880

8. AGE: Years	Months	Days	If less than one day
65	08	27	hr min.

9. Birthplace Baltimore Md.
(Town, county and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Charles M. Bloomfield
13. Birthplace Harford Co. Md.

MOTHER
14. Maiden Name Mary
15. Birthplace

16 (a) Informant Mrs. Virginia Slaughter
(b) Address 2117 Sidney Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11 1946 (month) (day) (year)
(c) Cemetery or crematory London Park Cem.
Location Baltimore Md.

18 (a) Funeral director E. Miller Lamotte
(b) Address 1590 Liberty Heights Ave

19 (a) (Date registered) MAY 9 1946 (b) (registrar) Huntington Williams

VS 190

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7th 1946 at 10:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 15 1935 to May 7 1946 and that I last saw her alive on May 7 1946.

Immediate cause of death: Coronary Occlusion — Duration 2 days

Due to: Arteriosclerotic Heart Disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nathan Raeusin M.D.
Address 206 S. Gilmor St. Date signed 5-4-46

X

640:10 640:10

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93c

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1913 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
Street No. 1913 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Indiana S. Ford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Peter W. Ford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Sept 16th 1863

8. AGE: Years	Months	Days	If less than one day
82	7	23	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Samuel S. Ford
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Beauchamp
15. Birthplace Md

16 (a) Informant Ennis L. Ford
(b) Address 1 University Circle

17 (a) Burial (b) Date thereof 5/11/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Fairmount
Location Upper Fairmount Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) 5/10/46 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9th 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1945 to May 9 1946.
and that I last saw h[illegible] alive on May 9 1946.

Immediate cause of death: Myocardial degeneration — Duration 5 yrs
Due to: Chr. rheumatoid arthritis — 10 yrs
Due to: (deformans)
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas A. Dodd
Address 2108 St Paul St Date signed 5/9/46

VS 150

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1548

S-40111 Registered No. S-40111

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Avenue
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 235 Mallow Hill Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ROBERT LEE PORTER, SR.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Mary E. Roche
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/27/1868

8. AGE: Years	Months	Days	If less than one day
82 83	4	10	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Commission Merchant
11. Industry or business retired

FATHER
12. Name Benjamin Porter
13. Birthplace Baltimore

MOTHER
14. Maiden Name Virginia Reid
15. Birthplace Norfolk, Virginia

16 (a) Informant Mrs. Dorothy Peregoy
(b) Address 235 Mallow Hill Avenue

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5/10/46 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore, Maryland

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul Street

19 5/10/46 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 31 1945 to May 6 1946 and that I last saw him alive on May 6 1946.

Immediate cause of death: Cerebral anemia — Duration: 5 mos.
Due to Secondary anemia — 40 yrs.
Due to Chronic osteomyelitis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John Z. Bowers, M. D.
Address 20 E. Preston St. Date signed May 8, 1946

VS 150

X

640:12

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V112

640:12 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 26
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 Mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore — (If outside city or town limits, write RURAL and give town)
(d) Street No. #218 Powell Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ruth Felling (RUTH FELLING)
3 (b) If veteran, name war No
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Charles Felling
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): May 29, 1920
8. AGE: Years 25 | Months 11 | Days 10 | If less than one day: hr. min.
9. Birthplace: Nashville, Tenn. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Wm B. Cayce
13. Birthplace: Nashville, Tenn

MOTHER
14. Maiden Name: Gertrude Owen
15. Birthplace: Nashville, Tenn

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-46 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Cem
Location: Nashville, Tenn.

18 (a) Funeral director: Henry Sander & Sons Inc.
(b) Address: North Ave & Broadway

19 (a) 5/15/46 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20

20. DATE OF DEATH: May 8 1946 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1946 to May 8 1946 and that I last saw her alive on May 8 1946

Immediate cause of death: Anoxia due to obstruction of trachea by mucous plug — Duration: 24 hrs.

Due to: Bronchial asthma — Duration: 12 yrs.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Eugene Meyer M. D.
Address: Johns Hopkins Hosp Date signed May 8 1946

VS 150

X

G40133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. G40133

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ..... Dea
(c) Hospital or institution: Franklin Square Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1032 Clay St
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME James Yorks 4/26/46

3 (b) If veteran, name war .....

3 (c) Social Security Account No. ?

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. ?

6 (b) Name of husband or wife ?

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 40 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation .....

11. Industry or business .....

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant ?
(b) Address ?

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)

(c) Cemetery or crematory .....
Location University Medical School MAY 9 1946

18 (a) Funeral director Commissioner of Health
(b) Address .....

19 MAY 10 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/26 1946, at 3:20 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Disease

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury ..... at ..... M.
(b) Where did injury occur? .....
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....
(d) Means of injury .....

23. Signature C. P. Gabrielle M.D.
Medical Examiner.
Date signed 7/26/46

VS 151

3491

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40:14 — 100561 — BALTIMORE CITY HEALTH DEPARTMENT — CERTIFICATE OF DEATH 13B — Registration No. 140:14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town, write RURAL and give town)
(d) Street No. 918 E. [redacted] St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Katherine Daniels

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Sept.

6 (b) Name of husband or wife Aubrey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5th 1912

8. AGE: Years	Months	Days	If less than one day
34	1	4	hr. min.

9. Birthplace W. Va. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Walter Pase
13. Birthplace W. Va.

MOTHER
14. Maiden Name Sylvia Stevens
15. Birthplace W. Va.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Thomas W. [illegible] (Burial, cremation, or removal) (b) Date thereof May 10 (month) (day) 1946 (year)
(c) Cemetery or crematory
Location W. Va. [illegible]

18 (a) Funeral director Bryant C. Thrasher
(b) Address 510 Robert St.

19 (a) MAY 10 1946 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION A

20. DATE OF DEATH May 9th 1946 19 , at 8.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-12-46 19 to 5-9-46 19 , and that I last saw her alive on 5-9-46 19 .

Immediate cause of death	Duration
Due to Pulmonary Tuberculosis	1 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John R. Kelsey M. D.
Address City Hosp Date signed 5-10-46

(over)

P 60135 Birth Cert No B46610 BALTIMORE CITY HEALTH DEPARTMENT ✓ 60135

CERTIFICATE OF DEATH 159

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sp. Balto Gen. Hosp. 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto -
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 William St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Huber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5 5 46

8. AGE: Years | Months | Days | If less than one day 1 hr. 54 min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Huber
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Kane
15. Birthplace Balto.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Body retained
~~location~~ by hospital for
18 (a) ~~Funeral director~~ laboratory study.
(b) Address

19 (a) MAY 10 1946 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1946 at 6:37 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3:15 AM 5-4-46 19 to 5:31 AM 5-7-46, and that I last saw her alive on 5-4-46.

Immediate cause of death Prematurity.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold V. Cann M. D.
Address Sp. Balto Gen. Hosp Date signed 5-7-46.

VS 150

X

G40116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 125B

G40116 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 902 N. Payson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-4
(e) Length of stay in Baltimore (yrs., mos., or days) 55 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 902 N. Payson St. (If rural give location)
(e) Citizen of foreign country? [redacted] (Yes or No)
If yes, name country [redacted]

3 (a) FULL NAME Julia Tompkins

3 (b) If veteran, name war **
3 (c) Social Security Account No. **

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Harry Tompkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?About 1848

8. AGE: Years 58 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ? Raymond
13. Birthplace Ireland

MOTHER
14. Maiden Name ? Lamb
15. Birthplace Ireland

16 (a) Informant Adaline Berger
(b) Address 902 N. Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/ 10/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto.

18 (a) Funeral director Geo. W. Little
(b) Address 2700 Edmondson Ave.

19 (a) MAY 10 1946 (Date received) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1946 at 4a M

21. I certify that death occurred on the date above stated; that I attended deceased from April 27 1946 to May 7 1946, and that I last saw h alive on 19 .

Immediate cause of death Hepatic Disease — Duration 10 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. G. Lally
Address 2517 Edmondson Ave. Date signed May 8 1946

VS 150

X

Birth Cert No G25011 ✓ 640117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

640117 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 544 W. Hoffman St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 544 W. Hoffman St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** George Knox ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23, 1945

8. AGE: Years	Months	Days	If less than one day
	11	15	hr. min.

9. Birthplace Baltimore - Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Thomas Knox
13. Birthplace Baltimore - Md

MOTHER
14. Maiden Name Dorthey Mae Thomas
15. Birthplace Baltimore - Md

16 (a) Informant Mrs Dorothy Thomas
(b) Address 544 W. Hoffman St

17 (a) Burial (b) Date thereof 5/10/46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore - Md

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St

19 MAY 10 1946 Huntington Williams
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-8-1946, at 11:15 A M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑; accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Bronchopneumonia

Due to

Other Conditions Lobar Pneumonia, Dyspnea

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Cruddis M.D.
Medical Examiner.
Date signed 5-8-46

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G0138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G0138

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4021 Park Heights Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give County)
(d) Street No. 1822 North Pulaski St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MAX F RIEDMAN

3 (b) If veteran, name war –

3 (c) Social Security Account No. 213-16-9831

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 69 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Hyman
13. Birthplace Russia

MOTHER
14. Maiden Name Theresa
15. Birthplace Russia

16 (a) Informant Frances F. Friedman
(b) Address 1822 N. Pulaski St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-46 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philadelphia Rd + Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 1402 E. Baltimore St

MAY 10 1946 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/8/46 19 , at 9:10 PM

21. I certify that I took charge of the remains described above, held an Inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Davis M.D. Medical Examiner.
Date signed 5/9/46

VS 151

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G40119 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 - 5
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2319 Aisquith Ave
(If rural give location)
(e) Citizen of foreign country? Austria (Yes or No)
If yes, name country

3 (a) FULL NAME MAX SNYDER

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Rebecca
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 69 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER 12. Name Julius Russey
13. Birthplace Russia

MOTHER 14. Maiden Name Sarah
15. Birthplace Russia

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-46 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Germany Hill Rd.

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St.

MAY 10 1946 (Date received by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10, 1946, at 6:35 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 30, 1946, to May 10, 1946, and that I last saw him alive on May 9, 1946.

Immediate cause of death Uremia & cardiac failure — Duration

Due to Circulatory collapse

Due to Cerebral Hemorrhage

Other Conditions Hypertension Cardiovascular disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert J. Weisz

Address Sinai Hospital Date signed 5/10/46 M D

Huntington Williams, M.D.

83a

G40:20

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

132 ✓ G40:20 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3302 Windsor Ave
(c) Hospital or institution:

15-7

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3302 Windsor Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Henrietta Elmer

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	

6 (b) Name of husband or wife George H. Elmer (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8-1851

8. AGE: Years	Months	Days	If less than one day: hr.	min.
94	8	—		

9. Birthplace Md. Bishops Head (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business Retired

FATHER
12. Name Alexander Sangrall
13. Birthplace Bishop's Head - Dorchester Co Md

MOTHER
14. Maiden Name Mary Ann McNamara
15. Birthplace Bishop's Head - Dorchester Co Md

16 (a) Informant Florence Elmer Woodland
(b) Address 3302 Windsor Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10-46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Ensworth Armacost
(b) Address 3911 Liberty Heights Ave

19 (a) (b)
(Date rec'd by registrar) Registrar
MAY 10 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1946 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1946 to May 8 1946, and that I last saw h alive on May 7 1946

Immediate cause of death Nephritis — Duration 4 M

Due to Suppressed Kidney function

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Clement Cram M. D.
Address 612 N 40 St Date signed

X

640:61 ✓ 640.61

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 939

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3509 Spaulding Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 + 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3509 Spaulding Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ALICE P. McCLELLAN

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Samuel G. McClellan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 12, 1862

8. AGE: Years 83 | Months 11 | Days 27 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Wells White
13. Birthplace: Vermont

MOTHER
14. Maiden Name: Eleanor N. Dexter
15. Birthplace: Vermont

16 (a) Informant: Miss Edith D. McClellan
(b) Address: 3509 Spaulding Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/46 (month) (day) (year)
(c) Cemetery or crematory: Lorraine Cem.
Location: Woodlawn, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) (Date rec'd by registrar) (b) Williams M.D. Registrar

MAY 10 1946 Huntington for Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1946, at 1:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1-46 to May 9 '46 and that I last saw him alive on May 7 '46

Immediate cause of death: a Coronary Thrombosis + Cardiac Arteriosclerosis
Due to: Arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration: Yrs. / Mos. / Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: H. Houck M.D. M. D.
Address Date signed

640[illegible]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

Registered No. [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 930 N. Fulton Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 930 N. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: EMMA GRACE LUSTNAUER

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Frederick W. Lustnauer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1863

8. AGE: Years	Months	Days	If less than one day
83	3	20	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation -
11. Industry or business

FATHER
12. Name Charles A. Schreiner
13. Birthplace Germany

MOTHER
14. Maiden Name Charlotte Baltzell
15. Birthplace Thurmont, Md.

16 (a) Informant Mr. Charles F. Lustnauer
(b) Address 930 N. Fulton Ave.

17 (a) Burial (b) Date thereof 5/11/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (b)
(Date rec'd by registrar)

VS 150 MAY 10 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8, 1946, at 12:01 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 17 1940 to May 8 1946. and that I last saw h[illegible] alive on Apr 10 1946. [illegible] morning for last time 4/30/46

Immediate cause of death
coronary thrombosis
Due to Hypertension 285/110
Due to Chronic nephritis
Other Conditions Trifacial neuralgia
(Include pregnancy within 3 months of death)

Duration
6 yrs to my knowledge
years
years

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A Luetscher M. D.
Address 12 E. Eager St Balto (2)
Date signed May 10/46

Luetscher

G40:23

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

169 Registered No.

G40:23

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution Mercy Hospital 27-15
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1411 Forge Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henry J. Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7-1872

8. AGE: Years	Months	Days	If less than one day
73	11	2	hr. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation Textile worker
11. Industry or business Retired

FATHER
12. Name Malachi Lee
13. Birthplace North Carolina

MOTHER
14. Maiden Name Alice Hardy
15. Birthplace North Carolina

16 (a) Informant John C. Lee
(b) Address 3921 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 11-1946 (month) (day) (year)
(c) Cemetery or crematory St. Mary's (Hampden)
Location Baltimore, Maryland

18 (a) Funeral director Quigley Funeral Home
(b) Address 3921 Falls Road

19 MAY 10 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9. 1946. at 9 15 A.M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ Autopsy, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Ruptured Heart
Fractured Skull

Due to

Other Conditions Fractures ribs

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-9-46 at 27/15 M.
(b) Where did injury occur? Falls Rd & Kelly Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Found lying along R.R. Tracks

23. Signature Howard J. Anderson M.D.
Medical Examiner.
Date signed 5-9-46

VS 151

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640124 ✓ 640124

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

939 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1405 Hollins St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1405 Hollins St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Henry J BAKER

3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife: Margaret T Baker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-1-1860

8. AGE: Years 86 | Months 3 | Days 9 | If less than one day hr min

9. Birthplace Harford Co. Md.
(Town, county, and state)

10. Usual Occupation Bricklayer
11. Industry or business

FATHER
12. Name Joseph Baker
13. Birthplace Harford Co.

MOTHER
14. Maiden Name Elizabeth Henry
15. Birthplace

16 (a) Informant Harry C Baker
(b) Address 1405 Hollins St. Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10-46 (Month) (Day) (Year)
(c) Cemetery or crematory London Park
Location Frederick Ave

18 (a) Funeral director Robert L Brooks
(b) Address 1338 Hollins St

19 (a) (Date received) MAY 10 1946 Signature for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9th 1946. at 7A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1944 to May 9 1946.
and that I last saw him alive on May 8 1946.

Immediate cause of death: Arteriosclerotic Myocarditis — Duration ?
Due to Generalized arteriosclerosis — ?
Due to age
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature H. Bekheide M. D.
Address 54 S. Fulton Ave Date signed 5-10-46

X

AB-99887 G40:25

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

✓ G40:25 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mos-23days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 20 N. Montford Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Klein ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 17- 1873

8. AGE: Years	Months	Days	If less than one day
72	4 5 4	20	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Peter Ripple
13. Birthplace Europe

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem. Location Frederick Rd.
18 (a) Funeral director John J. Malloy
(b) Address 2334 Jefferson St.
19 (a) (Date rec'd by registrar) (b) Registrar

MAY 10 1946

Registrar Williams, M.D. (over)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7- 1946, at 6.10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-10- 1946 to 5- 7 1946 and that I last saw h 9T alive on 5-7 1946

Immediate cause of death Bronchopneumonia

Due to Aplastic Anaemia, Cause Undet.

Due to

Other Conditions Cystitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: —

of autopsy: Above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert A. Fowler, Jr. M. D.
Address Balt. City Hosps Date signed 5-8-46

X

Birth Cert to DENY

G 45003

G40126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1194 Registered No. G40126

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Fayette and Calhoun.

(c) Hospital or institution Franklin Square Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto.

(c) City or town — 3014 E. Taylor Ave.
(If outside city or town limits, write RURAL and give town)

(d) Street No. Fayette & Calhoun
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Dewey. (DEWEY)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1946

8. AGE: Years	Months	Days	If less than one day
	1	30	24 hr. 25 min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER

12. Name Ignatius Dewey.

13. Birthplace Pa.

MOTHER

14. Maiden Name Viola Dewey.

15. Birthplace Baltimore Md

16 (a) Informant Ignatius Dewey

(b) Address 3014 E Taylor Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/10/46 (month) (day) (year)

(c) Cemetery or crematory Loudenne

Location Govanstown Md

18 (a) Funeral director Wilson Coyne

(b) Address 1219 Fort St

19 (a) MAY 10 1946 Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1946, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1946, to May 8 1946, and that I last saw h alive on May 8 1946.

Immediate cause of death Marasmus.

Due to

Due to

Other Conditions Premature.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

Signature Dr. Geo. S. Bayley

Date signed May 9 1946

X

G40:27

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G40:27

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1026 W. Lexington
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 47

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1026 W. Lexington (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel C. Robinson

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-12-8026

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mitchell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug-6, 1884

8. AGE: Years 61 | Months 9 | Days 1 | If less than one day hr. min.

9. Birthplace Calvert Co., Md (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business Chesapeake & Light Co.

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Margaret ?
15. Birthplace Calvert Co. Md

16 (a) Informant Mitchell Robinson
(b) Address 1026 W. Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. Co., Md

18 (a) Funeral director Isaiah L. Brown
(b) Address 108 W. Montgomery St

19 (a) MAY 10 1946 (Date received by registrar) (b) Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7, 1946, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1946 to May 7 1946, and that I last saw h alive on May 7 1946

Immediate cause of death Uraemia — 2 days

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Swanson M. D.
Address 1111 Lee Date signed 5/10/46

X

VS 150

640128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. 640128

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2042 E. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ethel (Barbee) Bohrer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1920

8. AGE: Years	Months	Days	If less than one day
26			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name David Anshel
13. Birthplace Russia

MOTHER
14. Maiden Name Ida
15. Birthplace Russia

16 (a) Informant Emanuel Anshel
(b) Address 2237 E. Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-46 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Philadelphia & Bowley Lane

18 (a) Funeral director Jacob Lewis Inc
(b) Address 1439 E. Balto St.

19 (a) MAY 10 1946 Huntington Williams, M.D. Registrar
(Must be filled in by Registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1946, at 8 15 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☐, ~~accident~~ ☐, suicide ☐, homicide ☐, undetermined ☑ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Cerebral Hemorrhage

Due to

Other Condition Acute Congestive Heart Failure; Acute Pulmonary Edema.
(Include pregnancy within 3 months of death)

Information unobtainable.

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mullen M.D. Medical Examiner.
Date signed 5-10-46

640129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83 A

Registered No. 640129

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 556 W. Lanvale ST
(c) Hospital or institution:
17
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 556 W. Lanvale ST.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elmer Imes

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-6003

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Mrs Lucy Imes 61
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 26, 1885

8. AGE: Years	Months	Days	If less than one day
61		11	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name John Thomas Imes
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Helen Smith
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Lucy A. Imes
(b) Address 556 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10, 1946 (month, day, year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.
(Person acting as funeral director)

MAY 10 1946

(b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1946, at 11:59 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 11 1946 to May 7 1946, and that I last saw him alive on May 6 1946.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days.
Due to: Hypertension
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert Moseley M.D.
Address 2024 Madison Ave Date signed 5/9/46

VS 130

X

640130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. 640130

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Use only accepted medical terminology. Use

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dth
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and name of town)
(d) Street No. 12 N Fremont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isaac Ireland Tyson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1888

8. AGE: Years	Months	Days	If less than one day
58	2mo		hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Joseph Mitchell
(b) Address 1121 Saratoga St.

17 (a) Burial (b) Date thereof May 11, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MAY 10 1946

VS 45

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 May 1946, at 12:40 P.M.

21. I certify that I took charge of the remains described above, held an Inquest thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature W. G. Kelbrick M.D.
Medical Examiner.
Date signed 7 May 46

X

640331
452852.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

/31B

Registered No. 640331

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Newport News
(If outside city or town limits, write RURAL and give town)
(d) Street No. 839 15th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joe M. Blumberg Jr.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male.	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22, 1940

8. AGE: Years	Months	Days	If less than one day
6	3	18	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Joe M. Blumberg.
13. Birthplace Balto

MOTHER
14. Maiden Name Catherine W. Ellis
15. Birthplace Balto. Md.

16 (a) Informant Relative.
(b) Address JOHNS HOPKINS HOSPIT

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, 46 (month) (day) (year)
(c) Cemetery or crematory Arlington National
Location Arlington Va.
18 (a) Funeral director S. H. Hines Leo
(b) Address 2901 14th St. N.W. Wash. D.C.
19 (a) (Signature of registrar) (b) Date received MAY 10 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 10 1946 at 1245 M

21. I certify that death occurred on the date above stated; that I attended deceased from April - 18 1944 to May - 10 1946. and that I last saw him alive on May - 10 1946.

Immediate cause of death	Duration
Chronic Nephritis	2 yrs.
Nemia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Chronic Nephritis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Margaret Pullen M. D.
Address Johns Hopkins Hosp. Date signed 5-10-46

VS 150

640132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3207 Washington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3207 Washington Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Iris Maud Willingham

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Wm A Willingham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-12-1893

8. AGE: Years	Months	Days	If less than one day
52	4	26	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Horace K Cartwright
13. Birthplace England

MOTHER
14. Maiden Name Elizabeth Hurst
15. Birthplace England

16 (a) Informant Mrs Gladys Creighton
(b) Address 3207 Washington St

17 (a) Burial (b) Date thereof 5-11-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd

18 (a) Funeral director Wendell E Humphreys
(b) Address 6062 Harford Rd

19 (a) MAY 10 1946 Huntington Williams, M.D.
(Date received by local registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8th 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1946, to May 8 1946 and that I last saw alive on May 8 1946.

Immediate cause of death: Cancer of tongue — Duration 6 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: none

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nelson E. Lowman M. D.
Address 5413 Park Heights Ave Date signed May 8, 1946

X

G40:33

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 176

Registered No. G40:33

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fairfield
(c) Hospital or institution Bethlehem Ship-yards.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 527 Bayside Drive
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ray B. Mitchell

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Virginia Mitchell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12 1896

8. AGE: Years	Months	Days	If less than one day
49	7	27	hr. min.

9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation Rigger Ship Yard
11. Industry or business

FATHER
12. Name James A Mitchell
13. Birthplace Ohio

MOTHER
14. Maiden Name Alice G Barbee
15. Birthplace Ohio

16 (a) Informant Cornelius Mitchell
(b) Address 3825 10th St Brooklyn

17 (a) Removal (b) Date thereof May 11 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Portsmouth Ohio
Location Ohio

18 (a) Funeral director Uhlenhuth Funeral Home
(b) Address 2008 Orleans St

19 (a) Huntington Williams, Registrar
(Local registrar)
MAY 10 1946

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-9 1946, at 11 20 AM

21. I certify that I took charge of the remains described above, held an Partial autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Fractured Revised vertebrae

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-9- at 25/6 11 A M.
(b) Where did injury occur? Bethlehem Shipyards.
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? yes.
(d) Means of injury Struck by swinging crane

23. Signature Howard J. Clark Jr. M.D.
Medical Examiner.
Date signed 5-9-46

Street age is especially important. Physicians: please write the causes of death clearly and legibly.

640134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

640134 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1302 W. Lexington St.
(c) Hospital or institution: Fayette Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 125 E. Churchill St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Potts

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife George B. Potts
6 (c) If alive, give age D years

7. Birth date of deceased (mo., day, yr.) June 6, 187?

8. AGE: Years	Months	Days	If less than one day
73	11	4	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Robert McKnight
13. Birthplace Md.

MOTHER
14. Maiden Name Dorcas Scales
15. Birthplace Ireland

16 (a) Informant Miss Dora McKnight
(b) Address 125 E. Churchill St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Gambrills Cem.
Location Gambrills, Md.

18 (a) Funeral director John F. Flemmy Inc.
(b) Address 715 Light St.

19 (a) (Date received by registrar) (b) Registrar

MAY 10 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10th 1946, at 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1946 to May 10 1946 and that I last saw h alive on May 10 1946.

Immediate cause of death
General Cachexia advanced Chronic Myocarditis — Duration 10 yrs
Due to — 10 yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Kelroy L. Salamone M. D.
Address 127 S. Broadway Date signed 5/10/46

X

640:35

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

640:35 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins 3-
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dor
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 1124 E. Lombard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARSEY GREEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	?

6 (b) Name of husband or wife ?

6 (c) If alive, give age , years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation ?

11. Industry or business ?

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant ?
(b) Address ?

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 9 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAY 10 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

F 3193

MEDICAL CERTIFICATION

20. DATE OF DEATH 4/25/46 19 , at 8:40 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Davis, M.D.
Medical Examiner.
Date signed 4/26/46

X

640:36 amer ✓ 640:36

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNIVERSITY HOSPITAL 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10dy
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County —
(c) City or town BALTIMORE 13
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2661 OSWEGO AVE
(If rural give location)
(e) Citizen of foreign country? N.D. (Yes or No)
If yes, name country

3 (a) FULL NAME BABY GIRL DAGURT

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 5-1-46 1:43 P.M.

8. AGE: Years	Months	Days	If less than one day
			14 hr. 27 min.

9. Birthplace BALTIMORE, MARYLAND
(Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name ALLAN DAGURT
13. Birthplace BALTIMORE, MARYLAND

MOTHER
14. Maiden Name SARAH RICHMAN
15. Birthplace BALTIMORE, MARYLAND

16 (a) Informant SARAH DAGURT
(b) Address BALTIMORE, MARYLAND

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 10 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAY 10 1946 Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-2 1946, at 4:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1 1946, to 5-2 1946, and that I last saw h.c.p. alive on 5-1 1946.

Immediate cause of death	Duration
ATELECTASIS	
Due to Prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph B. Workman M. D.
Address Univ. Hosp. Date signed 5-2-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

3492 X

G40:37 ✓ G40:37

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 122a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution:
US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Odenton (If outside city or town limits, write RURAL, and give town)
(d) Street No. 82 Carvel Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Koblentz, Alex
3 (b) If veteran, name war WW 2
3 (c) Social Security Account No. 410-10-4758
4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Ethel Aronovitz
6 (c) If alive, give age ? years
7. Birth date of deceased (mo., day, yr.) Feb. 16, 1908
8. AGE: Years 38 Months 2 Days 24 If less than one day hr. min.
9. Birthplace Chattanooga, Tenn. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Post Office, Ft. Meade, Md.

FATHER
12. Name Harry Koblentz
13. Birthplace Russia

MOTHER
14. Maiden Name Ida Brady
15. Birthplace Russia

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-46 (month) (day) (year)
(c) Cemetery or crematory Chattanooga
Location Chattanooga, Tenn.
18 (a) Funeral director J. Fairfax Long
(b) Address 1701 Eutaw Place
19 (a) 5-10-1946 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1946, at 12:05 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1946 to May 10 1946, and that I last saw him alive on May 10 1946.
Immediate cause of death Massive pulmonary embolism, postoperative — Duration 30 minutes
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation May 3, 1946
Major findings of operation: Bilateral inguinal hernia
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature John L. Wilson
John L. Wilson, Sr. Surgeon M. D.
Address Clinical Director Date signed 5/10/46

VS 180

Dr. Kyle Golley
5103 Harfordd Rd.
G40...38

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ G40...38
937
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4703 Hampnett Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3603 Echodale Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry Roemer, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Margaret M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 1868

8. AGE: Years	Months	Days	If less than one day
78	--	7	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Conrad Roemer
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mrs. Margaret M. Roemer
(b) Address 3603 Echodale Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/46 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road.

MAY 10 1946 (b) Burlington Williams, M.D. Registrar
Date Received

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10th, 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1946 to 5/10 1946, and that I last saw him alive on 5/10 1946

Immediate cause of death Hypertension
cardio - Vascular
disease — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Kyle W. Golley M. D.
Address 5703 Harford Rd Date signed 5/10/46

FILL WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Spiegeffer G40139

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937 ✓ G40139 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2913 Gibbons Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2913 Gibbons Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen Agnes Schueler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife John W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1878

8. AGE: Years	Months	Days	If less than one day
67	5	25	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name ? Toolan
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mrs. Helen Stelfox
(b) Address 2913 Gibbons Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/46 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road

MAY 10 1946 (Date rec'd by registrar) (b)

Huntington Hollins Burial

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7th, 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1946, to 5/7 1946, and that I last saw h[illegible] alive on 5/7 1946

Immediate cause of death Hypertension Cerebral Hemorrhage Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Address 5703 Harford Rd Signed 5/7/46 M. D.

X

G40:50

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G40:50

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOH
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2318 Fleet St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Epifanius Peter Borowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
about 57			hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Stanislaus
13. Birthplace Poland

MOTHER
14. Maiden Name
15. Birthplace Poland

16 (a) Informant Anna Borowske
(b) Address 2318 Fleet St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-46 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Balto. Co

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern Ave

(c) MAY 11 1946 (Date filed by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 May 1946 at 12 10 M

21. I certify that I took charge of the remains described above, held an Insp & Inq thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Vascular disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William J Stafford M.D.
Medical Examiner.
Date signed 10 May 46

VS 151

Please write in ink. Physicians: please write the causes of death clearly and legibly. Cause of death is especially important.

630:41

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. 630:41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Linden & Madison Ave.

(c) Hospital or institution: Maryland General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town 3 (If outside city or town limits, write RURAL and give town)

(d) Street No. 1904 Eastern Place (If rural give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3 (a) FULL NAME Bessie Beatrice Lynn Whittaker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Dan'l Geo. T. Whitaker

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 3/30/1884 ?

8. AGE: Years 62? Months 1 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Jane Koschell

13. Birthplace

MOTHER 14. Maiden Name Jane Koschell

15. Birthplace

16 (a) Informant Mrs. Jane B. Stephens

(b) Address 3 Falfax Ct. Wynantskill N.Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/46 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge Cemy

Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell & Sons

(b) Address 1900 Eutaw Pl.

19 (a) ..... (b) ..... Registrar

MAY 11 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/10/1946 at 9:00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/6/1946 to 5/10/1946 and that I last saw her alive on 5/10/1946

Immediate cause of death: Terminal pneumonia

Due to: Partial left cerebral hemiplegia

Due to: H. C. V. disease

Other Conditions: Generalized arteriosclerosis (Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

Duration
4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)

(e) Means of injury .....

23. Signature C. E. Gonzales, M.D.

Address Maryland General Hospital Date signed 5/10/46

G:0:42 ✓ G:0:46

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 178a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2347 Eastern Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2347 Eastern ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Katz

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-7814

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Cecelia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 27, 1901

8. AGE: Years	Months	Days	If less than one day
44	7	12	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business Machinist

FATHER
12. Name Frank Katz
13. Birthplace Russia

MOTHER
14. Maiden Name Rebecca Greenspon
15. Birthplace Russia

16 (a) Informant Frank Katz
(b) Address 25 Lloyd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1946 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cem
Location 3600 E Baltimore St

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 (a) (b) Registrar

MAY 11 1946

Huntington Williams md

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1946, at 11 35 AM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Asphyxiation
Due Illuminating Gas
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-9-46 at Front 10 A. M. 1/3
(b) Where did injury occur? 2347 Eastern Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Gas from open valve burner, kitchen range.

23. Signature Howard J. Chaikin M.D.
Medical Examiner.
Date signed 5-10-46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly

G 40143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. ✓ new G 40143 159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 216 S Wolfe st.
(c) Hospital or institution: Home ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore ✓
(If outside city or town limits, write RURAL and give town)
(d) Street No. 216 S Wolfe st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martin Edward Kaniecki

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-9-46.

8. AGE: Years	Months	Days	If less than one day
0	0	1	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name George J Kaniecki
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Sarah Stone
15. Birthplace Baltimore Md

16 (a) Informant George J Kaniecki
(b) Address 216 S Wolfe st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-46. (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore Co. Md.

18 (a) Funeral director George A. Weber
(b) Address 705 S Ann st

19 (a) May 11, 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Address

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10th 1946 at 7:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1946 to May 10 1946 and that I last saw h[illegible] alive on May 10 1946

Immediate cause of death	Duration
Premature birth	
Six months and one week	
Due to —	
—	
Due to —	
Other Conditions none	

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Silverstein M. D.
Address 22 S. Bradley Date signed May 11 1946

VS 190

X

640:44 Livel Dolby ✓ 640:44

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dow
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1532 Carey Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Fidelia Dolby

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-22-2488

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1921

8. AGE: Years 25 | Months 24 | Days | If less than one day hr. min.

9. Birthplace Va. (Town, county and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name
13. Birthplace Va.

MOTHER
14. Maiden Name Hester
15. Birthplace Va

16 (a) Informant Hester Dolby
(b) Address 1535 Belmont St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/46 (month) (day) (year)
(c) Cemetery or crematory Whitestone, Va.
Location Virginia

18 (a) Funeral director Geo. H. Nelson
(b) Address 303 Pressman St

19 (a) MAY 11 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1946 at 2 A. M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Bullet wound of brain

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-9- at 1 25 A. M.
(b) Where did injury occur? Entrance 1534 Carey Street
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Firearm - pistol.

23. Signature Howard J. Wilkerson M.D. Medical Examiner.
Date signed 5-9-46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40.45

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161a

G40.45 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 25
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2427 Kermit Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Dukes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 10, 1946

8. AGE: Years	Months	Days	If less than one day
2 6 wks pregnancy			1 hr. ? min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name James Lewis Dukes
13. Birthplace Peyton, Ga.

MOTHER
14. Maiden Name Louise Merritt
15. Birthplace Toombs, Ga.

16 (a) Informant Mrs. James Lewis Dukes (Mother)
(b) Address 2427 Kermit Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/46 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Brooklyn

18 (a) Funeral director I F McCully
(b) Address 130 E Fort Ave

19 MAY 11 1946 Huntington Williams M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1946, at 9 A. M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Atelectasis neonatorum

Due to

Other Conditions

(Include pregnancy within 3 months of death)

If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 5-10-46

VS 161

640:46

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95B

640:46 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 853 Powers St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 853 Powers St
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME George McClellan Shamer

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-07-1300

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 20 - 1895

8. AGE: Years 50 | Months 9 | Days 10 | If less than one day: hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Secretary
11. Industry or business Md. Jockey Club

FATHER
12. Name George F Shamer
13. Birthplace Carroll Co Md

MOTHER
14. Maiden Name Malvinia Sullivan
15. Birthplace Balto Md

16 (a) Informant Mrs Mary Shamer
(b) Address 853 Powers St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Geo L Boyer Jr
(b) Address 1512 Hollins St

19 (a) [illegible] Huntington Williams, Md

MAY 11 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/10/46 19 .. at 2 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/14 1940, to 5/10 1946, and that I last saw h[illegible] alive on 5/9 1946

Immediate cause of death Cardiac Failure
Due to Rheumatic heart disease
Due to Decompensation

Duration 2 months, several yrs.

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Morrison, M.D.
Address 11 E. Chase St Date signed 5/10/46

X

G40:47 ✓ G40:47

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2242 Fleet St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 -
(e) Length of stay in Baltimore (yrs., mos., or days) 54 2(44)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2242 Fleet Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Magdalene Przybyl (Sibal)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife John Przybyl (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28 1866

8. AGE: Years	Months	Days	If less than one day
80	1	12	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Anthony Kayser
13. Birthplace Poland

MOTHER
14. Maiden Name Julia ?
15. Birthplace Poland

16 (a) Informant Cecilia Przybyl
(b) Address 2242 Fleet Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-46 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester Street

19 (a) (Date received) MAY 11 1946 (b) Registrar

Registrar Katherine Williams

VS 150

MEDICAL CERTIFICATION 645

20. DATE OF DEATH May 10 1946, at 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/4/45 19__ to 5/10 1946, and that I last saw her alive on May 9 1946.

Immediate cause of death Cerebral Hemorrhage — Duration 1 year

Due to Cardio Vascular Renal Disease — Duration ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph Pokorny M. D.
Address 2200 E Madison St Date signed 5/11/46

X

640:48

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. 640:48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 219 S.Grundy St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 37 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 219 S.Grundy (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Ruotolo

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	213-07-4156

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife late Victoria Ruotolo
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20 1881

8. AGE: Years	Months	Days	If less than one day
64	6	20	hr. min.

9. Birthplace Casagione Italy (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Pietro Ruotolo
13. Birthplace Italy

MOTHER
14. Maiden Name
15. Birthplace Italy

16 (a) Informant Peter Ruotolo Son
(b) Address 219 S.Grundy St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13 1946 (month) (day) (year)
(c) Cemetery or crematory St.Stanislaus
Location Mt.Carmel Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N.Morley St.

19 (a) (b)
Date received by registrar MAY 14 1946 Registrar

VS 190

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-10-46 19 , at 2:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1-46 19 , to 5-10-46 19 , and that I last saw h alive on 5-10-46 19 .

Immediate cause of death	Duration
Arteriosclerotic Cardiovascular Disease	
Due to Arteriosclerosis	
Due to	
Other Conditions Hypertension Diabetes mellitus	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John Constantini M.D.
Address 717 S. Conkling St. Date signed 5-11-46

925

G40:49

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. G40:49

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Siani Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1304 N.Milton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Fitch (Marie C.Fitch)

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife James Fitch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept.13,1903

8. AGE: Years	Months	Days	If less than one day
42 43	7	27	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Philip Croney
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Zuplinger
15. Birthplace Balto. Md.

16 (a) Informant James Fitch
(b) Address 1304 N.Milton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10/46 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Balto. Co.

18 (a) Funeral director Philip Sterling Sons
(b) Address 2024 Orleans St.

19 (a) (Date received by registrar) Huntington Williams M.D.

MAY 11 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-10 1946, at 7.40A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-2 1946, to 5-10 1946, and that I last saw h[illegible] alive on 5-10 1946.

Immediate cause of death Antral involvement (?)

Due to Lymphosarcoma (?)

Due to

Other Conditions Nephrolithiasis Pyelonephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stanley Roy Sternbach M. D.
Address Siani Hospital Date signed 5-11-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40:50

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

G40:50 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Sheldon Rd.
(c) Hospital or institution: Ashburton Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 152 E Fort Ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Lottie M. Wheatley

3 (b) If veteran, name war: no
3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Charles Wheatley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1877

8. AGE: Years	Months	Days	If less than one day
68	6	0	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at Home

FATHER
12. Name David M Peregoy
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Broad
15. Birthplace at Sea

16 (a) Informant Mrs Clara Poehlmann
(b) Address 4601 Keswick Ave Hollins Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Fredrick Ave

18 (a) Funeral director John J Cannon & Son
(b) Address 901-03 Hollins St

MAY 11 1946 Huntington Williams, M.D.
(Date rec'd by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1946 at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1945 to May 10 1946 and that I last saw her alive on May 9 1946.

Immediate cause of death	Duration
Bowels Pneumonia	3d.
Uraemia Coma	5d.
Due to Arterio Sclerosis	1 yr
Hypertension	1 yr
Due to Gen. Infantile Neurosis	1 yr
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E E A Stevens M. D.
Address 2818 Harford Rd Date signed 5-11-46

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH 937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3104 Royston Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3104 Royston Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HELENA MARIE RUSSELL

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
NO	None	F	W	Widow

6 (b) Name of husband or wife Walter Scott Russell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1883

8. AGE: Years	Months	Days	If less than one day
62	11	1	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph E. Lambdin
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Lillie Bachmann
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Frank Grill
(b) Address 3104 Royston Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/46 (month) (day) (year)
(c) Cemetery or crematory Parkwood Gem.
Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) MAY 11 1946 (Signature of Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1946, at 3.15 A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1, 1946 to May 9, 1946 and that I last saw h[illegible] alive on May 8, 1946.

Immediate cause of death
Myocarditis (Chronic)
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
2 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at A.M. P.M.
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work)
(Specify type of place)
(e) Means of injury
23. Signature Eugene L. Pennington M. D.
Address 514 Drury Lane Date signed 5/10/46

VS 150

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. 610152

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. General Hospt. 22
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 213 E Church Hill St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Radcliffe

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female **5. Color or race** White **6 (a) Single, married, widowed, or divorced** Married

6 (b) Name of husband or wife William Radcliffe

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) April 19, 1898

8. AGE: Years 48 | Months | Days 21 | If less than one day ... hr. ... min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant William Radcliffe
(b) Address 213 E Church Hill St.

17 (a) Buried (Burial, cremation, or removal) **(b) Date thereof** 5/14/46 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill
Location Annapolis Blvd

18 (a) Funeral director John F Kenny Inc
(b) Address 744 Eight St.

19 (c) (Signature) Huntington Williams M.D.

MAY 11 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/10 1946 at 6 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/10 1946 to 5/10 1946 and that I last saw her alive on 5/10 1946.

Immediate cause of death Diabetic Acidosis — **Duration**

Due to Diabetes

Due to

Other Conditions Possibly
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence ... at ... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Earl Schmunk M. D.

Address 842 S. Ann St. Date signed 5-14-46

X

40153

B-1364

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ 40153 Registered No. 13B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10yrs- 16days
(e) Length of stay in Baltimore (yrs., mos., or days) 11yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 114 N. Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ira Lewis

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-6- 1901

8. AGE: Years	Months	Days	If less than one day
44	7	27	hr. min.

9. Birthplace Ga. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Pete Lewis
13. Birthplace Ga.

MOTHER
14. Maiden Name Eleanore Matthew (D
15. Birthplace Ga.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/11/46 (month) (day) (year)
(c) Cemetery or crematory
Location Mt. Calvary

18 (a) Funeral director Adolphus Halstead
(b) Address 918- Druid Hill ave,

19 (a) (Date received by Registrar) (b) Registrar

MAY 11 1946

VS 150

Huntington for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 3- 1946, at 5-30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-17 1936 to 5-3 1946 and that I last saw h im alive on 5-3- 1946.

Immediate cause of death Respiratory failure

Due to

Due to

Other Conditions Pleural effusion

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at PM
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Doyle Waldron M. D.
Address 3B C. H. Date signed 5/7/46

G40:54

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G40:54 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert 933 24th.
(c) Hospital or institution: Union Memil - (U.O.A.) 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltcity
(c) City or town ~~Ba~~ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3009 Lyttleton Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? (No.) years

3 (a) FULL NAME Howard Browning

3 (b) If veteran, name war no

3 (c) Social Security Account No. —?—

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Margaret Browning

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May-2-1888

8. AGE: Years 58 | Months 0 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Grocer

11. Industry or business (self)

FATHER
12. Name Browning
13. Birthplace Maryland

MOTHER
14. Maiden Name Leona Gaylart
15. Birthplace Maryland

16 (a) Informant Miss Melba Browning (daughter)
(b) Address 3009 Lyttleton Rd.

17 (a) burial (Burial, cremation, or removal) **(b) Date thereof** 5-13-46. (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Oella - Md.

18 (a) Funeral director Stewart Mortuary Co.
(b) Address 10 & W Mt. Ave.

19 MAY 11 1946 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1942 to May 10 1946 and that I last saw h[illegible] alive on May 10 46.

Immediate cause of death Coronary Thrombosis
Diabetes of ten knowledge

Duration 6 Months 6 Months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H A Darby M. D.
Address 81 Mulberry St. **Date signed** May 10/46

Howard J. Masters, M.D. X

VS 2

correct age is especially important. Physicians: please write the cause of death clearly and legibly

G10155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. G10155

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 3118 Woodland Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Michael

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife ? William M. Michael Deceased

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/30/1859

8. AGE: Years	Months	Days	If less than one day
86	11	10	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John J. Bradley
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Goode
15. Birthplace Ireland

16 (a) Informant George W. Michael
(b) Address 401 Park Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights Ave

19 MAY 11 1946 (Date received by registrar) (b) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1946, 8:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1946 to May 10 1946, and that I last saw h[illegible] alive on May 10 1946.

Immediate cause of death Cardio Respiratory Failure — Duration [illegible] Days

Due to Pneumonia — 3 days

Due to Fractured Leg — 25 Days

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 4-27-46

(a) Accident, suicide, or homicide Accident
(b) Date of occurrence April 15 at M
(c) Where did injury occur? Balto. (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell from chair

23. Signature William H. Hemsley M.D.
Address Mercy Hosp. Date signed 5-10-46

VS 150

Howard J. Corrigan, M.D. X

640:56

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

462

Registration No. 640:56

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd St & Calvert

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 da

(e) Length of stay in Baltimore (yrs., mos., or days) 14

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Lutherville (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Frank I. Duncan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Wh	Widower

6 (b) Name of husband or wife Clara Emerson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4, 1858

8. AGE: Years	Months	Days	If less than one day
87	11	7	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Retired - Circuit Court Judge

11. Industry or business

FATHER

12. Name John D. C. Duncan

13. Birthplace Maryland

MOTHER

14. Maiden Name Catherine Jones

15. Birthplace Maryland

16 (a) Informant Mrs Ernest Hatch

(b) Address Lutherville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14, 1946 (month) (day) (year)

(c) Cemetery or crematory Jerusalem

Location Sparks, Md

18 (a) Funeral director Landon M Brooks

(b) Address Sparks, Md.

19 (a) MAY 12 1946 (Date received by registrar) Huntington Williams, M.D.

(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1946, at 8:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1946 to May 11 1946, and that I last saw him alive on May 11 1946.

Immediate cause of death Carcinoma of stomach — Duration

Due to

Due to

Other Conditions Arteriosclerosis Cardiovascular Disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature George H. Schwinger M.D.

Address Union Memorial Date signed 5/14/46

VS 150

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40:57 ✓ G40:57

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Oliver & Caroline St.
(c) Hospital or institution:
St. Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr 3m 9days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County –
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1501 E. Oliver Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Paul Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Single

6 (b) Name of husband or wife ---------
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 9/16/84

8. AGE: Years	Months	Days	If less than one day
61	8	23	-- hr. -- min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Roman Catholic Priest
11. Industry or business

FATHER
12. Name Aloysius Carroll Smith
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary Ella Meek
15. Birthplace Baltimore, Maryland

16 (a) Informant Clarence Smith
(b) Address 8 Linden Terrace

17 (a) Burial (b) Date thereof 5/13/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Meares and Son
(b) Address 805 N. Calvert Street

19 (a) 5/12/1946 (Date rec'd by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9, 1946, at 6:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/31 1945 to 5/9/1946, and that I last saw him alive on 5/9 1946.

Immediate cause of death	Duration
Cardio-respiratory Failure	
Due to Acute Cardiac Failure	
Due to Hypertensive Cardio-Vascular Disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eugene J. Ruby
Address 1408 N Caroline St Date signed 5/9/46

VS 150

PRINT WITH PEN AND INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G40158
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland D.O.A.
(b) Street address 327 McMechen St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 327 McMechen St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sheppard Robinson

3 (b) If veteran, name war: No

3 (c) Social Security Account No.:

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ruth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/19/1898

8. AGE: Years 47 | Months 5 | Days 20 | If less than one day hr. min.

9. Birthplace Delaware
(Town, county, and state)

10. Usual Occupation Bootblack

11. Industry or business

FATHER
12. Name Sheppard Robinson
13. Birthplace Delaware

MOTHER
14. Maiden Name Nancy Dreden
15. Birthplace Delaware

16 (a) Informant Ruth Robinson (Wife)
(b) Address 327 McMechen St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/46 (month) (day) (year)
(c) Cemetery or crematory Milford Cem.
Location Milford, Del.

18 (a) Funeral director Charles G. Cooper
(b) Address 512 N. Carrollton Ave

19 (a) (Name of registrar) (b)

MAY 12 1946

VS 1ST

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/9 1946 at 5:35 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Chronic Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. F. Schmidt M.D.
Medical Examiner.
Date signed 5/11/46

Type or write with pen and ink. Use no abbreviations. If data are not known, say so. Do not leave blanks. Be sure to answer all questions. Please write the causes of death clearly and legibly.

G40159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G40159

469

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1514 Division

(c) Hospital or institution: Provident Hospital 13

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Mos

(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2418 Madison Ave
(If rural give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME William J. Brown.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Sadie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-16-1876

8. AGE: Years	Months	Days	If less than one day
69	5	23	hr. min.

9. Birthplace Kingston Jamaca B.W.I.
(Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name *
13. Birthplace *

MOTHER
14. Maiden Name *
15. Birthplace *

16 (a) Informant Sadie Brown (Wife)

(b) Address 2418 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/46 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem'l. Pk.

Location Balto. County, Md.

18 (a) Funeral director Charles G. Cooper

(b) Address 510-512 Carrollton Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Registrar

MAY 12 1946

VS-166

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-9 1946, at 2:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-9 1946, to 5-9 1946, and that I last saw h / m alive on 5-9 1946.

Immediate cause of death Malnutrition and Dehydration

Due to Carcinoma of Head of Pancreas, Diabetes Mellitus

~~Due to~~ Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature D. Bradley Higgins M. D.

Address 2243 Madison Date signed 5-10-46

G40160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51B

G40160
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2839 W. North Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. Charlesville
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Franklin J. Pearl

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 19th 1878

8. AGE: Years	Months	Days	If less than one day
67	8	21	hr. min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business Salt

FATHER
12. Name Daniel W. Pearl
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Zimmerman
15. Birthplace Md.

16 (a) Informant Mrs Roy Strull
(b) Address 3034 - 2nd Ave, Carney, Md.

17 (a) Burial (b) Date thereof 5/13/46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Meadow Ridge
Location Dorsey Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St

19 (a) 1946 (b) Huntington Williams, M.D.
(Date filed by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10th 1946, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1946. to May 10 1946.
and that I last saw him alive on May 10 1946.

Immediate cause of death
Cardiac Asthenia.
Due to Carcinoma of Prostate
" of Bladder
Due to Metastasis to Lungs.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. W. Koons
Address 1202 St Paul St Date signed May 11/46
M. D.

VS 150

E. W. Koons

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

G40161 ✓ G40161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 633 Tunbridge Rd D O A
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 633 Tunbridge Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME KATHERINE A. KLAUSMEYER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
W	E	Widowed

6 (b) Name of husband ~~or wife~~ Victor A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/15/1876

8. AGE: Years	Months	Days	If less than one day
69.	8	24	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Frank Purzer
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary "
15. Birthplace "

16 (a) Informant Mrs Emily Venturini
(b) Address 633 Tunbridge Rd.

17 (a) Burial (b) Date thereof 5/13/46
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 121 St. Paul St.

19 (a) MAY 2 1946 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/9 1946, at 5:45 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. J. Salvaniski M.D.
Medical Examiner.
Date signed 5/9/46

VS 151

G40662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124

G40662 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland North Broadway.

(b) Street address 309 Linden Ave.

(c) Hospital or institution: Church Home + Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days

(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balt. City

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1309 Linden Ave. (If rural give location)

(e) Citizen of foreign country? Not (Yes or No)

If yes, name country

3 (a) FULL NAME Mrs. Marvin Bedow.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Mr. Andrew Bedow.

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 23, 1898

8. AGE: Years	Months	Days	If less than one day
48 47	1	19	hr. min.

9. Birthplace Penn. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home maker.

FATHER

12. Name Mr. David Davis

13. Birthplace North Wales

MOTHER

14. Maiden Name Mary Parry.

15. Birthplace North Wales

16 (a) Informant (deceased) Mrs. Marvin Bedow.

(b) Address 1309 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/46 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Moreland Park

Location Parkville Md.

18 (a) Funeral director William Cook Inc.

(b) Address 1217 St. Paul St.

19 (a) Date rec'd by registrar (b) Registrar

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1946, at 3:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 27 1946, to May 11 1946, and that I last saw h[illegible] alive on May 11 1946.

	Duration
Immediate cause of death Hemorrhage from Oesophageal Varix	8 hrs.
Due to Cirrhosis of the Liver	6 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation Auto Accident Ruptured esophageal varix (2) Cirrhosis of the liver

If autopsy: (2) Ascites

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature David Bachrach M.D.

Address Church Home + Hospital Date signed May 11 1946 M. D.

G40163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G40163

Registered No. 937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3703 Edmondson Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3703 Edmondson Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine Freimann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Charles T. Freimann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 3rd 1879

8. AGE: Years	Months	Days	If less than one day
67	2	8	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name (Unknown) Dorsey
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen May Daly
15. Birthplace Ireland

16 (a) Informant Mrs B. Freimann
(b) Address 2812 Kildaire Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/46 (month) (day) (year)
(c) Cemetery or crematory Balto
Location " Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul St.

19 (a) (b) (Rec'd by registrar) Registrar

2 1948

VS 150

Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1946, at 5:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1939 to May 11 1946, and that I last saw h[illegible] alive on May 10 1946

Immediate cause of death Cerebral Hemorrhage — Duration 1½ days

Due to Hypertension — years

Due to Pernicious Anemia — years

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert M. Foster M. D.

Address 2124 St. Paul St Date signed May 11-46

THESE WHITE PAGES, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40164 G40164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 939

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5844 Bellona Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5844 Bellona Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie L McFarland

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Edward L

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1861

8. AGE: Years 85 | Months 0 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Heineman
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Catherine Muller
15. Birthplace Baltimore Md

16 (a) Informant Norman L McFarland
(b) Address 6602 York Rd

17 (a) Burial
(Burial, cremation, or removal)
(b) Date thereof 5/13/46
(month) (day) (year)

(c) Cemetery or crematory Prospect Location Govans Baltimore Md

18 (a) Funeral director Gillum Funeral Home
(b) Address 1219 E Fayette St

MAY 12 1946
(Date rec'd by registrar)

(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1946, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1943 to May 10 1946, and that I last saw him alive on May 10 1946.

Immediate cause of death: Arteriosclerotic Gangrene — Duration 17 yrs.

Due to Senility — 15 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. L. Chaffant M. D.

Address 6710 York Rd Date signed May 11, 46

Chaffant

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40115 BALTIMORE CITY HEALTH DEPARTMENT G40115

Registered No.

CERTIFICATE OF DEATH 131a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1901 Kennedy Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1901 Kennedy Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Schleisener

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Stephanie

6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) June 18 1870

8. AGE: Years	Months	Days	If less than one day
75	10	22	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Baker

11. Industry or business Own

FATHER
12. Name (Unknown) Schleisener

13. Birthplace Germany

MOTHER
14. Maiden Name "

15. Birthplace "

16 (a) Informant Walburga Schmidt

(b) Address 1901 Kennedy Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/13/46 (month) (day) (year)

(c) Cemetery or crematory Maryland Park

Location Parkville Md.

18 (a) Funeral director William Cook Inc

(b) Address 1217 St. Paul St.

19 (a) (Local registrar) (b)

MAY 12 1946

Registrar

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10th 1946, at 11:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1946 to May 10 1946 and that I last saw h[illegible] alive on May 10 1946.

Immediate cause of death Chronic myocarditis

Duration 7

Due to Chronic interstitial nephritis

Duration 3

Due to arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James E. Peterman

Address 1726 Hanover St Date signed 5/11/46

X

G40166 ✓ G40166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution Sinai Hospt

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 21 S. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sol Roll (Solomon Roll

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 64 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Jeweler

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Hosp Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/46 (month) (day) (year)
(c) Cemetery or crematory Greenlawn
Location Old Pike + Hamilton Ave

18 (a) Funeral director Jack Levin
(b) Address 1429 E. Baltimore

19 (a) MAY 12 1946 (b) (Registrar)
Date registered (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1946 at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1946 to May 11 1946 and that I last saw h[illegible] alive on May 11 1946.

Immediate cause of death Uremia

Due to Chronic Nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work)
(Specify type of place)
(e) Means of injury

23. Signature J. A. Hirschman M. D.
Address Sinai Hospital Date signed 5/11/46

Huntington Williams, MD

Hirschman

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54a

G40167
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla (b) County
(c) City or town Ocala
(If outside city or town limits write RURAL and give town)
(d) Street No. 904 Johnson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vance LaRue Hastings

3 (b) If veteran, name war

3 (c) Social Security Account No. 719-09-7281

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Helen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-26-94

8. AGE: Years 51 | Months 7 | Days 15 | If less than one day hr. min.

9. Birthplace Fla
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER
12. Name Benson Hastings
13. Birthplace Fla

MOTHER
14. Maiden Name Lucy Williamson
15. Birthplace Fla

16 (a) Informant Miranda
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 46 (month) (day) (year)
(c) Cemetery or crematory Oala Cemetery
Location Ocala Fla.

18 (a) Funeral director John O. Mathews Sons
(b) Address 1900 Eutaw Place

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1946 at 9:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1946 to May 11 1946 and that I last saw him alive on May 11 1946.

Immediate cause of death Brain Tumor.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 8 May 46

Major findings of operation: Brain Tumor

of autopsy: Brain Tumor

Duration

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur B Ming M. D.
Address Johns Hopkins Hosp Date signed 11 May 46

VS 150

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

G40168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

✓ G40168

Registered No.

The entries on this certificate should be typewritten, with ONE RING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene Sts.

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1132 Whatcoat St
(If rural give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Leroy Robinson Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Marie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-25-1896

8. AGE: Years 49 | Months 4 | Days 16 | If less than one day: hr. min.

9. Birthplace Surry Co. Va.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER — 12. Name Charles White

13. Birthplace Va

MOTHER — 14. Maiden Name Della Robinson

15. Birthplace Va

16 (a) Informant Marie Robinson

(b) Address 1132 Whatcoat St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-46 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem Park

Location Baltimore Co. Md

18 (a) Funeral director Williams & Jackson

(b) Address 916 Pennsylvania ave

MAY 12 1946 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1946, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1946 to May 10 1946 and that I last saw him alive on May 10 1946.

Immediate cause of death	Duration
Acute Gastric Dilatation	
Aspiration of Vomitus	
Due to Acidosis	
Due to Diabetes Mellitus	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Aspirated Vomitus - Dilated Stomach

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature C B Marshall Jr. M. D.

Address Date signed

VS 150

G40669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G40669
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: So. Balto. Gen'l. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Patapsco Post. (If outside city or town limits, write RURAL and give town)
(d) Street No. Box 494. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Charles Scott.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/24/1894

8. AGE: Years 52 | Months 2 | Days 25 | If less than one day hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Junk Dealer.

11. Industry or business

FATHER
12. Name Emanuel / Scott.
13. Birthplace Md

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Bessie Scott
(b) Address Same.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co. Md.

18 (a) Funeral director William A. Jackson
(b) Address 916 Pennsa. Ave

19 46 (Date rec'd by Registrar) (b) Washington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-9 1946, at 5:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-7 1946 to 5-9 1946; and that I last saw him alive on 5-9 1946:

Immediate cause of death: Cerebral hemorrhage — Duration
Due to Hypertension.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. B. Wood, Jr. M. D.
Address 1211 Light St. Date signed 5-9-46

Geo. B. Wood, Jr. ×

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. Exact age is especially important. Physicians: please write the causes of death clearly and legibly.

G40170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G40170 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1126 Argyle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1125 Argyle Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William (Cleary) Clary

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Marian B.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1886

8. AGE: Years	Months	Days	If less than one day
60	1	28	hr. min.

9. Birthplace Howard Co. Md.
(Town, county and state)
10. Usual Occupation Butler
11. Industry or business

FATHER
12. Name John A. Clary
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Ella Snowden
15. Birthplace Howard Co. Md.

16 (a) Informant Marian B. Clary
(b) Address 1125 Argyle Ave.

17 (a) Burial (b) Date of act May 13, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Wm. George W. Holland
(b) Address 1631 Druid Hill Ave

19 (a) May 10 1946 (b) Registrar Carrington Williams M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1946, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1945, to May 9 1946, and that I last saw h[im] alive on May 7 1946.

Immediate cause of death Arteriosclerosis (primary) — Duration

Due to

Due to

Other Conditions Myocardial Failure

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. W. Banfield M. D.
Address 711 W. Fulton Ave Date signed 5/9/46

VS 150

G40171 — G40171

TH. 100223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1233a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitale

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 & 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 627 N. Schroeder St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

16

3 (a) FULL NAME Aubrey James Cole

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3rd 1880

8. AGE: Years	Months	Days	If less than one day
65	11	6	hr. min.

9. Birthplace South America
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Cole (D
13. Birthplace South America

MOTHER
14. Maiden Name Annie Cox (D
15. Birthplace South America

16 (a) Informant Baltimore City Hospital
(b) Address 4940 Eastern Ave (Recorde

17 (a) Burial (b) Date thereof May 12, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem Pk
Location Baltimore Co. Md.

18 (a) Funeral director Jas. George H. Holland
(b) Address 1612 Druid Hill Ave

19 (a) 5-12 1946 (Signature and title) Thomas Williams, M.D. Registrar
(Filed by registrar)

VS 150

MEDICAL CERTIFICATION P

20. DATE OF DEATH May 9th 1946 19 at 1.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 28th 19 46 May 9th 19 46
and that I last saw h im alive on May 9th 19 46

Immediate cause of death — Duration
Bronchopneumonia — 1 wk
Bilateral Tuberculosis
Due to
Due to Pyelonephritis, Cystitis, Epididymitis — 1½ mo
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas J O'Neill M. D.
Address Balto. City Hosp Date signed 5-10-46

X

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

G40172 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2336 Madison Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2336 Madison Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Henry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30, 1874

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Frederick, Md.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Herbert
13. Birthplace Frederick Md.

MOTHER
14. Maiden Name Theresa Diggs
15. Birthplace Frederick, Md.

16 (a) Informant Lillian Manns
(b) Address 2336 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof may 15 1946 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Baltimore Co. Md.

18 (a) Funeral director Wm. George W. Hallam
(b) Address 1681 Druid Hill Ave.

19 MAY 12 1946 (a) (b) Burrman
(Date received by registrar)

Thurlington for Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1946, at 1 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 10 1946 to May 10 1946, and that I last saw her alive on May 5 1946.

Immediate cause of death	Duration
Jaundice with progressive inanition	
Due to Carcinoma head of pancreas	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Wasserman M. D.
Address 1501 Eutaw Pl Date signed May 12 1946

VS 150

X

G40173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63B

G40173 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1117 - 4. Callaun St.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Oliver Stephens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-24-96

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace S. C.

(Town, county, and state)

10. Usual Occupation

11. Industry or business Laborer

FATHER

12. Name Darry Stephens

13. Birthplace S. C.

MOTHER

14. Maiden Name Cora ?

15. Birthplace S. C.

16 (a) Informant Edward L. Stephens

(b) Address 1117 N. Calhoun St

17 (a) Burial (b) Date thereof May 10, 1946

(Burial, cremation, or removal) (month, day) (year)

(c) Cemetery or crematory Arbutus Mem. Park

Location Baltimore Co. Md.

18 (a) Funeral director Chas. George H. Stallings

(b) Address 1631 Druid Hill Ave

19 (a) (b)

(Date rec'd by registrar) (Registrar)

MAY 10 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1946 at 9 48 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1946 to May 7 1946.

and that I last saw h alive on May 7 1946.

Immediate cause of death	Duration
Subarachnoid hemorrhage	2 hrs
Due to Congenital aneurysm of intracranial portion of Int. carotid artery	life
Due to	
Other Conditions Hyperthyroidism Remission of this disease	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Robert C. Austrian M. D.

Address Johns Hopkins Hosp Date signed May 7 46

G40174 BALTIMORE CITY HEALTH DEPARTMENT G40174 Registered No.

CERTIFICATE OF DEATH 121a

PLEASE WRITE PLAINLY, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 Vine (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Betty Monroe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race negro | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-12-1900

8. AGE: Years 45 | Months 6 | Days 27 | If less than one day hr. min.

9. Birthplace Robeson Co. N.C. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Henry McLane
13. Birthplace N.C.

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Julius Monroe
(b) Address 704 Vine St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1681 Druid Hill Ave.

19 (a) MAY 12 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-9 1946 at 735 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-8 1946 to 5-9 1946 and that I last saw h e r alive on 5-9 1946.

Immediate cause of death cerebral Hemorrhage — Duration

Due to Hypertensive Cardio-vascular renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. H. Bousfield M. D.
Address Provident Hospital Date signed 5/10/46

G40175 G40175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 309

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1420 Druid Hill Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alderlain Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	married

6 (b) Name of husband or wife Herman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1905

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Edward Glascoe
13. Birthplace Raleigh, N.C.

MOTHER
14. Maiden Name Sarah Barron
15. Birthplace Stoney, Va.

16 (a) Informant Herman Jones
(b) Address 1420 Druid Hill Ave

17 (a) Burial (b) Date thereof May 13, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1691 Druid Hill Ave.

MAY 12 1946 Thomas Williams, M.D.
Date received (Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1946, at 3 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1946, to May 10 1946 and that I last saw her alive on May 10 1946.

Immediate cause of death Heart failure

Due to Cardiac hypertrophy with dilatation

Due to Auric. fibrillation

Other Conditions Hypertension, arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: none

of autopsy:

Duration
prob.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. E. McCurdy M. D.

Address University Hosp. Date signed May 10 1946

VS 150

X

FAILURE TO FILL OUT COMPLETELY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G40176 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3612 Reisterstown Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3612 Reisterstown Road. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME LEAH MEYER HESS.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Louis Hess
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1885

8. AGE: Years	Months	Days	If less than one day
61	3	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Gustav Meyer,
13. Birthplace Germany.

MOTHER
14. Maiden Name Mina Stern,
15. Birthplace Germany.

16 (a) Informant Mrs. Doris Unger,
(b) Address 3612 Reisterstown Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5.13.46. (month) (day) (year)
(c) Cemetery or crematory — Oheb Shalom
Location Baltimore, Md.

18 (a) Funeral director Harid Sonnheim & Son
(b) Address 1902 Eutaw Place.

19 (a) 5-12-1946 (Date received by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10, 1946. at 4.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940. to May 10 1946.
and that I last saw h. alive on May 10, 1946.

Immediate cause of death Coronary thrombosis — Duration 4 min.
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(c) Means of injury

23. Signature Edith L. Levy
Address 2322 Eutaw Place Date signed 5/10/46

Fill out completely, write plainly, and use only black ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40:177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G40:177 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4m 5m 4
(e) Length of stay in Baltimore (yrs., mos., or days) 10 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 125 Cheapside Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Downie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21-1899

8. AGE: Years 47 | Months 3 | Days 19 | If less than one day: hr. min.

9. Birthplace New Hampshire
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ovid Downie
13. Birthplace Canada

MOTHER
14. Maiden Name Anna ?
15. Birthplace New Hampshire

16 (a) Informant Records-Balto. City Hospitals
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-46 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem.
Location German Hill Rd.

18 (a) Funeral director Charles S. Zeiler
(b) Address 3605 Fait Ave

19 (a) Date received MAY 14 1946 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 19 46 at 10:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 21 19 46 to May 10 19 46 and that I last saw him alive on May 10 19 46.

Immediate cause of death — Duration

Due to Pulmonary Tuberculosis — 1 yr.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John R. Kilroy M. D.
Address City Hosp. Date signed 5-11-46

TYPE OR WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G40178 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Penn. (b) County Blywood
(c) City or town Upper Darby
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7715 Rogers Av.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard T Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Estelle Davis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1883

8. AGE: Years	Months	Days	If less than one day
62	9		hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Locomotive Engineer

11. Industry or business P.R.R Co

FATHER
12. Name Nicholas Davis
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Emma J. Prizer
15. Birthplace Pennsylvania

16 (a) Informant Estelle Davis (Wife)
(b) Address 7415 Rogers Av Phila

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 17/46 (month) (day) (year)
(c) Cemetery or crematory Philadelphia Pa
Location Philadelphia

18 (a) Funeral director Williams Cook Inc
(b) Address 1217 St Paul St Baltimore

MAY 13 1946 (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 May 1946, at 6 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy & Inquiry thereon (Autopsy, Inspection, or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William T Kelly M.D. Medical Examiner
Date signed 12 May 46

X

G40179

HEALTH DEPARTMENT—CITY OF BALTIMORE

G40179

CERTIFICATE OF DEATH √97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3600 Or 5 York Road St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary Scovens

(a) Residence: No. 3600 Or 5 York Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Joseph Scovens

6. DATE OF BIRTH (month, day, year) August 15 [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
91	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Mary Slopsky

14. BIRTHPLACE (city or town) (State or country) Pole

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Mosley

(Address) 3600 Or 5 York Rd

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place OFC OC LA Mt Olivet Date May 14 1946

19. UNDERTAKER Oden Funeral Home Inc.

(Address) 4 [illegible] York Rd.

20. FILED MAY 13 1946 Hattie [illegible] Williams M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1946

22. I HEREBY CERTIFY, That I attended deceased from November 1945 to May 11/46 19...

I last saw h[illegible] alive on May 11 1946 Death is said to have occurred on the date stated above at 10:30 p m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Pneumonia	
Gangrene foot	
Generalized arteriosclerosis	

Other **contributory causes** of importance:

Senility

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W. Steele M. D.

(Address) 2117 W. North Ave

60180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

60180 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 9 d
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs

2. USUAL RESIDENCE OF DECEASED: Anne Arundel
(a) State Md (b) County Baltimore
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1 E D [illegible] 9, Balto. 25,
(If rural give location)
(e) Citizen of foreign country? Ever (Yes or No)
If yes, name country

3 (a) FULL NAME David Mc Govern

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1884

8. AGE: Years	Months	Days	If less than one day
61	9	2	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Locksmith
11. Industry or business

FATHER
12. Name David J. McGovern
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Elizabeth [illegible] Oliver
15. Birthplace Baltimore, Md

16 (a) Informant Francis T. McGovern
(b) Address 324 Park Ave

17 (a) Burial (b) Date thereof 5/14/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

MAY 13 1946 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1946, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1946 to May 11 1946 and that I last saw h 9 alive on May 11 1946

Immediate cause of death Respiratory failure — Duration

Due to Metastatic Carcinoma

Due to Ca of Stomach

Other Conditions none

(Include pregnancy within 3 months of death)
Date of operation 4/17/46
Major findings of operations Ca of Stomach
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James V Minor MD
Address Mercy Hospital Date signed: 5/13/46

VS 150

FILL WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. G40181

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1733 Maryland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Evelyn M. Grandatis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Joseph J. Grandatis
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 12 1917

8. AGE: Years	Months	Days	If less than one day
29	1	25	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Waitress
11. Industry or business

FATHER
12. Name Justin F. Monson.
13. Birthplace Maryland.

MOTHER
14. Maiden Name Laura V. Sherrer.
15. Birthplace Maryland.

16 (a) Informant Joseph J. Grandatis
(b) Address 3649 Roland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13/46 (month) (day) (year)
(c) Cemetery or ~~cremetory~~ Woodlawn
Location

18 (a) Funeral director Edmond B. Snodgrass
(b) Address 3615-17 Chestnut Ave

19 MAY 13 1946 (b) Huntington Williams M.D.
(Date received by Registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6, 1946 at 1 P. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy, Inspection or Inquiry), find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic pulmonary tuberculosis with cavities.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Masseis, M.D.
Medical Examiner.
Date signed 5-7-46

VS 151

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 61

G40182

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital. 6'
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town Baltimore 13
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2932 Clifton Pk terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Louise Brunnette

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife John Brunett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 19th 1874

8. AGE: Years	Months	Days	If less than one day
72	3	24	hr. min.

9. Birthplace Germany
(Town, county and state)

10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name Wiesner
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant Albert H Homburg
(b) Address 2932 Clifton Park Terrace

17 (a) Burial (b) Date thereof May 15
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 1 Orleans St

MAY 18 1946

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1946, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1946 to May 12 1946 and that I last saw h.r alive on May 12 1946

Immediate cause of death Cardiac Failure — Duration 3 days

Due to Coronary thrombosis

Due to arterio-sclerosis

Other Conditions Acute Pancreatitis, Diabetis accidens
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Coronary Thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James A. Vaughn M. D.
Address University Hospital Date signed May 12 1946
Baltimore Md 94a

VS 150

Correct name, address, and other information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

G40356 90
3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1576

Registered No. G40183

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Calif. (b) County
(c) City or town SAN FRANCISCO (If outside city or town limits, write RURAL and give town)
(d) Street No. 777 - 7th Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Michael Beirne

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30- 1943

8. AGE: Years	Months	Days	If less than one day
2	11	11	hr. min.

9. Birthplace California (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name John Beirne
13. Birthplace N.Y.

MOTHER 14. Maiden Name Alice Sunderland
15. Birthplace Sneiderland - Ill.

16 (a) Informant JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May. 14. (month) (day) (year)
(c) Cemetery or crematory
Location San Francisco Cal

18 (a) Funeral director Ulrich Funeral Home
(b) Address [illegible]

19 (a) MAY 13 1946 (Date rec'd by registrar) (b) Huntington Wilkinson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 11 1946 at 8 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-27- 1946 to 5-11- 1946 and that I last saw him alive on 5-11- 1946

Immediate cause of death Congenital Heart Disease — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James R. Cantrell, M.D.
Address The Johns Hopkins Hospital Date signed 11-May-46

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

G10:84

JL - 101071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. G10:84

THESE WHITE FRANCIS, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3421 Pratt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Keller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	~~Married~~ (Single)

6 (b) Name of husband or wife Ethel A. Keller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1893

8. AGE: Years	Months	Days	If less than one day
53	3	7	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Gustave Keller
13. Birthplace Germany

MOTHER
14. Maiden Name Marguerite ?
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof May 14 44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St

19 MAY 13 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1946, at 8:50pm

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1946 to May 10 1946, and that I last saw h. 1m alive on May 10 1946.

Immediate cause of death

Due to Pulmonary Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Pulmonary tuberculosis

Duration
14yr?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Helen L. Kelsey M. D.
Address City Hosp. Date signed 5-11-46

VS 150

640185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. 640185

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ..... Dept
(c) Hospital or institution: John Hopkins Hosp-t-l
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5501 N. Belnord Ave
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Henry Mc Cluskey

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Helen Mc Cluskey
6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) Jan 25-1901

8. AGE: Years	Months	Days	If less than one day
75	3	17	..... hr. ..... min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Curtis Bay Ordnance

FATHER
12. Name Henry Mc Cluskey.
13. Birthplace Balto

MOTHER
14. Maiden Name Anna Watzler
15. Birthplace Balto

16 (a) Informant Helen Mc Cluskey
(b) Address 105 N Milton Ave

17 (a) Burial (b) Date thereof May 15th
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St

19 (a) ..... (b) Huntington Williams M.D.
(Date received by Registrar) MAY 15 1946

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/11 1946 at 1:40 AM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Disease

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur? .....
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....
(d) Means of injury .....

23. Signature C. J. Gerbrecht M.D.
Medical Examiner.
Date signed 5/11/46

X

G40186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 172

Registered No. G40186

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Morgue
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11'
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 434 Oxford Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William J. Cornish

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Colored	Married

6 (b) Name of husband or wife Burnell Cornish
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 2, 1919

8. AGE: Years	Months	Days	If less than one day
26	7	13	hr. min.

9. Birthplace Stars Md.
(town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name William Cornish
13. Birthplace Stars. Md.

MOTHER 14. Maiden Name Clara Thomas
15. Birthplace Md.

16 (a) Informant Burnell Cornish
(b) Address 434 Oxford Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13, 1946 (month) (day) (year)
(c) Cemetery or crematory Arlington Md.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

MAY 13 1946 (Date rec'd by Registrar) (b) Thurston for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10th 1946, at 1 45 M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 4/27/46 at 3:45 P. M. Date Occ.
(b) Where did injury occur? Pier 10 - Harbor Spring Pt.
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial or Public While at work? yes
(d) Means of injury Fell overboard. Flow Tide drowning to pier

23. Signature Howard J. Walker M.D. Medical Examiner.
Date signed 5-11-46

VS 151

X

G-10187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 57D

G-10187

Registered No.

HB # 101145

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 46 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 841 W. Lexington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theodore Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Mary Robinson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16 1900

8. AGE: Years	Months	Days	If less than one day
46	1	24	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Efee Robinson
13. Birthplace Md.

MOTHER
14. Maiden Name Harriett Thomason
15. Birthplace Md.

16 (a) Informant Balto. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1946 (month) (day) (year)
(c) Cemetery or crematory Arnold Md.
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N Schroeder St
(a) MAY 13 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. —Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10, 1946 1: PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1946 to May 10 1946 and that I last saw h im alive on May 10, 1946.

Immediate cause of death Bronchio pneumonia — Duration 1 week

Due to — Duration over

Due to — Duration

Other Conditions Senile heart

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C Rawell Hoffman M. D.
Address Baltimore City Hospitals Date signed 10 May 46

VS 150

107

PRINT ALL ENTRIES CAREFULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

G40188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

Registered No. G40188

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 208 Northfield Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 208 Northfield Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Price Dryden

3 (b) If veteran, name war: World War I

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hortense Herbert Dryden
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1886

8. AGE: Years 60 | Months 3 | Days 20 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Executive

11. Industry or business Lubricating Oils

FATHER — 12. Name Frank W. Dryden
13. Birthplace Baltimore

MOTHER — 14. Maiden Name Florence Mitchel Price
15. Birthplace Charles County, Md.

16 (a) Informant Lindsay P. Dryden
(b) Address 307 Edgevale Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 1946 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Henry W. Jenkins & Sons
(b) Address McCulloh & Orchard Sts

19 (a) MAY 13 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1946, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1937, to 1946.
and that I last saw him alive on 5/11 1946.

Immediate cause of death: Coronary Occlusion — Duration: 1 hr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Frances W. Gluck M. D.
Address 715 Park Ave Date signed 5/13/46

VS 150

640189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓1634

Registered No. 640189

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2229 Bryant Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2229 Bryant Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elsie May Fulkerson ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Separated

6 (b) Name of husband ~~or wife~~ Estel B.

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1923

8. AGE: Years	Months	Days	If less than one day
22	8	2	hr. min.

9. Birthplace Newport Arkansas
(Town, county, and state)

10. Usual Occupation Waitress

11. Industry or business

FATHER
12. Name Bud James
13. Birthplace Knoxville, Tenn.

MOTHER
14. Maiden Name Tildy Pearson
15. Birthplace Judsonia Arkansas

16 (a) Informant Mrs. Mabel Yeatzy (sister)
(b) Address 222 Park St., Ahd Glen, Md.

17 (a) Phoenix Arizona (b) Date thereof May 13, 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Phoenix Arizona
Location Arizona

18 (a) Funeral director Williams Cook Inc
(b) Address 1217 St. Paul St. Cable Md
Huntington Williams, Md.

19 MAY 13 1946 (b)
(To be entered by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12, 1946 at 9 20 A. M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
asphyxia due to carbon monoxide poisoning

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury Found 5-11-46 6 30 A. M.
(b) Where did injury occur? 2229 Bryant Avenue
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Inhaled gas fumes (Gas range, open jet)

23. Signature H. L. Blumenthal M.D.
Medical Examiner.
Date signed 5-13-46

VS 151

X

G40190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G40190

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 416 N. Payson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 416 N. Payson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herman L. Mennerick, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-4599-A

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Harriet C. Mennerick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 25, 1870

8. AGE: Years	Months	Days	If less than one day
75	8	16	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired-State Secretary
11. Industry or business Jr. O. U. A. M.

FATHER
12. Name Henry Mennerick
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Appoliana ?
15. Birthplace

16 (a) Informant Mr. Ralph Mennerick
(b) Address 416 N. Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14, 1946 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Md.

18 (a) Funeral director Keller Lamonaco
(b) Address 4510 Liberty Heights Ave.

19 (a) (Registrar) (b) Huntington Williams, M.D.

MAY 13 1946
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1946 at 10.05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1946 to May 11 1946 and that I last saw him alive on May 11 1946.

Immediate cause of death Coronary Thrombosis — Duration 25 min.
Due to Arteriosclerosis of his Vascular System — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald L. Colmers M. D.
Address 2835 Gwynns Falls Pkwy. Date signed X

For A. C. Jakubski by Howard L. Kennedy M. D.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G:0:91
AB-80134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G:0:91
Registered No.

The above white spaces, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3yrs- 3mos-8days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 Oliver St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Caroline W. Archer

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25- 1874

8. AGE: Years	Months	Days	If less than one day
71	10	15	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name Michael J. Archer (D
13. Birthplace Ohio (Clarington)

MOTHER
14. Maiden Name Susan Dinger
15. Birthplace Md. (Balto.)

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 5/14/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

MAY 13 1946
(Date rec'd by registrar)
(b) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10- 1946, at 3. 40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-3- 1943 to 5-10- 1946.
and that I last saw h er alive on 5-10- 1946

Immediate cause of death	Duration
Respiratory failure	
Due to Hypertensive arterio-sclerotic cardio-vascular disease.	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature H. Doyle Nelson M. D.
Address B. C. H. Date signed 5/11/46

VS 150

640:92

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

640:92 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4907 Denmore Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4907 Denmore Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM S. MALLONEE

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6-(a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Annie M. Mallonee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1872

8. AGE: Years	Months	Days	If less than one day
73	8	6	hr. min.

9. Birthplace Balto. Co., Md.
(Town, county, and state)

10. Usual Occupation Plumber
11. Industry or business Self

FATHER
12. Name Ephraim Mallonee
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Ambrose
15. Birthplace Md.

16 (a) Informant Mrs. Gladys Meyer
(b) Address 4907 Denmore Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 MAY 13 1946 (Date received by Registrar) Thurlington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12, 1946, 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 24 1942 to May 11 1946, and that I last saw him alive on May 11 1946.

	Duration
Immediate cause of death: Gangrene Right Foot & Leg	Jan 1946
Due to: Peripheral arteriosclerosis	?
Due to: Arteriosclerosis	?
Other Conditions: Hypertension Cardiovascular Disease	?

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carl A. Rostberg
Address 3764 Lombard St Date signed 5/13/46

VS 150

X

PRINT CLEARLY WITH INDELIBLE INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 149a

G40193 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1222 N. Patterson Park Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1222 N. Patterson Park Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MATILDA P. DILL

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Herman Dill
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb. 14, 1876

8. AGE: Years: 70 | Months: 2 | Days: 27 | If less than one day: hr. min.

9. Birthplace: Germany
(Town, county, and state)

10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Michael Nueman
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace

16 (a) Informant: Mrs. Rose Dove
(b) Address: 1222 N. Patterson Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/46 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 MAY 13 1946 (Date rec'd by registrar) Huntington Williams, MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 11, 1946, at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1 1946 to 5/11 1946 and that I last saw her alive on 5/11 1946.

Immediate cause of death: Bronchopneumonia — Duration: 3 days
Due to: Carcinoma Ovarii — 10-12 mos.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation: October, 1945
Major findings of operation: ascites, fluid in thoracic cav.
If autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: J. K. Grossman, M.D.
Address: 1212 N. Patterson Park Ave. Date signed: 5/12/46

VS 150

X

Instructions: PRINT ALL ENTRIES, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40:94

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 152B

Registered No.

G40:94

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 115 S. Washington Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 115 S. Washington Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME JOHN PRYLA (PRILL)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Pauline
6 (c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) November 14, 1862

8. AGE: Years	Months	Days	If less than one day
83	5	26	hr. min.

9. Birthplace Poznan, Poland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Ferdinand Pryla
13. Birthplace Poznan, Poland

MOTHER
14. Maiden Name Anna Jednoralska
15. Birthplace Poznan, Poland

16 (a) Informant Mrs. Pauline Pryla
(b) Address 115 S. Washington Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14, 1946 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road

18 (a) Funeral director M. F. Sadowski & Son.
(b) Address 180 Huntington Ave Williamsport Md

19 (a) (b) Date received by registrar MAY 13 1946 Registrar Huntington Williamsport, Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1946 at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1944 to May 10 1946, and that I last saw h alive on May 10 1946.

Immediate cause of death Carcinoma of Bladder — Duration 2 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton L. Solomon
Address 129 E Broadway Date signed 5/13/46 M D.

G40:95 G40:95 Registered No. 3698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 102 S. Fremont ave
(c) Hospital or institution: 19

(d) Length of stay in hospital or inst. (yrs., mos., or days) none
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 102 S. Fremont ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Pinkney

3 (b) If veteran, name war —
3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	colored	Widowed

6 (b) Name of husband or wife John Pinkney
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20 1877

8. AGE: Years	Months	Days	If less than one day
69	1	21	hr. min.

9. Birthplace Jessup Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business own home

FATHER
12. Name Louis Thomas
13. Birthplace Maryland

MOTHER
14. Maiden Name unknown
15. Birthplace Maryland

16 (a) Informant Louis L. Pinkney
(b) Address 1622 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-46 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location Md

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Pennsylvania Ave

19 (c) Date received by Registrar MAY 13 1946 Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-11- 1946, at 7:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-10- 1946, to 5-11- 1946 and that I last saw her alive on 5-10- 1946.

Immediate cause of death Bronchopneumonia — Duration 2 days
Due to
Due to
Other Conditions Myocarditis Syphilis — Unknown
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 102 N. Stricker St. Date signed 5-11-46

107

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40196 BALTIMORE CITY HEALTH DEPARTMENT G40196 Registered No.

CERTIFICATE OF DEATH 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1622 W. Lafayette
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 96yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give county)
(d) Street No. 1622 W. Lafayette Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James E. Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Ella Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 24 1990

8. AGE: Years	Months	Days	If less than one day
55	6	19	hr. min.

9. Birthplace Orange Co Va (Town, county, State)
10. Usual Occupation Janitor
11. Industry or business Department Janitor

FATHER — 12. Name	Not Known
FATHER — 13. Birthplace	Not Known
MOTHER — 14. Maiden Name	Not Known
MOTHER — 15. Birthplace	Not Known

16 (a) Informant Mrs Ella Jones Wife
(b) Address 1622 W. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 17-46 (month) (day) (year)
(c) Cemetery or crematory Charles Co Md
Location Md

18 (a) Funeral director George H. Nelson
(b) Address 1303 Pennsylvania Ave
Dec 13 1946 (b) Huntingtown Williams, Md
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/12, 1946 at 9:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/5, 1946 to 5/12, 1946 and that I last saw him alive on 5/11/46

Immediate cause of death: Acute Myocarditis — Duration 1 week
Due to Uremia Retention — 2yrs
Due to Cardiac Arteriosclerosis — 7yrs
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. F. Hunn M.D. M. D.
Address 532 N. Carlton Ave Date signed 12/14/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

G40:97

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G40:02 Registered No.

Please write clearly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 867 Watts St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 867 Watts St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Millie Shreaves - SHREAVES

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/30/1889

8. AGE: Years 56 | Months 10 | Days 12 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Armistead Rucker

13. Birthplace Va

MOTHER 14. Maiden Name ?

15. Birthplace Va.

16 (a) Informant Ernestine Smith

(b) Address 867 Watts St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/46 (month) (day) (year)

(c) Cemetery or crematory Suburban

Location Md

18 (a) Funeral director Geo. H. Kelly

Address 1013 Presidman St

19 (a) (Date rec'd by registrar) (b) Funeral Director Washington, D.C. Address

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12-46 at 12 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1 1946 to 5-12 1946 and that I last saw h[illegible] alive on 5-11 1946.

Immediate cause of death Cerebral apoplexy — Duration

Due to Diabetes

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Date signed

MAY 13 1946

VS 180

640198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

640198 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2018 E. Eager St
(c) Hospital or institution:

7

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2018 E Eager St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Irvin Archer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Marie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 18, 1900

8. AGE: Years	Months	Days	If less than one day
45	5	22	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Bethlehem Steel Co.

FATHER
12. Name James Archer
13. Birthplace Va.

MOTHER
14. Maiden Name Gainey?
15. Birthplace Va.

16 (a) Informant Marie (Mazarine) Archer
(b) Address 2018 E Eager St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13/46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Balto County Md

18 (a) Funeral director Mc Robert G Gelston Dyer
(b) Address 1129 N. Carolina St

19 (a) MAY 13 1946 (Date filed by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1946, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1946 to May 10 1946, and that I last saw him alive on May 9 1946.

Immediate cause of death	Duration
Chronic Nephritis	
Due to (Probably Malignancy)	8 Mos
Due to	
Other Conditions Acute Bronchopneumonia	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R J Yeaney M.D.
Address 1429 E Monument St Date signed 5/12/46

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40199 new

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G40199 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1430 Jackson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1430 Jackson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James F. Holtz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 31-1946

8. AGE: Years | Months: 1 | Days: 11 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Arthur L. Holtz
13. Birthplace W. Virginia

MOTHER 14. Maiden Name Catherine Theresa
15. Birthplace Baltimore

16 (a) Informant Catherine Holtz
(b) Address 1430 Jackson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-1946 (month) (day) (year)

(c) Cemetery or crematory Holy Cross
Location A. G. Co Md.

18 (a) Funeral director Flynn & Flynn
(b) Address 1476 Light St.

19 (d) (b) Registrar
(Date rec'd by registrar)

MAY 13 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11- 1946 at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1946 to May 11 1946 and that I last saw h alive on May 11 1946

Immediate cause of death: Bronchial Pneumonia — Duration: 1 day.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 1229 Mulberry Date signed 5/13/46

VS 150

X

Certificate of age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. The

G40200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √61

Registered No. G40200

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 620 Bradley St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Beatrice Butler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-26-88

8. AGE: Years 57 | Months 6 | Days 13 | If less than one day hr. min.

9. Birthplace New Haven Co
(Town, county, and State)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Weyberman
13. Birthplace Conn.

MOTHER
14. Maiden Name Weyberman
15. Birthplace Conn

16 (a) Informant George Butler
(b) Address 620 Bradley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-46 (month) (day) (year)
(c) Cemetery or crematory Mt Lebanon Cem.
Location Balto. Md

18 (a) Funeral director Francis H. Hensley
(b) Address 578 W. Baltimore St

19 MAY 13 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-9 1946 at 8 29 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1946, to 5-9 1946, and that I last saw her alive on 5-9 1946.

Immediate cause of death Cerebral Hemorrhage, | Duration

Due to Hypertensive Cardiovascular renal disease | Duration

Due to Diabetes mellitus | Duration

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify yes or no) (Specify type of place)
(e) Means of injury

23. Signature H. H. Bayfield M. D.
Address Provident Hospital Date signed 5/10/46

VS 150

X

CAUTION: WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

630.01

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. 630.01

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 822 N Carrollton Ave
(c) Hospital or institution: Old Folks Home
Aged Women's & Men's Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 822 N Carrollton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.) — years

3 (a) FULL NAME Mary B Owens

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
82			hr. min.

9. Birthplace unknown
(Town, county, and State)
10. Usual Occupation School teacher
11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Mrs Rosa Stewart
(b) Address 822 N Carrollton Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore Md
18 (a) Funeral director Mr. Francis A. Hagerty
(b) Address 548 W Baltimore St
19 (a) MAY 13 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1946 at 4:30 P.M.?
21. I certify that death occurred on the date above stated; that I attended deceased from April 9 1946. to May 11 1946
and that I last saw h[illegible] alive on May 11 1946.

Immediate cause of death — Duration
Cerebral accident — 5 days
Due to Essential Hypertension — Unknown
Due to —
Other Conditions Congestive Heart Failure — One month
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry McDonald M.D.
Address 824 N Carey Date signed 5/12/46

VS 3

G40202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1313

Registered No. G40202

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvedere Aves
(c) Hospital or institution: Levindale Hebrew Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 19 Levindale (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day hr.	min.
67.				

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Hyman
13. Birthplace Lithuania

MOTHER
14. Maiden Name Sarah Fanne
15. Birthplace Lithuania

16 (a) Informant Mrs. Morris Bruer
(b) Address 730 S Arolon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-46 (month) (day) (year)
(c) Cemetery or crematory Windsor Mill Rd
Location Windsor Mill Rd

18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Balto St

19 (a) MAY 13 1946 (Date rec'd by registrar) Huntington Williams Mort Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12 1946, at 5:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1945 to 5-12 1946 and that I last saw h— alive on 5-12 1946

Immediate cause of death Tuberculosis pulm.

Due to

Due to

Other Conditions Prostatic hypertr.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Edmund Levin M. D.
Address Levindale Date signed 5-12-46

VS 150

Please write plainly, with INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G40203

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2801 Whitney Ave.
(c) Hospital or institution:

27 19

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2801 Whitney Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Gertrude Wright.

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Joseph E. Wright
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1880

8. AGE: Years	Months	Days	If less than one day
66	2	23	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Andrew Sisselberger
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Mary Hunter
15. Birthplace Londerry, Ireland

16 (a) Informant Mr. Jos. E. Wright
(b) Address 2801 Whitney Ave.

17 (a) Burial (b) Date thereof 5/14/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAY 13 1946 Huntington Williams, M.D. Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1946 at 1045 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1946 to May 11 1946 and that I last saw h[illegible] alive on May 11 1946

Immediate cause of death
Pneumonia
Due to
Due to
Other Conditions Cerebral Hemorrhage

Duration
1 wk.
indef.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address 117 W. 25th St. Date signed May 11, 46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 190

X

G-10-04

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

Registered No. G-10-04

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto Gen Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2709 Boston (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Mortimer Robertson

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	213-03-5682

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1883

8. AGE: Years	Months	Days	If less than one day
62	10	9	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Hardware Store
11. Industry or business Cole's

FATHER
12. Name Nathan Cooke Robertson
13. Birthplace Montgomery Co., Md.

MOTHER
14. Maiden Name Annie Marian Young
15. Birthplace Richmond, Va.

16 (a) Informant Mrs. Marie Lewis
(b) Address Allenhurst, N. J.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAY 13 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 May 1946 at 9:55 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardio
Vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature W. J. Holland M.D. Medical Examiner
Date signed 11 May 46

VS 151

G40205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163H

G40205 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2919 Rosalind Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2919 Rosalind Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDNA MOSBY DEPONAI

3 (b) If veteran, name war: none

3 (c) Social Security Account No. None

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Joseph G. Deponai

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1886

8. AGE: Years 59 | Months 8 | Days 4 | If less than one day hr. min.

9. Birthplace Manassas, Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name James Davis
13. Birthplace Va.

MOTHER 14. Maiden Name Roberta F. Fayman
15. Birthplace Va.

16 (a) Informant Mr. J. Graham Deponai
(b) Address 4101 Fernhill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/46 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAY 13 1946 Date received by local registrar (b) Huntington Williams Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/12 1946, at 10:25 P M

21. I certify that I took charge of the remains described above, held an Inspection Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐ homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Asphyxia due to carbon monoxide poisoning

Due to

Other Conditions Despondency

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5/12/46 at about 8 P.M.
(b) Where did injury occur? 2919 Rosalind Ave
(c) Did injury occur at home, on farm, industrial place, in public place? at home While at work? No
(d) Means of injury Inhalation of illuminating gas

23. Signature C. P. Sullivan M.D. Medical Examiner.
Date signed 5/13/46

X

G40206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83B

G40206 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: MARYLAND GENERAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6200 Smith Ave. (9)
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE BAYER (GEORGE ANDREW BAYER)

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
-	214-01-8409	Male	White	Married

6 (b) Name of husband or wife Ruth E. Bayer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 18, 1906

8. AGE: Years	Months	Days	If less than one day
39	7	23	hr. min.

9. Birthplace Newark, N. J.
(Town, county, and state)
10. Usual Occupation Fleet Supt.
11. Industry or business Cloverland Dairy

FATHER
12. Name Andrew Bayer
13. Birthplace Germany

MOTHER
14. Maiden Name Nettie Miller
15. Birthplace Germany

16 (a) Informant Mrs. Ruth Bayer
(b) Address 6200 Smith Ave.

17 (a) Removal (b) Date thereof 5/13/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Newark, N. J.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAY 13 1946 (b) Huntington Williams, M.D.
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/11 1946 at 4 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/20 1946 to 5/11 1946 and that I last saw h IM alive on 5/11 1946.

Immediate cause of death BRONCHOPNEUMONIA PROBABLE CEREBRAL THROMBOSIS — Duration 52 DAYS
Due to
Due to
Other Conditions PHLEBOTHROMBOSIS IN LEGS
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles W. Stewart, JR.
Address MD GEN. HOSP. Date signed 5/11/46 M. D.

VS 190

X

G40207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G40207 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3107 Orlando Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3107 Orlando Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Adam Doering

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-01-8667

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Sophia M. Doering
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15. 1884

8. AGE: Years	Months	Days	If less than one day
61	9	25	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Tailor
11. Industry or business Haas Tailoring Co.

FATHER
12. Name Conrad Doering
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Neuman
15. Birthplace Germany

16 (a) Informant Mrs. Sophia M. Doering
(b) Address 3107 Orlando Ave.

17 (a) Burial (b) Date thereof May 14-1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn, Md.

18 (a) Funeral director G. Howard Strong
(b) Address 3107 W. North Ave

(b) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1946, at 8.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 to May 10 1946 and that I last saw h alive on May 10 1946

Immediate cause of death: Hemiplegia, left — Duration 1 day

Due to Hypertension — Duration 8 years

Due to Chronic myocarditis

Other Conditions Bronchiolarthma — Duration 8 years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. M. Bacon

Address 2810 Taylor Ave Date signed 5/11/46 M.D.

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40208 G40208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5107 Maple Park Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 78 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5107 Maple Park Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wilhelmina H. Liebno

3 (b) If veteran, name war --

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Charles J. Liebno
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 3, 1856

8. AGE: Years	Months	Days	If less than one day
89	5	8	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Frederick Kluth
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Kietz
15. Birthplace Germany

16 (a) Informant Miss Minnie Liebno
(b) Address 5107 Maple Park Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14, 1946 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn, Md.

18 (a) Funeral director G. Howard Strong
(b) Address 3207 W. North Ave.

19 (a) MAY 13 1946 (Date rec'd by registrar) (b) Livingston Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11, 1946, at 1.25 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 46 to May 11 1946 and that I last saw h alive on May 10 1946

Immediate cause of death: Cerebral Hemorrhage — Duration 1 min
Due to: Arterio Sclerosis — Duration 2 years
Due to: Old Age
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. C. Samuel M. D.
Address 4509 Gibson St Date signed May 13

VS 150

X

Every item of information should be carefully supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.

G40-09

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

939

Registered No. G40-09

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 238 S. Madeira Street

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1

(e) Length of stay in Baltimore (yrs., mos., or days) 56 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 238 S. Madeira St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Barbara M. Wright

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife John F. Wright

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER — 12. Name John Furka

FATHER — 13. Birthplace Czechoslovakia

MOTHER — 14. Maiden Name ?

MOTHER — 15. Birthplace Czechoslovakia

16 (a) Informant John F. Wright

(b) Address 238 S. Madeira St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-46 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem.

Location Balto. City

18 (a) Funeral director John M. Weber

(b) Address 401 S. Chester Street

19 MAY 13 1946 (Date rec'd by registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION 5 45

20. DATE OF DEATH May 11 1946 19 , at 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1946 to May 11 1946.

and that I last saw alive on May 10 1946.

Immediate cause of death: Cerebral Coronary Thrombosis - Respiratory Failure

Due to Chronic Myocarditis - Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
years
7

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Louis Feinglos, M.D.

Address 700 E. Fayette Street Date signed 5/13/46

VS 150

X

The information requested on this certificate is necessary for the registration of the death. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

640210 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 639 S Kenwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 639 S. Kenwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Fredrick M Wisniewski
3 (b) If veteran, name war
3 (c) Social Security Account No. 213-05-6597

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Marie R.
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) July 15 1902

8. AGE: Years	Months	Days	If less than one day
43	9	26	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Dept Manager
11. Industry or business S.T. Packing Co.

FATHER
12. Name Marion Wisniewski
13. Birthplace Poland

MOTHER
14. Maiden Name Estella
15. Birthplace Poland

16 (a) Informant Marie Wisniewski
(b) Address 639 S. Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/46 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Dundalk Ave

18 (a) Funeral director John J. Duda
(b) Address 2829 Hudson St.

19 (a) MAY 13 1946 Washington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1946 at 1 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1946 to May 16 1946 and that I last saw living alive on May 10 1946

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emmet J Kenwood M.D.
Address 2579 Eastern Ave Date signed

G-0211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54a

Registered No. G40211

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 16. E. Hopkins Pl.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie Gregory.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	White	Widowed.

6 (b) Name of husband or wife Henry Ernest Gregory
6 (c) If alive, give age D years

7. Birth date of deceased (mo., day, yr.) 5-10-88

8. AGE: Years	Months	Days	If less than one day
57	-	1	hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER
12. Name Henry Kent.
13. Birthplace Va

MOTHER
14. Maiden Name Clarissa ?
15. Birthplace Va.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 5/14/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Ave

18 (a) Funeral director John F Henry Inc
(b) 8 Light St

MAY 16 1946
(Date rec'd by registrar)

Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-11 1946 at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20 1946 to 5-11 1946.
and that I last saw h[illegible] alive on 5-11 1946

Immediate cause of death Brain Tumor (glioma of L. hemisphere) post-operative.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Brain Tumor (glioma of L. hemisphere)

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Antonio Gonzalez Ramirez M. D.
Address The Johns Hopkins Hosp Date signed

VS 150

X

G40212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. G40212

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 18/1
(d) Length of stay in hospital or inst. (yrs., mos., or days) Don't
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 828 W. Fairmount Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Murray

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-0939

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4 1903

8. AGE: Years	Months	Days	If less than one day
43 48	1	7	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Helper on Trucks

11. Industry or business

FATHER
12. Name ?
13. Birthplace Md.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Md.

16 (a) Informant Mistress Taylor
(b) Address 824 - Fairmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 915 Lenard Hill Ave.

19 (a) MAY 13 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11, 1946, at 4 50 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑ suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fracture 2nd Cervical Vertebra

Due to

Other Conditions Insanity 2 years.
Acute Congestion of Heart + Lungs
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-11-46 at 3 30 A. M. 18/1
(b) Where did injury occur? 828 W. Fairmount Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No.
(d) Means of injury Fell down flight of stairs

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 5-11-46

VS 151

X over.

385 1946 640.13 Med. Exam. Case released by Coop.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

640.13 ✓ 186a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Dundalk Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 3132 Baybrier Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gary Van Slate

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1945

8. AGE: Years	Months	Days	If less than one day
	10	20	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Roland Van Slate
13. Birthplace Wis.

MOTHER
14. Maiden Name Jacquelyn Smith
15. Birthplace N. Y.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/46 (month) (day) (year)
(c) Cemetery or crematory Oakland
Location Eastern Ave

18 (a) Funeral director John F. Dennis Inc
(b) Address 726 Light St

19 (a) MAY 13 1946 (Date rec'd by registrar) Huntington Hillsdale, Md (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 12 - 1946 at 4 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Cerebral Edema — Duration 3.5 hrs

Due to Epidural Hemorrhage

Due to Fracture Skull

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 11 May 46
Major findings of operation: Left Epidural Hemorrhage
of autopsy: Cerebral Edema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10 May 46 at 6 00 P M
(c) Where did injury occur? Dundalk Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Fell on a Stone

23. Signature Arthur B. Lang M.D.
Address Johns Hopkins Hosp Date signed 5-13-46

for P. J. R. Davis, By Howard J. Zuccaro, M.D.

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40214 ✓ G40214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Coroner Wilkerson
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 72
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1903 Braetwert Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Elizabeth Kurtz

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-27-1896

8. AGE: Years	Months	Days	If less than one day
49	8	15	hr. min.

9. Birthplace Pa
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles Lehman
13. Birthplace Pa

MOTHER
14. Maiden Name Margaret Felton
15. Birthplace Pa

16 (a) Informant Elizabeth Jane Kurtz
(b) Address 1903 Braetwert Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd

18 (a) Funeral director Edward Lowery
(b) Address 232 Gerard Blvd

(c) Date received MAY 13 1946 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1946, at 1a M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27 1946 to May 12 1946, and that I last saw h[illegible] alive on May 12 1946.

Immediate cause of death — Duration
Carcinoma of Cecum
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 11/13/45
Major findings of operation: CA - Cecum
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M Morton Frate M.D.
Address St Agnes Date signed 5/12/46

VS 150

X

G40215 ✓ G40215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1318

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3208 Rueckert Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3208 Rueckert Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Faliska Jane Beall

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Wm. W. Beall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1856

8. AGE: Years: 89 | Months: 11 | Days: 28 | If less than one day: hr. min.

9. Birthplace: West Virginia (Town, county, and state)

10. Usual Occupation: at home

11. Industry or business

FATHER
12. Name: Jasper L. Nelson
13. Birthplace: N. Carolina

MOTHER
14. Maiden Name: Susan J.
15. Birthplace: N. Carolina

16 (a) Informant: Mr. Willis L. Beall
(b) Address: 3208 Rueckert Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/46 (month) (day) (year)
(c) Cemetery or crematory: Beall Cemetery
Location: Gassaway, Virginia

18 (a) Funeral director: Leonard J. Ruck
(b) Address: 5305 Harford Road

MAY 13 1946
(Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12, 1946, at 1:20 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1946 to May 12 1946 and that I last saw h[illegible] alive on May 11 1946

Immediate cause of death: Arteriosclerotic Heart Disease — Duration: 10 yrs.

Due to:

Due to:

Other Conditions: Chronic nephritis — Duration: [illegible]
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: George Dawson M.D.
Address: 808 Harford Date signed: 5/13/46

Ed. 935

VS 3

Do not age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Feinglos G40316
2200 E. Pratt St.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G40316 ✓ Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2039 Gough Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2039 Gough Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Magdalene Rusteberg

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1868

8. AGE: Years	Months	Days	If less than one day
77	9	29	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Charles Rusteberg
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Lein
15. Birthplace Germany

16 (a) Informant Miss Anna M. Gerstmyer
(b) Address 2716 Bauernwood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore,

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd.

19 (a) Herbert Williams, M.D. (Registrar) Registrar

MAY 13 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12th, 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1946 to May 12 1946 and that I last saw h[illegible] alive on May 9 1946

Duration
Immediate cause of death: Cerebral Thrombosis	2
Due to: Contributing Factors: Chr. Hypertension	?
Due to	
Other Conditions: Chr. Glomerulo Nephritis	6 mos.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac J. Feinglos
Address 2200 E. Pratt St. Date signed 5/13/46

X

Please write clearly with indelible pencil. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

G40217 ✓ G40217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1312

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3806 Copley Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 1
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3806 Copley Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Nellie Hale Wells Edson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F. | 5. Color or race W. | 6 (a) ~~Single~~, ~~married~~, widowed, or divorced. Widow

6 (b) Name of husband or wife Albert L Edson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10 1857

8. AGE: Years 88 | Months 11 | Days 13 | If less than one day hr. min.

9. Birthplace Westmoreland N.H.
(town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Henry G. Hale

13. Birthplace N.H.

MOTHER 14. Maiden Name Sarah W Smith

15. Birthplace Vermont

16 (a) Informant Mrs Lucy L Davis

(b) Address 3806 Copley Road

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 14 (month) (day) 1946 (year)

(c) Cemetery or crematory Forest Hills

Location Westmoreland N.H.

18 (a) Funeral director J Bertram Fox

(b) Address 223 W Madison St

1946 (b) — registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1946, at 10 25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1945, to May 13 1946, and that I last saw her alive on May 12 1946.

Immediate cause of death Broncho Pneumonia — Duration 1 Week

Due to Cardio Vascular Renal Disease — ?

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny M.D.
M. D.

Address 2200 E Madison St Date signed 5/13/46

VS 3

X

G-0-18

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G-0-18

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address D.O.A.
(c) Hospital or institution:
Henry Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 108 W. Chase St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Burdette F. Keenan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Catherine T.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16th 1878

8. AGE: Years 67 | Months 11 | Days 26 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business City of Balto.

FATHER
12. Name (Unknown) Keenan
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant John M. Redding (Brother in Law)
(b) Address 701 E. 33rd St

17 (a) Burial (b) Date thereof 5/15/46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Balto
Location " Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

MAY 14 1946 at Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/12 1946 at 11:20 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic CV disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature P. J. Sulinski M.D.
Medical Examiner.
Date signed 5/13/46

VS 151

640-19

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

640-19 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1713 E 31st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1713 E 31st St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John F Ignace

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 28, 1895

8. AGE: Years 50 | Months 6 | Days 13 | If less than one day hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Paper Hanger
11. Industry or business

FATHER
12. Name Michael Ignace
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Anderson
15. Birthplace Ireland

16 (a) Informant Elizabeth Ignace
(b) Address 1713 E 31st St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/14/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Location Baltimore Md

18 (a) Funeral director Fullam Funeral Home
(b) Address 1219 N Eutaw St

19 (M) 14 1946 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MAY

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1946 at 5 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1946 to May 10 1946, and that I last saw h[illegible] alive on May 10 1946.

Immediate cause of death: Coronary Thrombosis — Duration: 1 day
Due to: Hypertensive Heart Dis — 2 yrs.
Due to: Cerebral Thrombosis Chr. Hemiplegia
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
73. Signature C H Mayer
Address 1520 E 33rd Date signed 5/14/46

VS 150

X

Correct name, address, and number, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6-0-20

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

6-0-20

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 152 N. Linwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 152 N. Linwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Blanche R. Giest

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Divorced

6 (b) Name of husband or wife Charles Shupfle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 27th 1876

8. AGE: Years	Months	Days	If less than one day
69	8	16	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name John R. Giest
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary R. Snyder
15. Birthplace Balto. Md.

16 (a) Informant Pearl M. Parlett
(b) Address 2915 Erdman Ave

17 (a) Burial (b) Date thereof 5/16/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

MAY 14 1946 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13th 1946, at 2 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1946 to May 13 1946, and that I last saw h alive on May 12 1946.

Duration
Immediate cause of death: cerebral hemorrhage — 1 day
Due to: left hemiplegia — 8 days
Due to: hypertension, arterio-sclerosis — ?
Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. C. Tobin M. D.

Address 447 N. Kenwood Ave Date signed 5/13/46

VS 150

1

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6:0.21

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. 6:0.21

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1935 Perlman Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1935 Perlman Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Andrew Bauer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or wife~~ Sophie Bauer
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Nov 28th 1875

8. AGE: Years	Months	Days	If less than one day
70	5	14	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Retired Brick Maker
11. Industry or business Pittsburgh Plate Glass Co

FATHER
12. Name Francis Bauer
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Printz
15. Birthplace Germany

16 (a) Informant Mrs Sophie Bauer
(b) Address 1935 Perlman Place

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/15/46 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Baltimore Md

18 (a) Funeral director Mathias Bros
(b) Address 1241 Cons St

MAY 14 1946 (Date rec'd by registrar) Hunter for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12th 1946, at 5 15/24 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1946 to May 11 1946 and that I last saw h/ alive on MAY 11 1946.

Immediate cause of death: Meningeal Hemorrhage
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 24 hrs - days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur J Davis M. D.
Address 800 N 33rd St Date signed 5-13-46

VS 150

X

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-0222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G-0222

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4148 Falls Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 D
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4148 Falls Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME H. Winn Buswell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Minna Buswell
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) July 24 - 1891

8. AGE: Years	Months	Days	If less than one day
54	9	18	hr. min.

9. Birthplace Epsom, N. H.
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business National Can Co

FATHER
12. Name Albert Buswell
13. Birthplace New Hampshire

MOTHER
14. Maiden Name Dont Know
15. Birthplace New Hampshire

16 (a) Informant Mrs Minna Buswell
(b) Address 414 S Falls Road

17 (a) Burial (b) Date thereof May 15
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Can Co
Location Catty

18 (a) Funeral director Albert Funeral Home
(b) Address 200 E Oliver St

19 (a) MAY 14 1946 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11th 1946, at 8-A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1946 to May 11 1946 and that I last saw h[illegible] alive on May 11 1946

Immediate cause of death	Duration
Cerebral Haemorrhage	24 Hrs
Due to Hypertensive C-V. Disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward H. Harrison M. D.
Address 4017 Fallsrd. Date signed 5/14/46

VS 180

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6-023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. 6-023

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4006 Chesley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4016 Chesley Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wesley H Waltemyer

3 (b) If veteran, name war Spanish War | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed.

6 (b) Name of husband or wife Catherine Waltemyer
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 2/25/1869

8. AGE: Years	Months	Days	If less than one day
77	2	15	hr. min.

9. Birthplace Pa (Town, county, and state)
10. Usual Occupation Fireman Retired
11. Industry or business

FATHER
12. Name Jacob Waltemyer
13. Birthplace Pa

MOTHER
14. Maiden Name Margaret Brone
15. Birthplace Pa

16 (a) Informant Catherine Waltemyer
(b) Address 4016 Chesley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Rural

18 (a) Funeral director Leerich Funeral Home
(b) Address 2008 Orleans St

MAY 14 1946 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11th 1946, at 3 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 27 1946 to May 11 1946 and that I last saw him alive on May 10 1946.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 hrs
Due to Arterio-Sclerosis	
Hypertension	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward J. Benson M. D.
Address 1 W. Preston Date signed 5/12/46

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-0524 LEAGER ✓ G-0524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 13 S Stricker St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 13 S. Stricker St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ira J. Leager

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Clara A. Leager

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Aug 23 - 1877

8. AGE: Years 68 | Months 8 | Days 21 | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Metal Worker

11. Industry or business

FATHER
12. Name George Leager
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Devenish
15. Birthplace Md

16 (a) Informant Mrs Clara A Leager
(b) Address 13 S Stricker St

17 (a) Burial (b) Date thereof 5-14-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Chester Cem.
Location Chesterton Md

18 (a) Funeral director Geo L Berger Jr
(b) Address 1512 Hollins St

19 (a) (b) Huntington Williams, M.D.

MAY 14 1946
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1946, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 18 46 to May 11 1946 and that I last saw him alive on May 10 1946.

Immediate cause of death: Chronic Myocarditis — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death.)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Seagrott M. D.
Address 1724 W Lanvale St Date signed 5/13/46

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

640225 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give township)
(d) Street No. 1607 Pennsylvania Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martha Slater

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
F	Col.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12-1880

8. AGE: Years	Months	Days	If less than one day
65	10	28	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ?
13. Birthplace Md.

MOTHER
14. Maiden Name ?
15. Birthplace Md.

16 (a) Informant Julia Mullens
(b) Address 1607-Penna Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-46 (month) (day) (year)

(c) Cemetery or crematory
Location Mt. Calvary.

18 (a) Funeral director Adelphus Holstead
(b) Address 918-Druid Hill Ave.

19 (a) MAY 14 1946 (Date rec'd by Local Reg.) (b) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 May 1946, at 8:40 M.

21. I certify that I took charge of the remains described above, held an Autopsy & Inquest thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William L. Stephens M.D. Medical Examiner
Date signed 11 May 46

G40226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G40226 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: Univ. Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 85 B Fairmont St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Sam Hardy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	B	Married

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Nov. 4 1885

8. AGE: Years	Months	Days	If less than one day
60	6	3	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Lumberman
11. Industry or business Laborer
12. Name of FATHER David Hardy
13. Birthplace Md.
14. Maiden Name of MOTHER Sallie Jones
15. Birthplace Md.
16 (a) Informant Sam Hardy
(b) Address 856 W Fairmont Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 1946 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location
18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave
19 MAY 14 1946 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1946, at 11 P M
21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1946 to May 7 1946, and that I last saw h alive on May 7 1946.

Immediate cause of death	Duration
Pulmonary Edema	
Due to Cardiac Failure	
Hypertension	
Due to Atherosclerotic Cardiovascular disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Pulmonary Edema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature C B Marshall Jr. M.D.
Address Univ Hosp Date signed 5/7/46

VS 150

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-10627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30D

Registered No. G-10627

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 51
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1222 Edith Street (If rural, give location)
(e) Citizen of foreign country? Edith 6 dys (Yes or No)
If yes, name country

3 (a) FULL NAME Alberta Lee Cotton

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/26/1915

8. AGE: Years	Months	Days	If less than one day
31	2	15	hr. min.

9. Birthplace Scotland Neck N.C.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Richard Lee
13. Birthplace N.C.

MOTHER
14. Maiden Name Gruggler Whedbee
15. Birthplace N.C.

16 (a) Informant Hattie Johnson
(b) Address 1724 Aiken St

17 (a) May 16, 1946 (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Arlington Memorial
Location Baltimore Co

18 (a) Funeral director Lottie Gross
(b) Address 1402 Ashland Ave

19 MAY 14 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13- 1946, at 6 55 AM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

Autopsy, Inspection or Inquiry

IMMEDIATE CAUSE OF DEATH
Syphilitic Aortitis
Acute Congestive Cardiac Failure

Due to

Other Conditions Acute Pulmonary Edema
Chronic Bronchial Nephritis
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mullen M.D.
Medical Examiner.
Date signed 5-13-46

VS 151

G40228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

90D

Registered No. G40228

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. Main St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME David Blank

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	wh	Married

6 (b) Name of husband or wife Minnie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace Russia (Town, county and state)

10. Usual Occupation Merchant

11. Industry or business

FATHER
12. Name Aaron
13. Birthplace Russia

MOTHER
14. Maiden Name Esther
15. Birthplace Russia

16 (a) Informant Minnie Blank
(b) Address Main St Ellicott City Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-46 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philadelphia Rd & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 1459 E Balto St

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

MAY 14 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13-46 19 , at 10.4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-12-1946 to 5-13 1946 and that I last saw h alive on 5-13 1946

Immediate cause of death Cardiac Tamponade — Duration

Due to Rupture of left ventricle with pericardial sac

Due to Recent + old myocardial infarction

Other Conditions Hypertension + Arteriosclerotic Heart disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bertha Rader

Address Sinai Hosp Date signed 5/13/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40,229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G40,229

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNIVERSITY HOSP.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1304 Conway St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Eliza J. Simms TAYLOR

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race N

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 56 Months Days If less than one day hr. min. 65

9. Birthplace Arundel Co. Md (Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER 12. Name Jacob Blake

13. Birthplace Md.

MOTHER 14. Maiden Name Sarah Wright

15. Birthplace Md.

16 (a) Informant Mary B. Copeland

(b) Address 164 Retreat St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/46 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Arnold. Md

18 (a) Funeral director James A Hayes

(b) Address 1142 W. Pratt St

19 MAY 14 1946 (Date received by Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 May 1946 at 11.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11 May 1946 to 11 May 1946 and that I last saw her alive on 11 May 1946

Immediate cause of death: Congestive Heart failure — Duration 5 wks

Due to: arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work)
(e) Means of injury

23. Signature James R Harris M. D.

Address 1141 W. Pratt St Date signed 12 May 46

For Dr. Hofmeister, Howard & Malcolm Baltimore Md Harris 14

VS 150

G40230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G40230

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 Mo-16da
(e) Length of stay in Baltimore (yrs., mos., or days) 86 yrs-11 Mo-24 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1736 E. Lanvale St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. FULL NAME Mary Katherine Magarity
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19, 1859

8. AGE: Years	Months	Days	If less than one day
86	11	24	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Magarity
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name McHenry
15. Birthplace Baltimore Md.

16 (a) Informant Mount Hope Retreat
(b) Address 6429 Reisterstown Rd. Balto Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Martin Tapley & Sons
(b) Address 1827 North Ave.

19 (a) MAY 14 1946 (Received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1946, at 9:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 17 1945, to May 12 1946, and that I last saw h[illegible] alive on May 12 1946.

Immediate cause of death Repeated Myocardial Infarcts — Duration 2 Wks.

Due to

Due to

Other Conditions Emphysema with Cerebral Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter J Jahrreiss M. D.
Address 3703 Clarks Lane Date signed May 12, 1946

WALTER A JAHRREISS, M D - CLARKS LA

VS 150

G40231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. G40231

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 623 N. Dallas Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John W hite

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1910

8. AGE: Years	Months	Days	If less than one day
35 36	10	26	hr. min.

9. Birthplace Littleton, North Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John White Sr.
13. Birthplace N. C.

MOTHER
14. Maiden Name Lucie Fitts
15. Birthplace N. C.

16 (a) Informant William White
(b) Address 1210 N. Caroline St.

17 (a) Shipped (Burial, cremation or removal) (b) Date thereof 5/14/46 (month) (day) (year)
(c) Cemetery or crematory N. C.
Location Littleton, N. C.

18 (a) Funeral director Rayner Stradley
(b) Address 1419 E. Preston St.

19 (a) [illegible] Huntington Northeastern, Md.
(Date received by Registrar) MAY 14 1946 Registrar

100 51

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11, 1946 at 11 55 P. M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Stab wound of chest involving aorta.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-11-46 11 30 P. M.
(b) Where did injury occur? Dallas & Monument Sts.
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? No
(d) Means of injury Sharp instrument

23. Signature Howard J. Mazzeo M.D.
Medical Examiner.
Date signed 5/12/46

G10232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G10232

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1026 W Lexington
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs.) mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1026 W. Lexington
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lucy M. Robinson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1886

8. AGE: Years 59 | Months 10 | Days 6 | If less than one day hr. min.

9. Birthplace Nottingham Md
(town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Cornelius Mitchell
13. Birthplace Md

MOTHER
14. Maiden Name Louise Mitchell
15. Birthplace Md

16 (a) Informant Jeanette Robinson
(b) Address 1026 W Lexington

17 (a) Burial (b) Date thereof 11/15/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location B. A. Co. Md.

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 1600 W Montgomery St

MAY 14 1946
(Date rec'd by registrar)

(b) Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1946 at 6 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1946 to May 10 1946 and that I last saw h alive on May 10 1946

Immediate cause of death Cerebral Hemorrhage — Duration 1 day

Due to Chronic myocarditis arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David J. Lewis M. D.

Address 1111 Lee St Date signed 11/14/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 190

X

G40233 VASHTIA V. Meade 107 G40233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1413 N. Central ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1413 N. Central ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vashtia V. Meade

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-29-37

8. AGE: Years 8 | Months 10 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Edmond Meade
13. Birthplace Va.

MOTHER
14. Maiden Name Bernice West
15. Birthplace md.

16 (a) Informant Bernice Meade
(b) Address 1413 N. Central ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy O. Nelson
(b) Address 1000 Brandy ave

MAY 14 1946 (Date rec'd by registrar)

Washington Metropolitan Area Registrar

5/10/46 **MEDICAL CERTIFICATION**

20. DATE OF DEATH 5-10- 1946 at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1-46 to 5-10 1946.
and that I last saw him alive on 5-10 1946.

Immediate cause of death: Bronchial Pneumonia — Duration 10 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. R. Blake M. D.
Address 1327 N. Central ave Signed 5/14/46

X

VS 150

Registrar

Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The correct age is especially important. WHEN CERTIFICATE IS COMPLETED, WITH ENVELOPE ATTACHED, MAIL TO REGISTRAR OF VITAL STATISTICS, 111 N. HOWARD ST., BALTIMORE, MD.

G10-34 over

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G10-34 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltis. Co.
(c) City or town 8707 Larkspur Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8707 Larkspur (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Bosley.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/11/46

8. AGE: Years	Months	Days	If less than one day
			2 hr. 3 min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Edwin Bosley.
13. Birthplace Md.

MOTHER 14. Maiden Name Margaret Griffin
15. Birthplace Md.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-14-46 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location Towson Md

18 (a) Funeral director Frank H Seitz
(b) Address 814 N 36 St

19 (a) (To be filled in by registrar) (b) Huntington Williams, M.D.

MAY 14 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12 1946, at 8 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-11 1946 to 5-12 1946, and that I last saw her alive on 5-11 1946.

Immediate cause of death Premature
Hem. disease new born Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert Gumpard M. D.
Address John Hopkins Hosp Date signed 5-14-46

X

G40235

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

Registered No. G40235

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address D.O.A.
(c) Hospital or institution:
St. Josephs Hospital 7th
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Baltimore City
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 930 N. Chapel St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rudolf Handler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 4 1876

8. AGE: Years	Months	Days	If less than one day
69	7	11	hr. min.

9. Birthplace Bohemia
(Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Joseph ~~Anton~~ Handler
13. Birthplace Bohemia

MOTHER
14. Maiden Name Josefine
15. Birthplace Bohemia

16 (a) Informant Ruth Kyal
(b) Address 938 N Bolling Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Frank Groobber
(b) Address 9004 Liberty St Huntington Williamsport, Md

19 (a) Filed MAY 14 1946 Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/12 1946 at 3:20 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to h.s death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Chronic Myocardial Degeneration
Due to

Other Conditions Arteriosclerotic C.V. Disease
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. J. Sulzinski M.D.
Medical Examiner.
Date signed 5/12/46

640536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1172

Registered No. 640536

Every item of information should be carefully supplied. The correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 41 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 426 S. Smallwood St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr John F. Scheller - John Frederick Scheller

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-6719

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife Alma Scheller
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Oct. 8 - 1896

8. AGE: Years	Months	Days	If less than one day
69	7	3	hr. min.

9. Birthplace Baltimore, Baltimore, Md.
(Town, county, and state)
10. Usual Occupation MANAGER - Dictaphone Corp.
11. Industry or business Dictaphone Corp

FATHER
12. Name Ernest Scheller
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Uhl
15. Birthplace Germany

16 (a) Informant MRS. Alma Scheller
(b) Address 426 S. Smallwood St. Balt

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore - Md.

18 (a) Funeral director H. B. Whippert & Son
(b) Address 1500 Eutaw Place

19 (a) Received by (Registrar) Huntington Williams, M.D. Registrar

1 4 1946
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 - 11 1946, at 4 PM A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-10 1946 to 5-11 1946, and that I last saw HIM alive on 5-11 1946.

Immediate cause of death Respiratory Failure — Duration

Due to Severe Gastric Hemorrhage

Due to Bleeding Peptic Ulcer

Other Conditions (1) Hypertension (2) Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. Thomas B. Lidberg M. D.
Address Mercy Hospital Date signed 5-11-46

X

G40237 G40237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946 D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3522 Elmley Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md, (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3522 Elmley Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CAROLINE JACOBSEN

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	None	F	W	Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27, 1855

8. AGE: Years	Months	Days	If less than one day
90	5	14	hr. min.

9. Birthplace London, England
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ? Stewart
13. Birthplace London, England

MOTHER
14. Maiden Name Mary ?
15. Birthplace London, England

16 (a) Informant Mrs. Louisa Scharoun
(b) Address 3522 Elmley Avenue

17 (a) Burial (b) Date thereof 5/14/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 MAY 14 1946 Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1946 at 8.10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/15-46 to 5/11/46 and that I last saw her alive on 5/11/46

Immediate cause of death
Myocardial Degen.: — Duration 3 mos.
Due to Arteriosclerosis
Due to
Other Conditions Hypostatic Pneumonia — 3 days.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature F. T. Herrman, M. D.
Address 1106 33rd St. Date signed 5/11/46

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

G40538 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1636 Baltimore
(c) Hospital or institution: Gilmor Project

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside corporate limits, write RURAL and give town)
(d) Street No. 1636 Baltimore St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country Baltimore

3 (a) FULL NAME Mary Brook
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Fem
5. Color or race Col
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband ~~or wife~~ Henry Brook
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 1878
8. AGE: Years 68 Months 2 Days If less than one day hr. min.
9. Birthplace Va (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business
MOTHER / FATHER
12. Name ?
13. Birthplace ?
14. Maiden Name Fetra Smith
15. Birthplace

16 (a) Informant Mrs. Ora Mitchell
(b) Address 1636 Baltimore
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md.
18 (a) Funeral director Geo. A. Kelson
(b) Address 1303 Pennsylvania Ave, Balto
19 (a) MAY 14 1946 (b) (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/11/46 19 , at M
21. I certify that death occurred on the date above stated; that I attended deceased from 5/11/46 19 , to 19 , and that I last saw h 5/11/46 19 .

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Henry A. Kelson M. D.
Address 1731 Hale Ave Date signed

X

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-0239

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83a

G-0239 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1439 Pennsylvania Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1439 Pennsylvania Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Fontrade Rachel Johnson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Married

6 (b) Name of husband or wife Dave Johnson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 11/27/1891

8. AGE: Years	Months	Days	If less than one day
54	2	18	hr. min.

9. Birthplace Md (Town, county, or State)
10. Usual Occupation Domestic
11. Industry or business Private

FATHER
12. Name Edward Rochon
13. Birthplace Md

MOTHER
14. Maiden Name Fronia Hardy
15. Birthplace Md

16 (a) Informant Rogers Mortuary
(b) Address 1750 E. Rogers Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md
18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Pennsylvania Ave
19 MAY 14 1946 (Date rec'd by local reg.) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/14/46 19 . at 9 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 4/7/46 19 to 5/14/46. 19 .
and that I last saw h alive on 5/14/46 19 .

Immediate cause of death Cerebral Hemorrhage
Due to Arterio Sclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature L. Pius Ellis M.D.
Address 1439 Penna Ave Date signed 5/16/46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

GARDILL

64040 64040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1936

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2007 W Lexington
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2007 W Lexington St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James S. Gardill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
M	W	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV 17 1867

8. AGE: Years 78 | Months 5 | Days 24 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name John S Gardill
13. Birthplace Germany

MOTHER 14. Maiden Name Not Known
15. Birthplace Penna

16 (a) Informant Family Rec'd
(b) Address

17 (a) Burial (b) Date thereof 5-15-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md

18 (a) Funeral director Jones & Harling
(b) Address Fulton & Fayette

19 (a) Date received by Local Reg. MAY 14 1946 (b) Signature for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1946 at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 26 1946 to May 12 1946 and that I last saw him alive on 5/12 1946.

Immediate cause of death Arteriosclerotic cardio vascular disease — Duration 8 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benjamin Miller M. D.
Address 20 N. Wilkens Date signed 5/13/46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40241

493168

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 126

G40241

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4405 Mainfield Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bernard Bustoderro.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Agnes.
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) 11-25-88

8. AGE: Years	Months	Days	If less than one day
57.	5	18	hr. min.

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Benjamin Bustoderro
13. Birthplace Italy

MOTHER
14. Maiden Name Rose
15. Birthplace Italy

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSP

17 (a) Burial (b) Date thereof 5-16-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road & Milly Lane

18 (a) Funeral director Thos E Pelton
(b) Address 2425 E Pratt St

19 (a) Huntington Williams Mort
(Date rec'd by registrar) Registrar

MAY 14 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May-13 1946 at 3. A M

21. I certify that death occurred on the date above stated; that I attended deceased from May-7 1946 to May-13 1946.
and that I last saw him alive on May-13 1946.

Immediate cause of death Cardiac arrest — Duration

Due to while under anesthesia

Due to

Other Conditions Cholelithiasis

(Include pregnancy within 3 months of death)

Date of operation 13 May 46

Major findings of operation: cholelithiasis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William E Grose M. D.
Address Johns Hopkins Hosp Date signed 15 May 46

VS 150

X

...correspondence is especially important. Physicians: please write the causes of death clearly and legibly.

G-10,242 G-10,242

493103

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 96

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Fort Howard
(If outside city or town limits, write RURAL and give town)
(d) Street No. 14 N. Point Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME M. Lillie Band.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Charles.
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) 10-10-93

8. AGE: Years	Months	Days	If less than one day
62	7	3	hr. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name John Kraemmerer
13. Birthplace Pa.

MOTHER 14. Maiden Name Edith Gardner
15. Birthplace Pa

16 (a) Informant Raynor JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-46 (month) (day) (year)
(c) Cemetery or crematory Harrisburg Pa
Location

18 (a) Funeral director John C Miller Inc
(b) Address 2425 E Oliver St

19 (a) (Date received by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13 1946 at 330 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1946 to May 13 1946 and that I last saw h alive on May 13 1946.

Immediate cause of death Intracranial Hemorrhage — Duration 10 hrs

Due to Intracranial Aneurysm. Right Carotid artery

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 10 th May 1946

Major findings of operation: Intracranial Aneurysm

of autopsy: Not granted

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur M Blaney M. D.
Address Johns Hopkins Hosp Date signed 13 May 46

Huntington Williams, MD

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46

Registered No. 640243

Physicians: please write the causes of death clearly and legibly. Any item of information found to be carelessly supplied, the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1008 E.Pratt St.
(c) Hospital or institution: 31
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1008 E.Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carmela Ranieri

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 218-03-5993

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Salvatore Ranieri
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28 1890

8. AGE: Years 56 | Months | Days 14 | If less than one day hr. min.

9. Birthplace Palmi Italy (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Vincenzo Tripodina
13. Birthplace Italy

MOTHER
14. Maiden Name Rosa Pugliese
15. Birthplace Italy

16 (a) Informant Salvatore Ranieri
(b) Address 1008 E.Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Balt.Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N.Morley St.

19 (a) MAY 14 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May, 12, 1946 at 7 35 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 10, 1945 to May, 12, 1946 and that I last saw her alive on May, 12, 1946.

Immediate cause of death: Adeno carcinoma of pancreas. — Duration: 8 mos.

Due to:

Due to:

Other Conditions: Metastasis to liver (Include pregnancy within 3 months of death) — Duration: 2 months

Date of operation Oct 26, 1945

Major findings of operation: Adenocarcinoma of Pancreas.

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams M.D.
Address Medical Arts Bldg. Date signed 5/15/46

VS 150

X

G40344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G40344 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1446 Smith Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1446 Smith Ave. (If rural give location)
(e) Citizen of foreign country, yes (Yes or No)
If yes, name country

3 (a) FULL NAME Alice A. Lewis

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Samuel A. Lewis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1866

8. AGE: Years	Months	Days	If less than one day
80	1	13	hr. min.

9. Birthplace England. (town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name William Baker
13. Birthplace England.

MOTHER
14. Maiden Name Sarah Gilpin
15. Birthplace England.

16 (a) Informant Mrs. Edith Lewis
(b) Address 1446 Smith Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director Lorenz Bros.
(b) Address 5005 Park Heights Ave

19 (a) MAY 14 1946 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1946 at 4A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1945 to May 13 1946 and that I last saw her alive on May 13 1946

Immediate cause of death Carcinoma left breast — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis T. Lewis
Address 844 W. North Ave Date signed 5/14/46 M.D.

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Kern 640245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 17 1a

640245 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto Gen. Hosp 3

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 Hanover St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Kircher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of ~~husband~~ or wife Ste Helen (Dugan)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27 1908

8. AGE: Years 37 | Months 10 | Days 14 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Bookbinder

11. Industry or business

FATHER
12. Name Wm J. Kircher
13. Birthplace Maryland

MOTHER
14. Maiden Name Virginia Hess
15. Birthplace Maryland

16 (a) Informant Mrs Laura Haines
(b) Address 3824 Pennington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15 1946 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Blvd.

18 (a) Funeral director Harry W Selzle
(b) Address 4101 Edmondson Ave

(c) (b)

MAY 14 1946 (Date filed by Registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 May 1946, at 10 45 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Shock

Due to (1) Compound fracture of left thigh

Other Conditions (2) Internal injuries

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 11 May 46 23/3 6 15 P M.
(b) Where did injury occur? 1706 Hanover St
(c) Did injury occur at home, on farm, industrial place, in public place? At his home While at work? No
(d) Means of injury Was struck by Stove & Co left truck & thrown to the ground

23. Signature William F McGeorge M.D.
Medical Examiner

Date signed 12 May 46

Huntington Williams, MD

2 Town G-10246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G-10246 Registration No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Rossville Md (If outside city or town limits, write RURAL and give town)
(d) Street No. Lenning Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nellie C Jefferson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Wh	M

6 (b) Name of husband or wife Howard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 20 1902

8. AGE: Years	Months	Days	If less than one day
44	3	18	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name M. A. Bauer
13. Birthplace Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Maryland

16 (a) Informant Howard Jefferson
(b) Address Lenning Lane, Rossville Md

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof May 16 1946 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave

18 (a) Funeral director Harry W Wythe
(b) Address 4101 Edmondson Ave

19 (a) 1946 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13-46 19 , at 2 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1-46 19 , to 5-13-46 19 , and that I last saw her alive on 5-13-46 19 .

Immediate cause of death Intracerebral Hemorrhage — Duration

Due to Hypertension Heart disease

Due to Pyelonephritis Kidney

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bertha Rader M. D.
Address Sinai Hosp. Date signed 5-13-46

VS 150

X

G40247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G40247

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — D.O.A.
(b) Street address 2214 E. Hoffman St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town.)
(d) Street No. 2214 E. Hoffman St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Champness

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1882

8. AGE: Years	Months	Days	If less than one day
63	7		hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Iron Moulder

11. Industry or business

FATHER
12. Name Joshua Champness
13. Birthplace Baltimore

MOTHER
14. Maiden Name Ella Sinners
15. Birthplace Baltimore

16 (a) Informant Miss Bessie Champness
(b) Address 2214 E. Hoffman St

17 (a) Burial (b) Date thereof May 17th
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St

19 (a) (b) Huntington Williams M.D.

MAY 15 1946
VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 / 14 1946, at 2:55 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic C.V. Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. L. Sandrindi M.D.
Medical Examiner.
Date signed 5/17/46

G40348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

190 B Registered No. G40348 (Va)

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any error or omission should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution:
U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 611 N. Robinson St.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Purcell, Harry Mitchell

3 (b) If veteran, name war: World War #1
3 (c) Social Security Account No. 711-07-5572

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife: Bertie C. Miller Purcell
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) May 15, 1888

8. AGE: Years	Months	Days	If less than one day
57	11	29	hr. min.

9. Birthplace Reedville, Va. (Town, county, and state)
10. Usual Occupation Captain
11. Industry or business Seafarer

FATHER
12. Name John M. Purcell
13. Birthplace ? Va.

MOTHER
14. Maiden Name Nellie Winstead
15. Birthplace ? Va.

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Removal (b) Date thereof May 16
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Bethany Baptist Church
Location Northumberland Va

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2008 Aliceanna St

19 (a) (b)

MAY 15 1946 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1946, at 4:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1946 to May 14 1946. and that I last saw him alive on May 14 1946.

Immediate cause of death Cardiac failure secondary to asthma bronchial, bronchitis, chronic and

Due to pleuritis and pericarditis adhesive chronic.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

Duration: UNKNOWN

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John V. Wilson
John V. Wilson, Sr. Surgeon
Address Clinical Director Date signed 5/14/46 M.D.

1

G40339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1312

Registered No. G40339

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 811 N Post St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 - V
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 811 N Post St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Dietrich

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Anna K Dietrich

6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) June 15 1869

8. AGE: Years 76 | Months 10 11 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Shoemaker

11. Industry or business Retired

FATHER
12. Name John Dietrich
13. Birthplace Balto

MOTHER
14. Maiden Name Dont Know
15. Birthplace Balto

16 (a) Informant LeRoy R Dietrich
(b) Address 2808 Harford ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15 54 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location City

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2008 Orleans St

19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

MAY 15 1946

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1946 at 4 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1946 to May 12 1946; and that I last saw h[illegible] alive on May 11 1946.

Immediate cause of death: Uremia - Chronic nephritis - Duration: May 1 1946
Cardio-vascular - Renal Disease
Due to arterio - sclerosis
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury

23. Signature Louis F. Krumeich M. D.
Address 722 N. Kenwood Ave Date signed May 14 46.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40250 BALTIMORE CITY HEALTH DEPARTMENT G40250

CERTIFICATE OF DEATH 1278 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 300 E. 30th St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME John Hurtt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Vanna Casey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business Bethlehem Steel

FATHER 12. Name DAVID Lee HURTT
13. Birthplace VA

MOTHER 14. Maiden Name LYDIA FALLS
15. Birthplace VA

16 (a) Informant Mrs. Lena Wise (daughter)
(b) Address 300 E. 30th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/46. (month) (day) (year)
(c) Cemetery or crematory Cedarcroft
Location old Frederick Rd

18 (a) Funeral director J. J. Doheny & Sons
(b) Address 2318 Eastern Ave

19 (a) (Date received) MAY 15 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1946, at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1946 to May 12 1946, and that I last saw him alive on May 12 1946.

Immediate cause of death Cardiac - respiratory failure — Duration
Due to Hepatic insufficiency
Due to
Other Conditions Cholecystogastrostomy
(Include pregnancy within 3 months of death)
Date of operation February 7, 1946
Major findings of operations
of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clarence E. McWilliams M. D.
Address Mercy Hospital Date signed 5-12-46

Clarence E. McWilliams, M.D.

VS 150

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 938

Registered No. G40251

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1825 E. Paul
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Augusta Senecion

3 (b) If veteran, name war W
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Laura Estella
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-23-10

8. AGE: Years	Months	Days	If less than one day
35	6	21	hr. min.

9. Birthplace Dom Rep.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Jose Del C. Senecion
13. Birthplace Dom. Rep.

MOTHER
14. Maiden Name Luisa Feliz
15. Birthplace Dom Rep.

16 (a) Informant Relative
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (b) Date thereof 5/15/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory CIUDAD TRUJILLO
Location Dominican Republic
18 (a) Funeral director Gilbert Luck Inc
(b) Address 1217 E Pont St

MAY 15 1946 (b) Washington, D.C.
(Date received) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1946 at 9 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1946 to May 14 1946 and that I last saw deceased alive on May 14 1946

Immediate cause of death (a) Strangulation
Intussusception of ileum
Carcinoma of ileum, primary, (b) Due to
Carcinoma of liver, primary
Impairment of cardiac function
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: —
of autopsy: All alone

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Maurice H Dunstead M.D.
Address J Hopkins Date signed 14/5/46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40252 — Schmidt — 2924 Brighton St — G40252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH #6

Registered No. G40252

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1610 St Stephens St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 St Stephens St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie E Moore

3 (b) If veteran, name war — no
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22. 1876

8. AGE: Years 69 | Months 5 | Days 22 | If less than one day: hr. min.

9. Birthplace Baltimore MD
(Town, county, and state)

10. Usual Occupation housework
11. Industry or business

FATHER
12. Name Jacob A Evans
13. Birthplace MD

MOTHER
14. Maiden Name Christine E Schultz
15. Birthplace Germany

16 (a) Informant James E Moore
(b) Address 1610 St Stephens St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/46 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore MD

18 (a) Funeral director Mathews & Son
(b) Address 1214 Pont St

19 (a) (Date rec'd by registrar) (b) Registered No.

MAY 15 1946

CS 150 Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1946 at 10:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1942 to 5-14 1946 and that I last saw her alive on 5-12 1946.

Immediate cause of death: Carcinoma of pancreas — Duration: 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J E Schmidt M. D.
Address 2924 Brighton Date signed 5-17-46

G40253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G40253

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: South Baltimore Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 918 S. Hanover (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME John T. Hale

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) NOV 25 1892

8. AGE: Years 53 | Months 5 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation .....

11. Industry or business .....

FATHER 12. Name John T. Hale

13. Birthplace Ohio

MOTHER 14. Maiden Name Anna Large

15. Birthplace Ohio

16 (a) Informant Hughes Funeral Home

(b) Address Oak Hill Ohio

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/15/46 (month) (day) (year)

(c) Cemetery or crematory GALLIA

Location GALLIA Ohio

18 (a) Funeral director Wilhoms Coffey Inc

(b) Address 12 N Court St

19 (a) ..... (Date rec'd by registrar) (b) .....

MAY 15 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14, 1946, at 9:20 A M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Chronic myo-cardial degeneration

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury ..... at ..... M.

(b) Where did injury occur? .....

(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....

(d) Means of injury .....

23. Signature Howard J. Headen M.D.
Medical Examiner.

Date signed 5-14-46

G40554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. G40554

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore – 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 322 East Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Borghese

3 (b) If veteran, name war W
(c) Social Security Account No. 213-12-9935

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
Female	White	Widow	Pietro Pedro	years

7. Birth date of deceased (mo., day, yr.) Oct 2-1887

8. AGE: Years	Months	Days	If less than one day hr.	min.
58	7 6	12		

9. Birthplace Caliscibetta Italy (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name	Domenic Trigale
13. Birthplace	Italy
MOTHER 14. Maiden Name	Maria Arlington
15. Birthplace	Italy

16 (a) Informant Ralph V. Borghese
(b) Address 322 East St.

17 (a) Burial – (Burial, cremation, or removal) (b) Date thereof 5-18-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Tallhorn Bros Inc
(b) Address 1217 E Fort Ave

19 (a) (Date rec'd by registrar) (b) Registrar Williams M.D.

MAY 15 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1946 at 3:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1946 to May 14 1946 and that I last saw h[illegible] alive on May 14 1946.

Immediate cause of death Bronchopneumonia
with Coronary Thrombosis
Alone ad Obstruction

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Allen H Mackay M. D.
Address Sinai Hospital Date signed May 14 1946

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640255 640255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Coy Harbor
(b) Street address 1003 East Ave
(c) Hospital or institution:
14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1426 Division St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Cole

3 (b) If veteran, name war	3 (c) Social Security Account No.
no —	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-26-1902

8. AGE: Years	Months	Days	If less than one day
44	2	15	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation C-
11. Industry or business

FATHER 12. Name Fletcher Cole
13. Birthplace Balto. Md

MOTHER 14. Maiden Name Eleanor Richards
15. Birthplace Balto. Md.

16 (a) Informant Eleanor Cole (M)
(b) Address 1426 Division St.

17 (a) Burial (b) Date thereof 5/15/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto Md

18 (a) Funeral director Chas H Corpier
(b) Address 512 Carroll Ave

19 (a) (Date received) MAY 15 1946 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13- 1946, at 10 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Found Drowned.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 23/3
(a) Date of injury 5-7-? at A M.
(b) Where did injury occur Coy Harbor - off Bramble Shipyard
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No. (?)
(d) Means of injury Found Drowned.

23. Signature Howard J. Mercer M.D.
Medical Examiner.
Date signed 5-13-46

X

G40256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G40256

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 337 Forrest St. —
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Wiseman, Jr.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 189[illegible]

8. AGE: Years	Months	Days	If less than one day
53	10	3	hr. min.

9. Birthplace Washington D.C.
(Town, County, and State)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Edw. Wiseman
13. Birthplace D.C.

MOTHER
14. Maiden Name Josephine S.
15. Birthplace D.C.

16 (a) Informant Rachael Hillman
(b) Address 337 Forrest St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co. Md.

18 (a) Funeral director Belvin Francis W. Knight
(b) Address 721 Cresmont St

19 MAY 15 1946 (Date rec'd by registrar) (b) Hunter for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13- 1946, at 11:30 A M

21. I certify that I took charge of the remains described above, held an ~~inspection~~ Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mulcahy M.D.
Medical Examiner.
Date signed 5-13-46

VS 151

G40257 G40257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1312

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 516 Iron alley
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Luke Isaiah Boone

3 (b) If veteran, name war –

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1882

8. AGE: Years	Months	Days	If less than one day
64	-	1	hr. min.

9. Birthplace A. A. Co., Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

MOTHER / FATHER

12. Name Charles Boone

13. Birthplace Md.

14. Maiden Name Maria Walker

15. Birthplace Md.

16 (a) Informant Sarah Boone

(b) Address 516 Iron alley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-46 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location A. A. Co. Md.

18 (a) Funeral director Bryant Francis K. Knight

(b) Address 711 Pennsylvania Ave

19 (a) MAY 15 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-12-1946, at 12:20 AM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cardio-vascular Renal Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

Means of injury

23. Signature Howard J. Mullen M.D.
Medical Examiner.

Date signed 5-13-46

VS 151

G40258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G40258

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 652 Washington Blvd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) N
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 652 Washington Blvd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

2 (a) FULL NAME Catherine E. Seifert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Late Henry L. Seifert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4, 1885.

8. AGE: Years	Months	Days	If less than one day
61		8	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Jacob Noll
13. Birthplace Md.

MOTHER
14. Maiden Name Pletz
15. Birthplace Md.

16 (a) Informant Mr. Nathaniel W. Seifert
(b) Address 652 Washington Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15/46. (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location 2930 Frederick Rd.

18 (a) Funeral director Harry H. Nitzke
(b) Address 4101 Edmondson Ave.

19 (a) (Date received) (Registrar) Huntington Williams M.D.

MAY 15 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12/46. 19 , at 7.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1946 to May 12 1946 that I last saw him alive on May 9 1946.

Immediate cause of death Coronary thrombosis

Duration

Due to

Due to

Other Conditions Diabetes mellitus Asthenia senile, Impaired kidneys
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home or farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John C. Schwenck M. D.
Address 3377 S. Charles St. Date signed 5/14/46

940

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 10259

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

186a

Registered No. C 10259

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 757 Ramsay st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie Yuskauskas Or Natkewicz

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-8944

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Joseph Yuskauskas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years 51 | Months | Days | If less than one day hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name not known
13. Birthplace Lithuanian

MOTHER
14. Maiden Name not known
15. Birthplace Lithuanian

16 (a) Informant Mrs. Chas Natkewicz
(b) Address 757 Ramsay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4639 Belair Rd

18 (a) Funeral director John J. Grebiankoff
(b) Address 1823 S. Paca St

19 MAY 15 1946 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-13- 1946, at 3:55 P. M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
dislocation of 2nd Cervical vertebra

Due to

Other Conditions Acute Congestive Cardiac Failure
Acute Pulmonary Edema.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-13-46 at P. M. 21/1
(b) Where did injury occur? 757 Ramsay st
(c) Did injury occur at home, on farm, industrial place, in public place? Home Public While at work? no
(d) Means of injury: Fell down stairs.

23. Signature Howard J. Mueller M.D. Medical Examiner.
Date signed 5-14-46

VS 151

X

over.

G40260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G40260 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3008 Hudson St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3008 Hudson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rebecca F. Meyers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M.

6 (b) Name of husband or wife Adam F. Meyers.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29-1874

8. AGE: Years	Months	Days	If less than one day
72	4	17	hr. min.

9. Birthplace BALTIMORE MD
(Town, county, and state)

10. Usual Occupation AT HOME

11. Industry or business

FATHER
12. Name WM ARENS
13. Birthplace GERMANY

MOTHER
14. Maiden Name AUGUSTA SCHURR
15. Birthplace GERMANY

16 (a) Informant ADAM. F MEYERS
(b) Address 3008 HUDSON. ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/16/46 (month) (day) (year)
(c) Cemetery or crematory TRINITY
Location O'DONNELL ST

18 (a) Funeral director Blayney F. Hoffmann
(b) Address 1639 Orleans St.

MAY 15 1946 (Date rec'd by Registrar) (b) Huntington Woodcock, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/12 1946, at 3:30 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to h.s.t death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic C-V disease

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature R. J. Lubenah, M.D.
Medical Examiner.
Date signed 5/12/46

93D

VS 151

G40261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. G40261

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4722 Frederick Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4722 Frederick Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDITH MORSBERGER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
*******	*******	Female	White	Married

6 (b) Name of husband or wife George B. Morsberger
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) 7 - 13 -1900

8. AGE: Years	Months	Days	If less than one day
45	10	-	********** hr. ********** min.

9. Birthplace West Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name William Barker
13. Birthplace West Virginia

MOTHER
14. Maiden Name Ada Statler
15. Birthplace West Virginia

16 (a) Informant Mr. George B. Morsberger
(b) Address 4722 Frederick Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 15 May 46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Maryland

18 (a) Funeral director C. B. Gibbert & Son
(b) Address 1300 Eutaw Place

19 MAY 15 1946 (Date received by Local Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 13 May 1946 at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11 Dec. 1945 to 13 May 1946 and that I last saw h er alive on 13 May 1946.

Immediate cause of death
Starvation Acidosis — Duration 10 days

Due to carcinomatosis — 5 Months

Due to carcinoma left breast

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1934

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Racusin M. D.
Address 206 S. Gilmor St. Date signed

Dr. N. Racusin X

G40,262 — G40,262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 931

Registered No.

Please write clearly with pen and ink. Any error or omission should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Dukeland St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2230 W. North Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH C. GERWIG

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: no

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Charles H. Gerwig

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 29, 1866

8. AGE: Years: 79 Months: 8 Days: 14 If less than one day: hr. min.

9. Birthplace: Carroll Co., Md.
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Ephrin Yingling
13. Birthplace: Unknown

MOTHER
14. Maiden Name: L. Hornberger
15. Birthplace: Unknown

16 (a) Informant: Mr. Luther E. Gerwig
(b) Address: 2117 Dukeland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/46 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Cem.
Location: Woodlawn, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 MAY 15 1946 (Date rec'd by Registrar) (b) Registrar, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13, 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1946 to May 13 1946, and that I last saw h[illegible] alive on May 13 1946.

Immediate cause of death: Chronic Cerebral Vascular disease — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Ernest N. Kalus M.D.
Address 473 S. Pop Av. Pk Date signed 5/14/46

VS 180

G40263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1862

Registered No. G40263

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd ST.
(c) Hospital or institution: Union Memorial Hosp. 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 270 Herring Court
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Vaughen Vincent Graboll.

3 (b) If veteran, name war: 2nd World War
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: [illegible]
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 31, 1915

8. AGE: Years	Months	Days	If less than one day
31	3	14	hr. min.

9. Birthplace West Virginia
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Union Memorial Records
(b) Address 33rd St & N Calvert, City

17 (a) Removal (b) Date thereof 5/15/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Martinsburg
Location W. Virginia

18 (a) Funeral director Fisher & Sons
(b) Address W. Pennsylvania Ave., Balto.

MAY 15 1946 (b) [illegible]
(Date received) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1946, at 7.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1946 to May 14 1946 and that I last saw him alive on May 14 1946

Immediate cause of death Respiratory Failure — Duration

Due to Bronchial aspiration

Atelectasis secondary

Due to To Transecting Cervical Spinal Cord From Trauma.

Other Conditions Fracture, displaced of 5th cervical vertebra; depressed fract. of skull.
(Include pregnancy within 3 months of death)

Date of operation 5-14-46

Major findings of operation: depressed fract of skull. Fract displaced of cervical vertebra

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Balto. Co.
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence May 13 1946 at 11.40 P.M.
(c) Where did injury occur? Catonsville Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? yes.
(Specify type of place)
(e) Means of injury Fall (30-40 feet)

23. Signature Paul B. Jones, M. D.
Address Union Memorial Date signed 5-14-46

Huntington Williams, M.D.
Dr. & Mrs. S. Bedford
by Honors
Medical Examiner

Nov.
Baltimore, Md.

VS 150

G40464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 169

Registered No. G40464

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs 45 minutes
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1405 N. Hilton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martin E. Foxwell

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Betty Brown Foxwell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 25, 1914

8. AGE: Years	Months	Days	If less than one day
32	0	20	hr. min.

9. Birthplace Cambridge, Md. (Town, county, and state)

10. Usual Occupation R. R. Conductor

11. Industry or business

FATHER
12. Name M. Henry Foxwell
13. Birthplace Dor. Co.

MOTHER
14. Maiden Name Mary Meekens
15. Birthplace Dor. Co.

16 (a) Informant Mr. M. Henry Foxwell
(b) Address Cambridge, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/46 (month) (day) (year)
(c) Cemetery or crematory Dor. Mem. Park
Location Cambridge, Md.

18 (a) Funeral director Kenneth R. Thomas
(b) Address Cambridge, Md.

MAY 15 1946 (Date rec'd by reg.) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-15-1946, at 12:15 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Shock

Due to Traumatic amputation of extremities

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-14- at 12:15 10.30 P.M.
(b) Where did injury occur? North Ave Freight Yard
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? Yes.
(d) Means of injury Fell between freight cars.

23. Signature Howard J. Blakeslee M.D. Medical Examiner.
Date signed 5-15-46

G40265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

Registered No. G40265

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 600 So. Eutaw st

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State V md (b) County

(c) City or town Baltimore md (If outside city or town limits, write RURAL and give town)

(d) Street No. 600 So. Eutaw st (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Matilda Mitchell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	married

6 (b) Name of husband or wife Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868?

8. AGE: Years	Months	Days	If less than one day
77	7		hr. min.

9. Birthplace Balto md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER

12. Name Henry Green

13. Birthplace md

MOTHER

14. Maiden Name Teresa Diggs

15. Birthplace md

16 (a) Informant Emma Jeffcoat

(b) Address 600 South Eutaw St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 1946 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cemetery

Location A. A. Co. md

18 (a) Funeral director Robert E Williams

(b) Address 1515 McElderry St

19 (a) (b) Williams, M.D. (Signature of registrar)

MAY 15 1946 Physician for Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1946, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 5 1946 to May 11 1946 and that I last saw h[illegible] alive on May 7 1946

Immediate cause of death Cardiac Renal — Duration 4 mo

Due to — Duration 7 Days

Due to — Duration

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B. N. Hale

Address 1725 Park Date signed 5/15/46 M.D.

X

G40266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 921

G40266 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address I437 Sunwalt Court
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. I437 Sunwalt Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES EDWARD BAKER

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3, I885

8. AGE: Years	Months	Days	If less than one day
6I	I 2	II	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Reuben C. Baker
13. Birthplace Md.

MOTHER
14. Maiden Name Susan C. Mullen
15. Birthplace Md.

16 (a) Informant Family
(b) Address I437 Sunwalt Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/I6/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave.

18 (a) Funeral director James L. McCurdy
(b) Address I30 E. Fort Ave.

(Date received by registrar) MAY 15 1946 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/14 1946 at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1946 to 5/14 1946 and that I last saw h alive on 5/14 1946

Immediate cause of death	Duration
Pulmonary Edema	5 dys
Due to — General Anasarca	6 mos
Due to — Chronic Endocarditis	6 mos
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 1279 Hollins St Date signed 5/16/46

X

G-10,617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G-10,617

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 921 E. Madison St (DOA)
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 921 E. Madison St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Divorced

6 (b) Name of husband or wife Grace

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1873

8. AGE: Years	Months	Days	If less than one day
72	7	9	hr. min.

9. Birthplace M
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Elizabeth Lavenfer
(b) Address 1752 N Fawn St Balto

17 (a) Burial (b) Date thereof May 15/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A.A. County, Md.

18 (a) Funeral director Wm. P. G. Elliott Dgh.
(b) Address 1102 N. Caroline St.

19 (a) Hunting Williams
(Date rec'd by registrar) Registrar

MAY 15 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/12 19 46 at 6 00 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Uremia Myocardial
Degeneration

Due to

Other Conditions Arteriosclerotic R.V.
Degeneration
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. F. Iubinski M.D.
Medical Examiner.
Date signed 5/12/46

G40268 ✓ G40268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2232 N. Howard St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2232 N. Howard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John William Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13 1909

8. AGE: Years	Months	Days	If less than one day
37	10	-	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name John Smith
13. Birthplace Va.

MOTHER
14. Maiden Name Fannie Dabney
15. Birthplace Va.

16 (a) Informant Mary Smyth
(b) Address 2232 N. Howard St.

17 (a) Burial (b) Date thereof May 8 '44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A A County

18 (a) Funeral director Mrs. Robert A. Elliott Sr.
(b) Address 1129 W. [illegible] St. Baltimore, Md.

MAY 12 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12 1944, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/29 1944, to 5/12 1944, and that I last saw h[illegible] alive on 5/10 1944

Immediate cause of death Pulmonary Tuberculosis — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Emerson R. Julian

Address 434 E. 23rd Date signed 5/15

VS 150

X

G40369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131B

G40369 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 East Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alberta Tyler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Leonard Tyler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 28, 1911

8. AGE: Years	Months	Days	If less than one day
34	8	16	hr. min.

9. Birthplace Petersburg, Virginia
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Finkard Dillard
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Alberta Tyler
(b) Address 1415 East Fayette St.

17 (a) Burial (b) Date thereof May 16/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore County Md.

18 (a) Funeral director Mrs. C. A. Elliott & Dyke
(b) Address 1129 N. Carlton St.

19 (a) (b)
(Date received by Registrar) Registrar

MAY 15 1946
Huntington Williams, M.D.

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1946, at 4:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1946, to May 14 1946, and that I last saw her alive on May 13 1946.

Immediate cause of death: Cardio-respiratory failure — Duration

Due to: Chronic glomerular nephritis

Due to: Uremia

Other Conditions: Pneumonitis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Clarence E. McWilliams M. D.
Address Mercy Hospital Date signed 5-14-46

X

64070 BALTIMORE CITY HEALTH DEPARTMENT 64070
CERTIFICATE OF DEATH 93E Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 min.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 722 Harford Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Chester Williams
3 (b) If veteran, name war ?
3 (c) Social Security Account No. ?
4. Sex Male
5. Color or race Colored
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife ?
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 30 1887
8. AGE: Years 58 Months 11 ? Days ? 14 If less than one day hr. min.
9. Birthplace South Carolina (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business
FATHER 12. Name ? 13. Birthplace
MOTHER 14. Maiden Name ? 15. Birthplace
16 (a) Informant ? (b) Address
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17 46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem. Location A A County
18 (a) Funeral director Mrs. Robert O. Elliott Dept (b) Address 1129 N. Carolines St
19 (a) May 15 1946 (b) Huntington Williams (Registrar) Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH May 13 1946, at 3 40 P M
21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1946 to May 13 1946, and that I last saw h[illegible] alive on May 13 1946.
Immediate cause of death Acute Congestive Heart Fail. Duration ?
Due to ?
Due to
Other Conditions ?
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
(f) Signature William A. Gentry M.D.
Address Mercy Hosp Date signed May 15 46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40271

HEALTH DEPARTMENT—CITY OF BALTIMORE

G40271

CERTIFICATE OF DEATH

931

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 E. HARVEY St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. 7 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME CECILIA AGNES HUDSON

If U. S. Veteran specify WAR

(a) Residence: No. 700 E. HARVEY St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John William Hudson

6. DATE OF BIRTH (month, day, year) March 30, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month, day, year) May, 1946

11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (city or town) (State or country) Ellicott City Maryland

FATHER

13. NAME Bartholomew O'Connor

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Winifred Bohan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Husband

(Address) 700 E. Harvey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date May 17, 1946

19. UNDERTAKER Flynn & Flemming

(Address) 1426 Light St

[redacted] Huntington, Maryland

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/14, 1946

22. I HEREBY CERTIFY, That I attended deceased from 3/4, 1946, to 5/14/46, 19..

I last saw her alive on 5/13, 1946. Death is said to have occurred on the date stated above, at 2:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	5/11/46
Other contributory causes of importance: Hypertensive Cardio-vascular disease	

Was an operation performed? No Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Max Bamm M. D.

(Address) 1501 N. Milton Ave.

OCCUPATION is very important. See instructions on back of certificate.

V 9 3

X

M. D. B. 1268-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

G40272 G40272

CERTIFICATE OF DEATH

61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 436 Rosecroft Terrace St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME J. Elmer Myers

(a) Residence: No. ~~436~~ Rosecroft Terrace St., Ward Pleasant Valley Md.
(Usual place of abode) (If non-resident give city or town and State)

Carroll Co.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Flora V. Myers

6. DATE OF BIRTH (month, day, year) Jan. 4, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Carroll County, Md.

FATHER

13. NAME Jonas Myers

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Golly

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Ralph Garner

(Address) 436 Rosecroft Terrace Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Valley, Md. Date May 17, 19 46

19. UNDERTAKER C. O. Evans & Son

(Address) Taneytown Md.

Huntington Williams, M.D.

15 1946

20. FILED

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/15, 1946

22. I HEREBY CERTIFY, That I attended deceased from 5/11/46, 19.., to 5/15, 1946

I last saw h.. alive on 5/15, 1946 Death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	5/13/46

Other contributory causes of importance:

Diabetes

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alden H. Crowther, M. D.

(Address) 4709 Hurd Ave.

G40273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G40273 1225

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 Lynn ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Sweden

3 (a) FULL NAME Eddie Taylor

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-25-84

8. AGE: Years	Months	Days	If less than one day
61 62	10	8	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Nathan Taylor
13. Birthplace Md.

MOTHER
14. Maiden Name Lilla Betts
15. Birthplace Md.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSP.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School MAY 15 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 15 1946 (Date filed by Registrar) (Signature) Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-3-1946 at 11 A.M. 45

21. I certify that death occurred on the date above stated; that I attended deceased from 4-25 1946 to 5-3 1946 and that I last saw h alive on 5-3 1946.

	Duration
Immediate cause of death Respiratory failure	4 days
Due to Cardiac Failure	
Due to Intestinal Obstruction with Peritonitis	13 days
Other Conditions Probable broncho-pneumonia (Include pregnancy within 3 months of death)	

Date of operation 4-25-46
Major findings of operation: Intestinal obstruction due to adhesions. Gangrenous loop
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Myerung M.D.
Address Johns Hopkins Hosp Date signed 5-7-46

VS 150

3501

X

640574 BC# 492994 G46631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

640574 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1219 St Mathews St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Bush.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-3-46

8. AGE: Years | Months | Days 7. | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Howard Bush
13. Birthplace Md.

MOTHER 14. Maiden Name Gladys Corrington
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School MAY 15 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 15 1946 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 11 1946 at 4. M A

21. I certify that death occurred on the date above stated; that I attended deceased from May - 3 1946 to May 11 1946 and that I last saw h[illegible] alive on May - 11 1946

Immediate cause of death: Prematurity
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert Langhead M. D.
Address Johns Hopkins Hosp Date signed 5-11-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

(350)

BC# G40275 16263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 27a

✓ G40275 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Rayner Ave
(c) Hospital or institution: West Baltimore Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1804 W. Mosher St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James R Schaffer (James Robert Schaeffer) Lohmeyer

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.): Dec 31 1944

8. AGE: Years: 1 | Months: 4 | Days: 13 | If less than one day: hr. XXXXX min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Mildred Abbott
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mrs. Clara Craig
(b) Address: 4 Irving Place (Pikesville, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/46 (month) (day) (year)
(c) Cemetery or crematory: Parkwood
Location: Taylor Avenue

18 (a) Funeral director: George J. Ruth, Inc.
(b) Address: 1735 Harford Avenue

19 (a) Registrar: Huntington Williams, M.D.

MAY 15 1946

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14 1946, at 8:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-10 1946 to 5-14 1946 and that I last saw h(im) alive on 5-14 1946

Immediate cause of death: Respiratory Paralysis — Duration

Due to: Bacillary Dysentery

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Benjamin Berdinsky, M.D.

Address: West Balto 2nd Hosp Date signed 5/14/46

X

G40376 ✓ G40376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1643 Cliftview
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1643 Cliftview
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest S. Moberly

3 (b) If veteran, name war: Spanish American
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Alice G. Anderson
6 (c) If alive, give age D years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1871

8. AGE: Years	Months	Days	If less than one day
74	7	5	####hr. ####min.

9. Birthplace Frederick, Maryland
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Gas & Elictric Co.

FATHER
12. Name William L. Moberly
13. Birthplace Frederick Maryland

MOTHER
14. Maiden Name Mary Ellen Albaugh
15. Birthplace Frederick, Maryland

16 (a) Informant Mrs. Lillian Keenan
(b) Address 1643 Cliftview Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/46 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Avenue

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) (Date received by registrar) (b) Registrar

MAY 15 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13th., 1946, at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1946 to May 13 1946 and that I last saw h[illegible] alive on May 13 1946

Immediate cause of death: Cerebral Thrombosis — Duration 5 days
Due to: Arteriosclerosis — Duration [illegible]
Due to: Cerebral arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Stromyer M.D.
Address 1402 E. Lanvale St. Date signed 5-17-46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

X

G40277 ✓ G40277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 823a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 409 Eutaw Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James L. Scroggs ~~James~~ ~~Scroggs~~.

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 217-03-3440

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Martha McIntire
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) March 7th, 1894

8. AGE: Years	Months	Days	If less than one day
52	2	7	######## hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Huckster
11. Industry or business

FATHER
12. Name William T. Scroggs
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Emma Fowler
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Mary E. Vinup
(b) Address 1618 Eareckson Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Avenue

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) 1946 (Date) (b) Signature of registrar [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14th 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/9/1946 to 5/14/1946 and that I last saw him alive on 5/14/1946.

Immediate cause of death	Duration
Respiratory failure	
Due to Cerebral hemorrhage. (right)	5 days
Due to Hypertension	
Other Conditions Left hemiplegia	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. E. Forsaith M.D.
Address Maryland General Hospital Date signed 5/14/46

Correct age is especially important.—Physicians: please write the causes of death clearly and legibly.

VS 190

X

G40278

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937 Registered No. B40278

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 211 Light St.
(c) Hospital or institution: South Balto. Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11½ days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7815 Philadelphia Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Lena Seward

3 (b) If veteran, name war

3 (c) Social Security Account No. X

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/1/1858

8. AGE: Years	Months	Days	If less than one day
87 ~~yrs~~	6	14	hr. min.

9. Birthplace Baltimore (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Fredk Quarangeau
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Kellerman
15. Birthplace Germany

16 (a) Informant Mrs Geo F Scheeler
(b) Address 7815 Phila Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/46 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Lanahan Funeral Home
(b) Address 7401 Belair Road

19 (a) 5 15 1946 (Date) (b) Filed by reg. Washington Millimore M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-15 1946 at 1:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-14 1946 to 5-15 1946; and that I last saw her alive on 5-15 1946.

Immediate cause of death	Duration
Cerebral Thrombosis	
Due to Arteriosclerotic cardio-vascular disease.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J Russell Millimore M.D.
Address 1211 Light St. Date signed 5-15-46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 190

G40279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G40279

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4816 Park Heights Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4816 Park Heights Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LILLIE M. KIRBY

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: O. Norfolk Kirby
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18, 1861

8. AGE: Years	Months	Days	If less than one day
85	1	27	hr. min.

9. Birthplace Washington, D. C.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Bernard Donnelly
13. Birthplace Maryland

MOTHER
14. Maiden Name Virginia Fleury
15. Birthplace Washington D. C.

16 (a) Informant Mrs. R. L. Ward
(b) Address 4816 Park Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17,46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St Paul Street

MAY 16 1946 (Date rec'd by registrar) [signature]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1946 at 6.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-6 1946, to May 15 1946 and that I last saw her alive on May 14 1946.

Immediate cause of death Hemorrhage of Brain — Duration

Due to Phlebitis of R. Leg

Due to Emboli in lung & Brain

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. H. Phillips M. D.
Address 1939 Edmondson Ave Date signed 5-15-46

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640280 ✓ 640280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 208 S Conkling
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 208 S Conkling
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amelia Lang

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Conrad Lang.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jul 26-1878

8. AGE: Years	Months	Days	If less than one day
67	9	19	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business At home

FATHER
12. Name Christian Lang
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Lehman
15. Birthplace Germany

16 (a) Informant Conrad Lang.
(b) Address 208 S Conkling

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17 (month) (day) 46 (year)
(c) Cemetery or crematory St Matthews Cem City
Location

18 (a) Funeral director Wilmot Emmert Howard
(b) Address 2008 Orleans

19 MAY 16 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1946 at 12 40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-12-1939 to 5-14-1946, and that I last saw h[illegible] alive on 5-14-1946.

Immediate cause of death: Carcinoma of Cervix — Duration: 1 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John Constantine M.D.
Address 234 S. Conkling Date signed 5-15-46

VS 150

X

G40281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G40281

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2233 Hennessy Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 1/4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2233 Hennessy Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jerome Krechner

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Janette Krechner

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Apr 27 - 1886

8. AGE: Years 60 | Months - | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Janitor Rustless Steel
11. Industry or business

FATHER
12. Name Frank Krechner
13. Birthplace Germany

MOTHER
14. Maiden Name Julia Seidel
15. Birthplace Germany

16 (a) Informant Mrs Janette Krechner
(b) Address 2233 Hennessy Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem Co
Location City

18 (a) Funeral director Elliott Funeral Home
(b) Address 2108 Orleans St

19 MAY 16 1946 (b) Huntington Williams M.D. (Registered by)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14th 1946, at 9:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1946 to May 14 1946, and that I last saw him alive on May 13 1946

Immediate cause of death
Hypertension
Due to Cardiovascular Renal
Due to
Other Conditions

Duration: Jan 1-46

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Reddington M. D.
Address 20 Mitten Date signed May 16 46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

640282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 E

Registered No. 640282

Connect age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution:
US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 days
(e) Length of stay in Baltimore (yrs., mos., or days) 36 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Philadelphia
(If outside city or town limits, write RURAL and give town)
(d) Street No. 211 Walnut St.
(If rural give location)
(e) Citizen of foreign country? Y (Yes or No)
If yes, name country

3 (a) FULL NAME
Perpetua, Vincent

3 (b) If veteran, name war

3 (c) Social Security Account No. 164-16-0438

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Filipino	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 11, 1896

8. AGE: Years	Months	Days	If less than one day
49	5	4	hr. min.

9. Birthplace Cebu, PI
(Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Seafarer

FATHER
12. Name Leona Perpetua
13. Birthplace P.I.

MOTHER
14. Maiden Name Darpa ?
15. Birthplace P.I.

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) removal (b) Date thereof 5 16 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Colma, Penna.

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St.

MAY 16 1946
(a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1946, at 8:29 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 9 1946, to May 15 1946, and that I last saw him alive on May 15 1946.

Immediate cause of death Adeno-carcinoma of colon with metastasis to peritonium and liver — Duration 3 yrs

Due to

Due to

Other Conditions Cirrhosis of the liver
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John L. Wilson
Address U. S. Marine Hosp. M. D.
Date signed 5-15-46

VS 150

G40283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

G40283

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — City Harbor
(b) Street address — 700 Flint St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) — LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State — Md. (b) County — BALTO.
(c) City or town — Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. — 516 S. Wolfe Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME — Daniel Kutsiak

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	WIDOWER

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — SEPT. 1878

8. AGE: Years	Months	Days	If less than one day
67 68	8		hr. min.

9. Birthplace — BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation — GRAVE DIGGER

11. Industry or business — GREENMOUNT CEM.

FATHER
12. Name — UNKNOWN
13. Birthplace — UNKNOWN

MOTHER
14. Maiden Name — UNKNOWN
15. Birthplace — UNKNOWN

16 (a) Informant — WALTER KUTRIK (GRANDSON)
(b) Address — 3517 CHESTERFIELD AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof — MAY 16/46 (month) (day) (year)
(c) Cemetery or crematory — OAK LAWN
Location — EASTERN AVE. EXT.

18 (a) Funeral director — Tilly & Zeiler Inc.
(b) Address — 403 S. WOLFE ST.

19 (a) MAY 16 1946 (Date received by registrar) — Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH — 5-13- 1946, at 9:30 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH — Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-13- at 2616 A.M.
(b) Where did injury occur? City Harbor, foot of Clinton St.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury? Found drowned

Signature — Howard J. Madison M.D.
Medical Examiner.
Date signed 5-16-46

VS 151

X

G10284 G10284

490197.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1218

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 7
(d) Length of stay in hospital or inst. (yrs., mos., or days) LIFE
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County BALTO.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 528 N. Kenwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph J Kubin

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	213 07 9772

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) 8-28-94 1891

8. AGE: Years	Months	Days	If less than one day
54	8	15 17	hr. min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business SPARROWS POINT

FATHER
12. Name John Kubin
13. Birthplace Germany.

MOTHER
14. Maiden Name Barbara Kuisic
15. Birthplace Germany.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 17/46 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN CEM.
Location EASTERN AVE. EXT.
18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S. WOLFE ST.
19 (a) MAY 20 1946 (b) Registrar

MEDICAL CERTIFICATION A

20. DATE OF DEATH May 14 1946 at 2 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1946 to May 14 1946 and that I last saw him alive on May 14 1946.

Immediate cause of death	Duration
Azotemia	7 days
Due to Chronic glomerulo-Nephritis	7 yrs
Due to	
Other Conditions Hypertensive Cardiovascular Disease (Include pregnancy within 3 months of death)	6 mo's

Date of operation
Major findings of operation None
of autopsy As Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work)
(Specify type of place)
(e) Means of injury

23. Signature Eugene Meyer M. D.
Address Johns Hopkins Hosp Date signed May 14 1946

VS 150

X

640285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. 640285

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 709 West North Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 709 West North Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George W. Devine

3 (b) If veteran, name war	3 (c) Social Security Account No.
World #1	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Jennie V. Devine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/11/1889

8. AGE: Years	Months	Days	If less than one day
56	5	4	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Police Chauffeur
11. Industry or business Balto Police Dept.

FATHER
12. Name Mitchell Devine
13. Birthplace N. Y.

MOTHER
14. Maiden Name Catherine Fitzpatrick
15. Birthplace Balto. Md.

16 (a) Informant Mrs Jennie V. Devine
(b) Address 709 W. North Ave

17 (a) Burial (b) Date thereof 5/18/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Natl
Location Baltimore Md.

18 (a) Funeral director Wm J. Tickner & Sons
(b) Address North & Pa Ave

19 (a) MAY 16 1946 Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/15/46 19 , at 2:30 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
(Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Coronary Occlusion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Dawn, M.D.
Medical Examiner.
Date signed 5/15/46

VS 151

G40286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G40286
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1921 W Lafayette Ave. 17
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CARRIE IRENE MOORE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Henry Clay Moore, Sr
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1875

8. AGE: Years	Months	Days	If less than one day
71	3	13	hr. min.

9. Birthplace Maryland (Balto.)
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name William Turtle
13. Birthplace Md (Carroll Co.)

MOTHER
14. Maiden Name Barbara Swatzborugh
15. Birthplace Md (Carroll Co.

16 (a) Informant Mr. H. Clay Moore
(b) Address 1543 Windemere Ave.

17 (a) Burial (b) Date thereof 5/18/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

MAY 16 1946 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1946 at 2:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-9 1946 to 5-15 1946 and that I last saw her alive on May 15 1946

Immediate cause of death	Duration
(a) Diabetes Mellitus contributed; (b) Coronary thrombosis (c) Arterio Sclerotic Cardio-Vascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. Doreen Clark, M.D.
Address University Hospital Date signed 5-15-46

VS 150

X

G-0287 · SEGUIN

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. G-0287

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Gen. 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ m.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 343 S. Monroe (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ida C. Seguin

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: F | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~: Wm. A Seguin
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 10/2/1863

8. AGE: Years 82 | Months 7 | Days ____ | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore South Carolina (Town, county and state)

10. Usual Occupation H. Wife

11. Industry or business

FATHER
12. Name ? Cooper
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant West Baltimore
(b) Address Gen. Hosp.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/46 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director Wm. J. Trickett & Son
(b) Address North & Pa Ave.

19 MAY 16 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1946, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 25 Nov 1945 to 14 May 1946, and that I last saw her alive on 11 May 1946

Immediate cause of death: Cardiac failure — Duration

Due to: Pulmonary embolism

Due to: Fracture of left femur (intracapsular)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 28-3
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 26 Nov. 45 11:00 A M
(c) Where did injury occur? Balt. Balt. Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street (Specify type of place) While at work? No
(e) Means of injury Fell from moving car

23. Signature Carl J. Seguin
Address West Balto. Gen. Date signed 14th May

O.K. Wm. J. Helfrich - Med Exam'r 5/16/46

VS 150

G40288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G40288 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2241 Brunt St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) Country
City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2241 Brunt St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lewis Thornton

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	W

6 (b) Name of husband or wife Patsy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1876

8. AGE: Years	Months	Days	If less than one day hr.	min.
69	7			

9. Birthplace None (Town, county, and state)
10. Usual Occupation Caroline Co. Va
11. Industry or business

FATHER
12. Name Nelson Thornton
13. Birthplace Va

MOTHER
14. Maiden Name Betsy
15. Birthplace Va.

16 (a) Informant Margaret Thornton
(b) Address 2240 Brunt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/46 (month) (day) (year)
(c) Cemetery or crematory Caroline Co. Va
Location Virginia

18 (a) Funeral director Wm. H. Kelson
(b) Address 1303 Presstman St.

MAY 16 1946
(a) (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14 1946, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-14 1946 to 5-14 1946 and that I last saw h— alive on 5-14 1946.

Immediate cause of death
(a) Coronary Occlusion
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
1 Day

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature B. F. Hatcher M. D.
Address 1725 Pe Ave Date signed 5/16/46

VS 180

Huntington Williams, M.D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. G40289

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1843 Lorman St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1843 Lorman Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE ALBERT SUMMERVILLE

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M

6 (b) Name of husband or wife Estella
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 12 1893

8. AGE: Years	Months	Days	If less than one day
50	9	3	hr. min.

9. Birthplace md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Frank Summerville
13. Birthplace md

MOTHER
14. Maiden Name Loupie Laurence
15. Birthplace md

16 (a) Informant Estella Summerville
(b) Address 1843 Lorman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location md

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Pennsylvania Ave

19 (a) MAY 16 1946 (Date rec'd by registrar) 1946 Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/16/46 19 , at M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Pulmonary Hemorrhage
Due to Pulmonary Tuberculosis
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Davis M.D.
Medical Examiner.
Date signed 5/15/46

G40290

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G40290
Registered No.

CERTIFICATE OF DEATH 93E

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3346 Belvedere Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Philadelphia
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7166 MONTAGUE ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elyza Jane Sager

3 (b) If veteran, name war W — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1880

8. AGE: Years	Months	Days	If less than one day
66	7	21	hr. min.

9. Birthplace Philadelphia Pa.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Harry Sager
13. Birthplace Philadelphia Pa.

MOTHER
14. Maiden Name Sarah Cope
15. Birthplace England

16 (a) Informant Sarah Hubert
(b) Address 3346 Belvedere Ave.

17 (a) Funeral (b) Date thereof 5/16/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oakland
Location Philadelphia Pa

18 (a) Funeral director Tilton & Foster
(b) Address 1319 Pine St

19 (a) (b)
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1946, at 4:44 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1946 to May 16 1946, and that I last saw ~~him~~ her alive on May 14 1946.

Immediate cause of death Ex Exhaustion — Duration 6 Mos
Due to Myocarditis
Due to Malnutrition (INANITION)
Other Conditions Senility

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward J Wells
Address 5276 Park Heights Ave Date signed May 16 46

Hunting for Mother's Name

VS 150

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40691 ✓ G40691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2335 Anoka Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2335 Anoka Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dorah Berman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Benjamin
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1898
8. AGE: Years 48 | Months | Days | If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business,

FATHER
12. Name Julius Yavner
13. Birthplace Russia

MOTHER
14. Maiden Name Flora Salisbroy
15. Birthplace Russia

16 (a) Informant Benj. Berman
(b) Address 2335 Anoka Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-46 (month) (day) (year)
(c) Cemetery or crematory Shaarei Tfiloh
Location Windsor Mill Rd
18 (a) Funeral director Poor Levin Inc
(b) Address 1739 E. Balto. St

MAY 16 1946 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16-1946 at 2 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 19 46 to 5/16 19 46, and that I last saw h[illegible] alive on 5/15 19 46

Immediate cause of death: Adenocarcinoma of stomach — Duration: 6 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: adenocarcinoma
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature
Address 2904 Reisterstown Rd Date signed 5/16/46

VS 150

X

G10,092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a ✓

Registered No. G10,092

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3606 Park Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 ✓
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3606 Park Heights Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Kessler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Jacob

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 64 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Harry
13. Birthplace Russia

MOTHER
14. Maiden Name Ida
15. Birthplace Russia

16 (a) Informant RL Hankin
(b) Address 3606 PK. Hgts. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-46 (month) (day) (year)
(c) Cemetery or crematory Lindale
Location Phil. Rd.

18 (a) Funeral director Jack Levins Inc
(b) Address 1139 E. Balto. St

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 16 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-15- 1946, at 4:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1943 19 to 5/15 1946.
and that I last saw h alive on 5/15 1946.

Immediate cause of death acute coronary thrombosis — Duration 2 hrs.

Due to coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address 3904 Reservoir Rd Date signed 5/16/46

X

G40293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51B Registered No. G40293

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1725 Linden Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Siegfried Neuberger

3 (b) If veteran, name war

(c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife Hannah Neuberger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1859

8. AGE: Years 86 | Months 7 | Days 7 | If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state or foreign country)

10. Usual Occupation Retired ?

11. Industry or business

FATHER
12. Name Maier Neuberger,
13. Birthplace Germany

MOTHER
14. Maiden Name Babette Rauheker,
15. Birthplace Germany

16 (a) Informant Mrs. Max Neuberger,
(b) Address 1725 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/46 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Abrid Sonnheim & Son
(b) Address 1900 Eutaw Place

(a) MAY 16 1946 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1946 at 10:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1946 to May 15 1946, and that I last saw h~~im~~ alive on May 15 1946.

Immediate cause of death: Bronchopneumonia — Duration

Due to: Carcinoma of Rectum

Due to:

Other Conditions: Arteriosclerotic heart disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward J. Weltman M. D.
Address Sinai Hospital Date signed 5-15-46

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 640294

640294 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2607 Ridgely Street
(If rural give location)
(e) Citizen of foreign country? Mt Winans (Yes or No)
If yes, name country

3 (a) FULL NAME John Henry Blackburn

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Ethel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17 1887

8. AGE: Years	Months	Days	If less than one day
58	11	28	hr. min.

9. Birthplace Mt. Winans, Md.
(Town, county, and state)

10. Usual Occupation Laborer (general)

11. Industry or business

FATHER
12. Name John Blackburn
13. Birthplace Essex Co. Va.

MOTHER
14. Maiden Name Martha Harmar
15. Birthplace Essex Co., Va.

16 (a) Informant Ethel Blackburn (wife)
(b) Address 2607 Ridgely St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 3224 Schroeder St.

19 (a) MAY 16 1946 (Date received by local registrar)
(b) Huntington Ave Baltimore Md

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-14-1946, at 3 P.M

21. I certify that I took charge of the remains described above, held an Autopsy - Inquest thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cardio-vascular Renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mendelsohn M.D.
Medical Examiner.
Date signed 5-15-46

G40295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G40295 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address /
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town, write RURAL and give town)
(d) Street No. 830 E. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Hampton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16th 1946 (month) (day) (year)
(c) Cemetery or crematory
Location Levy Haute Lynd

18 (a) Funeral director Leo D. Cook
(b) Address 1701-03 N. Patterson Park Ave.

MAY 16 1946 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/15/46 19..., at 2:26 AM

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Davis M.D.
Medical Examiner.
Date signed 5/13/46

VS 151

G40296

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

97

Registered No. G40296

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 222 Calvin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thornton Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/27/15

8. AGE: Years	Months	Days	If less than one day
31	-	17	hr. min.

9. Birthplace Richmond, Va (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Taylor
13. Birthplace Va

MOTHER
14. Maiden Name Mary Shelton
15. Birthplace Va.

16 (a) Informant James A. Taylor
(b) Address 1372 McElderry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/46 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location

18 (a) Funeral director Elroy C. Wilson
(b) Address 1000 Brantly Ave

19 (a) (Date received by Local Registrar) MAY 16 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14, 1946 at 2:55 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerosis of post tibial artery, thrombosis femoral v. Clin + inferior vena cava.

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Greene M.D. Medical Examiner.
Date signed 5-14-46

VS 151

X

G10297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G10297

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Caroline
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1619 S. Hanover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jacob Otter

3 (b) If veteran, name war
3 (c) Social Security Account No. 215-01-7174

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	MARRIED

6 (b) Name of husband or wife CARRIE OTTER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 31, 1885

8. AGE: Years	Months	Days	If less than one day
60	9	16	hr. min.

9. Birthplace BALTIMORE, MARYLAND (Town, county, and state)
10. Usual Occupation WATCHMAN
11. Industry or business MARTIEN CO.

FATHER
12. Name JOHN OTTER
13. Birthplace BALTIMORE MD.

MOTHER
14. Maiden Name —— HENKEL
15. Birthplace BALTIMORE, MD.

16 (a) Informant CARRIE OTTER
(b) Address 1619 HANOVER ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/20/46 (month) (day) (year)
(c) Cemetery or crematory LORRAINE PARK
Location WOODLAWN, MD.

18 (a) Funeral director JOHN F. DENNY, INC
(b) 765 W. Lafayette Ave (Address) Baltimore, Md.

19 (a) MAY 16 1946 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1946, at 6:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1 1946, to 5/10 1946, and that I last saw him alive on 5/15 1946.

Immediate cause of death	Duration
Cerebral Hemorrage	
Due to Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
I Signature Richard A. Young
Address St. Josephs Hosp. Date signed 5/20/46 M. D.

VS 150

640298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. 640298

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2724 Winchester St.
(c) Hospital or institution:

16

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2724 Winchester St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katie Hahn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles D. Hahn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 8, 1860

8. AGE: Years	Months	Days	If less than one day
85	7	6	hr. min.

9. Birthplace Rahway, N. J.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name George Helmstradter
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth M. Breuning
15. Birthplace Germany

16 (a) Informant Mr. George Hofmann
(b) Address 2719 Riggs Ave.

17 (a) Burial (b) Date thereof May 17, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Md.

18 (a) Funeral director Miller Lamborn
(b) Address 4510 Liberty Heights Ave.

19 MAY 16 1946 (b) Huntington Williams, M.D.
(Date Rec'd, 1946) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1946, at 11.50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 22 1945 to May 14 1946, and that I last saw her alive on May 13 1946.

Immediate cause of death Terminal Pneumonia

Due to Arteriosclerosis / Hypertensive Cardiovascular disease — 25 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy

Duration — days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph Zurhorst M.D.
Address 2618 Eutaw Place Date signed 5/15/46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640299 ✓ 640299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5019 Williston St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 5-1-16

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5019 Williston St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Emma Maria Reed.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-25-1877

8. AGE: Years	Months	Days	If less than one day
69	0	21	hr. min.

9. Birthplace Atglen Pa. (Town, county and state)
10. Usual Occupation House wife
11. Industry or business at home

FATHER
12. Name John A. Dennis
13. Birthplace Lancaster Co. Pa.

MOTHER
14. Maiden Name Clara Maria Wise
15. Birthplace Lancaster Co. Pa.

16 (a) Informant David W. Lehman
(b) Address 5019 Williston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-46 (month) (day) (year)
(c) Cemetery or crematory Atglen Cem.
Location Atglen Pa.

18 (a) Funeral director E. Willis Longereau
(b) Address 4510 Liberty Hgts. Ave

19 (a) MAY 16 1946 registered (b) Huntington Williams, Md. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 16 1946 at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 27 1946. to May 16 1946.; and that I last saw her alive on May 13 1946.

Immediate cause of death: Cerebral Hemorrhage.
Due to: High Blood Pressure.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration: 49 days. / years.

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. Lloyd Johnson M. D.
Address Ledmonville Date signed

X May 16 46

G40300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G40300 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3008 W. Lanvale St.
(c) Hospital or institution: ✓ 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3008 W Lanvale St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph L. Reilly.

3 (b) If veteran, name war ✓
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White. | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Mary Mason Reilly
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 3/18/1892

8. AGE: Years 54 | Months 1 | Days 27. | If less than one day hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Clerk.
11. Industry or business Sattler Co.

FATHER
12. Name Cornelius Reilly
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary C. Gilboy.
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Mary G Reilly
(b) Address 3008 W Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Road

18 (a) Funeral director John J Gowan & Son
(b) Address 201-03 Eastern Ave

19 (Date rec'd by registrar) Jan Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/13/1946 at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 16 1940 to May 13 1946 and that I last saw h[illegible] alive on May 13- 1946

Immediate cause of death Cerebral apoplexy — Duration 3 days
Due to Arteriosclerosis — 7 yrs.
Due to Chr. Nephritis — 7 yrs.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. J. McDermott M. D.
Address 1136 Poplar Grove St Date signed 5/16/46

VS 150

X

The age is especially important. Physicians: please write the causes of death clearly and legibly.

G40301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

G40301 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hosp. 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1800 Blk. North Avenue (If no No. give location)
(e) Citizen of foreign country? W (Yes or No)
If yes, name country

3 (a) FULL NAME Cora A. Martin

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20, 1915

8. AGE: Years	Months	Days	If less than one day
31	1	25	hr. min.

9. Birthplace Patrick Co Va
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Calvert Martin
13. Birthplace Va

MOTHER 14. Maiden Name Lida Cox Nichols
15. Birthplace Va

16 (a) Informant Lola Funeral Home
(b) Address Roanoke Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/46 (month) (day) (year)
(c) Cemetery or crematory Roanoke
Location Roanoke Va

18 (a) Funeral director Fulton Cox Co
(b) Address 1217 Cook St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 151 1948

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15, 1946, at 7 15 P. M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bullet wounds of thoracic organs.

Due to

Other Conditions Bullet wound of arm.

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-15-46 at 7 P. M.
(b) Where did injury occur 1500 Penna. Ave. Penn-Mar Restaurant
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? No
(d) Means of injury Shot with revolver

23. Signature Homer J. Maddox M.D.
Medical Examiner.
Date signed 5-16-46

G30302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G30302 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 927 Hubbard Alley
(c) Hospital or institution:
10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 927 Hubbard Alley
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Nesby NESBY

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 17 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 17 1946 (Date rec'd by registrar) (Signature) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-3-1946, at 11 A. M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-vascular Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 5-3-46

VS 151

5503

G40303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G40303

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2727 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARTIN McDERMOTT

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 17 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 17 1946 (Date rec'd by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/14/46 19 , at 1:20 P M

21. I certify that I took charge of the remains described above, held an Inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Coronary Occlusion
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R Divers M.D.
Medical Examiner.
Date signed 5/15/46

VS 151

3505

G40.304 mer

HEALTH DEPARTMENT—CITY OF BALTIMORE G40.304

157E

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4427 Buena Vista St.) (Ward) 15

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U.S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Infant Thurgart

(a) Residence: No. 4427 Buena Vista St. Ward ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/12/46

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~3 hrs~~			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Father Thurgart

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Betty Lancius

16. BIRTHPLACE (city or town) (State or country) Elizabeth N.J.

17. INFORMANT Betty Thurgart
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place PUBLIC CEMETERY MAY 17 1946

19. UNDERTAKER Commissioner of Health
(Address)

20. MAY 17 1946 Thurlington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/12, 1946

22. I HEREBY CERTIFY, That I attended deceased from 5/12, 1946 to ..., 19...

I last saw h... alive on ..., 19... death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
"Blue baby"	
Closure incomplete	3 hrs
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M.D.

(Address) 20 Roll Place

G40305 BCH G37611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

G40305 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital 76
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mos, 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 908 L. Bundy Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jean Mc Greevy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/5/45

8. AGE: Years	Months	Days	If less than one day
	5	6	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Baby

11. Industry or business

FATHER
12. Name Ray Webster
13. Birthplace Baltimore

MOTHER
14. Maiden Name Jean Mc Greevy
15. Birthplace Baltimore

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY MAY 17 1946
Commissioner of Health

18 (a) Funeral director
(b) Address

MAY 17 1946 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1946, at 8½ a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 9 1946, to May 11 1946, and that I last saw her alive on May 11 1946.

Immediate cause of death Respiratory failure — Duration 6 hrs

Due to Diarrhea — 21 days

Due to

Other Conditions Chronic Malnutrition — 5 mos.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Hemorrhages in intestine

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mary Raymond Shelton, M. D.
Address Union Memorial Hospital Approved 5/14/46

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 0306 Birth Ct. BALTIMORE CITY HEALTH DEPARTMENT G 30306
D 46692 CERTIFICATE OF DEATH 161a Registration No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1426 N. Parrish Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1426 N. Parrish Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Hicks

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 5/2/46

8. AGE: Years	Months	Days	If less than one day
		5	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY MAY 17 1946
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) MAY 17 1946 (b) Huntington Hilligus, MD
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-8-1946, at 4 A M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Atelectasis Neonatorum

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Malpass M.D.
Medical Examiner.
Date signed 5-8-46

VS 151

G40307 ✓ G40307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 12 1a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2034 Mc Culloh
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Allegany
(c) City or town Cumberland-Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. [illegible]
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hattie R. Harper

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widow

6 (b) Name of husband or wife James A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1866

8. AGE: Years	Months	Days	If less than one day
80	3	25	hr. min.

9. Birthplace Cumberland Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business Domestic

FATHER
12. Name Hannah Harper
13. Birthplace Md.

MOTHER
14. Maiden Name Dafney Bates
15. Birthplace Md.

16 (a) Informant Florence Harper Daughter
(b) Address 1849 Eat. St. - N.W. - Wash. D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-46 (month) (day) (year)
(c) Cemetery or crematory Rose Hill Cem
Location Cumberland Md.

18 (a) Funeral director Samuel W. Chase & Son
(b) Address 638 N. Gilmor St.

19 (a) 5-16-1946 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1946, at 8:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-8 1946, to 5-14 1946, and that I last saw her alive on 5-14 1946.

Immediate cause of death	Duration
Hypertension	
Cardio Vascular	
Due to Renal Disease	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. F. Butler M. D.
Address 2037 Linden Ave Date signed 5-16-46

VS 3

- 2 -

X

G40308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G40308 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 825 W. 34th St
(c) Hospital or institution: 13 6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 825 W. 34th St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Sadie May Coven

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Oscar Lee Coven

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 21, 1890

8. AGE: Years 55 | Months 11 | Days 23 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Morgan
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Martha Enson
15. Birthplace Balto. Co., Md.

16 (a) Informant Mrs. Eleanor Harding
(b) Address 825 W. 34th. Balto, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16 1946 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem
Location Pikesville, Md.

18 (a) Funeral director Sandow M. Rudolph
(b) Address Govans, Md.

MAY 17 1946 (Date rec'd by registrar) (Signature) for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1946 at 8:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1945 to May 14 1946 and that I last saw her alive on May 14 1946.

Immediate cause of death Cerebral Hemorrhage — Duration 10 mnts.
Due to Cardio Vascular Renal — 5 yrs.
Due to Hypertension 30/90 — 5 yrs.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Wilson M. D.
Address 202 S. Paul St. Date signed May 15 1946

VS 180

Please write the causes of death clearly and legibly.

G40309 a47838 BCH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 45276 1194 G40309

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Darlington
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Cullen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months: 1 | Days | If less than one day: hr. min.

9. Birthplace: Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name: Hoyt Cullen
13. Birthplace: Md.

MOTHER 14. Maiden Name: Rachel Wadsworth
15. Birthplace: Ill.-

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation or removal) (b) Date thereof May 18, 1946 (month) (day) (year)
(c) Cemetery or crematory: Darlington, Md.
Location: Harford Co. Md.

18 (a) Funeral director: H. S. Bailey
(b) Address: Darlington, Md.

19 (a) (Date received by registrar) (b) [illegible] Registrar, M. D.

MAY 14 1946

VS 150

MEDICAL CERTIFICATION 45

20. DATE OF DEATH May 16 1946 at 10 a M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1946 to May 16 1946 and that I last saw him alive on May 16 1946

Immediate cause of death: Septicemia, with a gram negative rod.
Due to: Enteric infection
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Frank W. Kibbe M. D.
Address: Johns Hopkins Hosp. Date signed: 5/16/46

G40310 Hurt ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55 B

Registered No. G40310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: Levin Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1438 Union Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mamie F. Hurt

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Lewis R. Hurt
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Aug 12, 1892

8. AGE: Years	Months	Days	If less than one day: hr.	min.
53	9	3		

9. Birthplace West Virginia (Town, county, and state)
10. Usual Occupation Mill Hand
11. Industry or business Mt. Vernon Mills

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Lewis R. Hurt
(b) Address 1438 Union Ave

17 (a) ~~Interment~~ (Burial, cremation or removal) (b) Date thereof May 17/46 (month) (day) (year)
(c) ~~Cemetery or crematory~~ Lynchburg Va
Location

18 (a) Funeral director Thomas F. Donovan
(b) Address 3615-17 Chestnut Ave

19 (a) MAY 17 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/15 1946 at 9:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/27 1946 to 5/15 1946 and that I last saw her alive on 5/15 1946.

Immediate cause of death	Duration
Cachexia	2 weeks
Due to Osteogenic sarcoma with metastases	3 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy Osteogenic sarcoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert Chesnin
Address Levin Hospital Date signed 5/15/46 M.D.

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Use typewriter if convenient.

G40311 G40311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 309 Dolphin Street
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Blanche Roberts

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years 44 | Months | Days | If less than one day: hr. min.

9. Birthplace Brooklyn N.Y. (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business Own Home

FATHER
12. Name Unknown
13. Birthplace England

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Ernest Simone
(b) Address 309 Dolphin St.

17 (a) Burial (Burial, ~~cremation or removal~~) (b) Date thereof 5/17/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St

19 (a) MAY 17 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15, 1946, at 9 40 P.M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑ homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH: Carbon Monoxide Poisoning - Accidental

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-15- at ? M.
(b) Where did injury occur? 309 Dolphin Street
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Aspirin & Tablets.

23. Signature Homer J. Baldwin M.D. (Medical Examiner)
Date signed 5-16-46

VS 151

X

640312 640312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 77c

Registered No. 14

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town write SUBURB and give town)
(d) Street No. 1205 W. North Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Melvin Sappington

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: none

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): March 13, 1906
8. AGE: Years 40 yr. | Months 2 | Days 2 | If less than one day hr. min.
9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business

FATHER
12. Name: John S. Sappington
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Neama Faulstich
15. Birthplace: Balto Md.

16 (a) Informant: John S Sappington
(b) Address: 1205 W. North Ave

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/18/46 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location: Balto. Md.

18 (a) Funeral director: William Cook Inc
(b) Address: 1217 St. Paul St.

19 MAY 17 1946 (Date received by registrar) Registrar of Vital Statistics, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/15/46 19 , at 1:15 AM

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Acute alcoholism

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R Davis M.D. (Medical Examiner)
Date signed 5/15/46

VS 151

G40513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G40513

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2503 Oakley ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elmer Leroy Seward

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Mildred B. Seward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 19 1894

8. AGE: Years	Months	Days	If less than one day
51	5	27	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Commission Merchant
11. Industry or business Own

MOTHER FATHER

12. Name John H. Seward
13. Birthplace Balto. Md.
14. Maiden Name Tobyshine (Unknown)
15. Birthplace Balto. Md.

16 (a) Informant E. LeRoy Seward
(b) Address 4401 Belview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/46 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Lorraine
Location Balto. Co. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St

19 MAY 17 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16-1946, at 3 40 A M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Acute Congestive Cardiac Failure

Due to Coronary Disease and arterio Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mullen M.D.
Medical Examiner.
Date signed 5-16-46

VS 151

G40314 ✓ G40314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1417 W. Fayette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 W. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lawrence J. Blair

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Blair
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Aug 23, 1888

8. AGE: Years	Months	Days	If less than one day
57	8	23	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Clothing cutter
11. Industry or business

FATHER
12. Name William Blair
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Catha Gemmes
15. Birthplace Baltimore

16 (a) Informant Mrs. Mary Blair
(b) Address 1417 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Rural

18 (a) Funeral director Wilson Funeral Home
(b) Address 2005 Eutaw St

19 (a) (Date received by Registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1946 at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1946 to May 16 1946 and that I last saw h[illegible] alive on May 16 1946.

Immediate cause of death Bronchopneumonia
Due to Cerebral Hemorrhage.
Hemiplegia.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
A

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton Lescovich M. D.
Address 1729 W Fayette Date signed May Lescovich 16, 1946

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40315 ✓ G40315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46M

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1639 N Smallwood St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 3

(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1639 N Smallwood St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Isaac Goldstein

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mollie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Russia (Town, county and state)
10. Usual Occupation City Street Cleaning Dept
11. Industry or business

FATHER
12. Name Max Goldstein
13. Birthplace Russia

MOTHER
14. Maiden Name Leah ?
15. Birthplace Russia

16 (a) Informant Cecelia Levy
(b) Address 1639 N Smallwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17, 1946 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale Cem
Location Philadelphia Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 (a) (Date rec'd by registrar) (b) Registrar

VS 1[illegible] 19 1946 Huntington [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1946, at 1 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1945 to May 16, 1946, and that I last saw him alive on May 16, 1946.

Immediate cause of death: Carcinoma of G.I. tract. — Duration: about 1 yr.
Due to —
Due to
Other Conditions: Gall Bladder ? Myocarditis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathaniel Shpritz M.D.
Address 1810 Eutaw Pl Date signed 5/16/46

X

G40.516 ✓ G40.516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1139 Brewer St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1139- Brewer Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie Floyd.

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-20-6976

4 Sex Fem.

5. Color or race Col.

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24 1908

8. AGE: Years 37 Months 4 Days 22 If less than one day hr. min.

9. Birthplace Crewe, N.C.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Oscar Smith
13. Birthplace N.C.

MOTHER
14. Maiden Name Mary Smith
15. Birthplace N.C.

16 (a) Informant Willie Floyd
(b) Address 1139- Brewer St.

17 (a) Burial (b) Date thereof 5-22-46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Greenmount, N.C.
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918- Druid Hill Ave.

19 (a) (b)
(Signature of local registrar) Registrar

MAY 17 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-15- 1946 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1 1946 to 5/15 1946.
and that I last saw h[illegible] alive on 5/15 1946.

Immediate cause of death Carcinoma of Liver

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. W. Kelly M.D.
Address 416 N. [illegible] Date signed 5-17-46

X

G40617 ✓ G40617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 938 N Pine St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 938 N Pine St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Bunger (BRICKHOUSE)

3 (b) If veteran, name war /

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widow

6 (b) Name of husband or wife Joseph Bunger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-15-1890

8. AGE: Years	Months	Days	If less than one day
55	8	7	hr. min.

9. Birthplace Howard Co Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Skinner
13. Birthplace N C.

MOTHER
14. Maiden Name Mary Branson
15. Birthplace Howard Co Md

16 (a) Informant Mary Bunger
(b) Address 700 W Lafayette Ave

17 (a) Burial (b) Date thereof 5 20 46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Lexington

MAY 17 1946
(Registrar's signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16 1946 at 8:44 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-13 1946 to 5-16 1946 and that I last saw h alive on 5-15 1946

Immediate cause of death

	Duration
Cerebral Hemorrhage	
Due to Arteriosclerosis	1 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Atwell Jones M. D.
Address 554 Dolphin St Date signed 5-16-46

VS 150

G40,318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. G30,318

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3311 Walbrook Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-6
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3311 Walbrook Ave., (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mollie D. Tress

3 (b) If veteran, name war --

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Washington Tress
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1855

8. AGE: Years	Months	Days	If less than one day
90	11	18	hr. min.

9. Birthplace Independence, Missouri (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name James Bond
13. Birthplace Missouri

MOTHER
14. Maiden Name Not Known.
15. Birthplace Not Known.

16 (a) Informant Mr. James A. Lisle
(b) Address 3311 Walbrook Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18, 1946 (month) (day) (year)
(c) Cemetery or ~~CREMATORY~~ Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director G. Howard Strong
(b) Address 3207 W. North Ave.,

19 MAY 17 1946 Washington [illegible]

VS. 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16, 1946 at 7:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1 1946 to 5/16 1946 and that I last saw her alive on 5/15 1946.

Immediate cause of death	Duration
Carcinoma of [illegible] according Colon	15
Due to	
Due to	
Other Conditions Arteriosclerotic Cardiac Disease	5 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature E. P. Gabrini
Address 1976 W Built 35 Date signed 5/19/46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. The

G40319 BC # 45608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 737

G40319 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Padwood & Greene Sts

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 211 N. Carrollton (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Washington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1946

8. AGE: Years	Months	Days	If less than one day
	1	30	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Robert Washington

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Catherine Carter

15. Birthplace Balto. Md.

16 (a) Informant Catherine Carter

(b) Address 211 N. Carrollton Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof May 17, 1946 (month) (day) (year)

(c) Cemetery or crematory W. T. Aulkens Cem

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N. Schroeder St

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 17 1946 Huntington Williams, Mgr

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1946 at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1946 to May 16 1946 and that I last saw him alive on May 16 1946

Immediate cause of death Cardiac Respiratory failure

Due to acidosis

Due to Severe anemia

Due to Jaundice

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Milton Rand, M.D.

Address University Hospital Date signed 5/16/46

X

G40520 BC# D37435

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G40520

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkins & Caton Aves
(c) Hospital or Institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 Desota Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis J. Buckmaster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 5, 1945

8. AGE: Years	Months	Days	If less than one day
	5	12	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Clarke
13. Birthplace Md

MOTHER
14. Maiden Name Charlotte Brown
15. Birthplace Md

16 (a) Informant Parents
(b) Address 1714 De Soto Rd

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5/20/46 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Rd.

18 (a) Funeral director Edw Loudon
(b) Address 2359 Wash Blvd

MAY 17 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/17 1946, at 6:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/16 1946, to 5/17 1946, and that I last saw h[illegible] alive on 5/17 1946.

Immediate cause of death: Lobar pneumonia with overwhelming toxemia — Duration

Due to

Due to

Other Conditions Laryngo-tracheo bronchitis (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Wirt Hodges M.D.
Address Date signed

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40.521 B C# 31493 G40.521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 108

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 530 N. Fulton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 530 N. Fulton Ave (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Clinton Tyrone Jenkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

MEDICAL CERTIFICATION

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

20. DATE OF DEATH May 14 1946 at 9.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1946 to May 14 1946. and that I last saw h alive on May 14 1946

Immediate cause of death: Respiratory Failure — Duration: 4 days

Due to: Intra Pulmonary — Duration: 3 days

Due to: Foreign body in Rt Bronchus

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

7. Birth date of deceased (mo., day, yr.) Aug. 23 1945

8. AGE: Years | Months 8 | Days 11 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Clinton Jenkins
13. Birthplace Tyler Va

MOTHER
14. Maiden Name Ruby Cangnon
15. Birthplace Atlanta, Ga.

16 (a) Informant Clinton Jenkins
(b) Address 530 Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17 1946 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mem. Pk.
Location Baltimore Co. Md.

18 (a) Funeral director Rev. George W. Hullard
(b) Address 1601 Druid Hill Ave.

19 (a) MAY 17 1946 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Harding M.D.
Address 222 N. Carolina Ave. Date signed 5-16-46

VS 150

G40.522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G40.522

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital. 70
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 25yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2512 Emerson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John W. Woodland.

3 (b) If veteran, name war none.

3 (c) Social Security Account No.

4. Sex Male. **5. Color or race** White. **6 (a) Single, married, widowed, or divorced.** Married.

6 (b) Name of husband or wife Mary C. Woodland.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17-1887

8. AGE: Years 58 | Months 11 | Days 28 | If less than one day: hr. min.

9. Birthplace Dorchester Co. Md.
(Town, county and state)

10. Usual Occupation Retired Policeman.

11. Industry or business

FATHER
12. Name Levin A. Woodland.
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Johnson.
15. Birthplace Md.

16 (a) Informant Mrs. Mary C. Woodland.
(b) Address 2512 Emerson St.

17 (a) Burial. (b) Date thereof May 18-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Olivet Cem.
Location Baltimore - Md.

18 (a) Funeral director Charles J. Schwab.
(b) Address 505 N. Monroe St.

19 (a) MAY 17 1946 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15th. 1946. at 2.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1943 to May 15 1946 and that I last saw him alive on May 15 1946.

	Duration
Immediate cause of death: Coronary Thrombosis	3 Hrs
Due to: Cardio-Vascular Disease	4 years
Due to:	
Other Conditions: Hypertension	4 Years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eliot W. Johnson M. D.

Address 3432 Madison Ave Date signed

VS 150

Information asked for on this certificate is necessary to establish a record of great value and importance. The age is especially important. Physicians: please write the causes of death clearly and legibly.

G40.323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52B

Registered No. G40.323

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5715 Ridgedale Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 18 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5715 Ridgedale Road (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Elias Naudain

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: May D. Naudain
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Sept 11-1862
8. AGE: Years 83 Months 8 Days 3 If less than one day hr. min.
9. Birthplace Townsend, Delaware (Town, county, and state)
10. Usual Occupation Machine & Industrial Furnace
11. Industry or business Manufacturer

FATHER
12. Name John Wesley Naudain
13. Birthplace Delaware

MOTHER
14. Maiden Name Rachel McCall
15. Birthplace Pennsylvania

16 (a) Informant Miss Ethel Naudain
(b) Address 450 Locust St. Philadelphia

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18-1946 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3231 Falls Road

19 (a) MAY 17 1946 (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1946, at 3-10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 1944 to May 16 1946 and that I last saw h. I Malive on May 16 1946.

Immediate cause of death: Carcinoma Bladder — Duration: 27 Mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. N. Wilson

Address 617 W. 40th St Date signed 5/17/46 M. D.

G40.524 G40.524

BALTIMORE CITY HEALTH DEPARTMENT

AB- 99539

CERTIFICATE OF DEATH

186a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mos-19days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 7021 Dunbar Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine Bekhoff

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife John (D
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15- 1870

8. AGE: Years	Months	Days	If less than one day
75	6	0	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Theodore Freitag (D
13. Birthplace Germany

MOTHER
14. Maiden Name Gertrude Zelmer or Zeimer (D
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem.
Location E. Donnell St.

18 (a) Funeral director John A. Miller
(b) Address 2334 Jefferson St.

19 (a) Washington Williams M.D. (Registrar)

MAY 17 1946

VS 150 To be approved by Medical Examiner

MEDICAL CERTIFICATION AM

20. DATE OF DEATH May 15 1946, at 10.10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-26 1946 to 5-15 1946, and that I last saw h alive on 5-15 1946.

Immediate cause of death: Arteriolar Sclerosis
Renal Kidneys
Due to: Fracture Left Femur, Neck
Due to: Pulmonary Edema
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy: See above

Duration
1 year
3 mons
2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Feb 2 46 at - M
(c) Where did injury occur? Baltimore Maryland (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? no (Specify type of place)
Slipped & fell in floor
(e) Means of injury

23. Signature Rush C. Nutterville M. D.
Address Baltimore City Hosp Date signed 5-16-46
for C. J. Zubrowski by X Howard F. Haddix, M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40.525 BALTIMORE CITY HEALTH DEPARTMENT G40.525

CERTIFICATE OF DEATH 92 B

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 913 Montpelier St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give County)
(d) Street No. 913 Montpelier St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eva M. Waters

3 (b) If veteran, name war no | 3 (c) Social Security Account No. no

4. Sex Female | 5. Color or race Colrd | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Jessa Waters
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7- 1872

8. AGE: Years 73 | Months 8 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name John Zellers
13. Birthplace Germany

MOTHER 14. Maiden Name Mary Wehr
15. Birthplace Baltimore Md

16 (a) Informant Mrs Helen Ahl
(b) Address 913 Montpelier (Druids

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18 46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director J & J Sterrbow
(b) Address 3081 Kentucky ave

19 (a) MAY 17 1946 (b) Huntington W Virginia Mch

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1946 at 6 am M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1946 to May 15 1946 and that I last saw h[illegible] alive on May 14 1946

Immediate cause of death: Bronchopneumonia — Duration 2 d
Due to Mitral Regurgitation Decomp — 7 d
Due to Gall Stones — 14 d
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type if place) While at work?
(e) Means of injury

23. Signature F Fa Stevens

Address 2878 Harford Av Date signed 5-16-46 M. D.

X

G 10,326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 77

Registered No. G10,326

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2411 Maryland Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2411 Maryland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HERSHEY S. CUMMING

3 (b) If veteran, name war None

3 (c) Social Security Account No. 215-10-3253

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21, 1884

8. AGE: Years	Months	Days	If less than one day
61	7	24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business S. S. O. A. B.

FATHER
12. Name Hershey S. Cumming
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Pearce
15. Birthplace Carroll Co., Md.

16 (a) Informant Mrs. Charlotte Cumming
(b) Address 300 W. Penna. Ave., Towson 4, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

MAY 17 1946 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15, 1946 at 7:15A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-12- 1946 to 5-15 1946, and that I last saw him alive on 5-14- 1946

Immediate cause of death: Cerebral thrombosis — Duration: 2 days
Due to: Chronic alcoholism — 4
Due to: Atherosclerosis — ?
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. W. Leonhardt M. D.
Address 901 Eastern Ave Date signed 5/16/46

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G30.527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186 a

Registered No. G30.527

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp. Baltimore Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2312 Callow Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louis Kress

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife (Gertrude) MRS. Louis KRESS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1882

8. AGE: Years	Months	Days	If less than one day
63	10		hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name David Kress
13. Birthplace Poland

MOTHER
14. Maiden Name Cieglej
15. Birthplace Poland

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-46 (month) (day) (year)
(c) Cemetery or crematory United Hebrew Cem
Location Wash Blvd
18 (a) Funeral director Jack Lewis Co
(b) Address 1432 E. Baltimore

19 (a) MAY 17 1946 (Signature of registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16, 1946, at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2, 1946, to May 16, 1946, and that I last saw him alive on May 6, 1946.

Immediate cause of death Pulmonary embolus.

Due to

Due to

Other Conditions Fractured hip, rt.; Diabetes; arteriosclerotic C-V. Dis. (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 13/2
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Jan. 2nd 1946 at 7 M
(c) Where did injury occur? 2312 Callow Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Fell down front steps.

23. Signature Paul B. Tome, M.D.
Address Union Memorial Hosp. Date signed 5/16/46

Howard J. Andersen, M.D.

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

630328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. 630328

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2449 Shirley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2449 Shirley Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Abraham Rosenstein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name unknown

13. Birthplace Poland

MOTHER 14. Maiden Name unknown

15. Birthplace Poland

16 (a) Informant Lena Rosenstein

(b) Address 2449 Shirley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-46 (month) (day) (year)

(c) Cemetery or crematory United Hebrew Cem. Location Wash. Blvd.

18 (a) Funeral director Jack Levine

Address 1429 E. Balto St

MAY 17 1946 (Date rec'd by registrar) Washington Hill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-15-1946 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 to May 15 1946 and that I last saw h alive on May 12, 1946.

Immediate cause of death Myocardial degeneration — Duration 1 wk.

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney D. Levy M. D.

Address 2302 Eastern Ave Date signed 5/16/46

VS 150

X

G40329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. G40329

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2119 E. Balto St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 5
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2119 E. Balto St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES LINSK

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rebecca
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Grocer
11. Industry or business

FATHER	12. Name Tava
	13. Birthplace Russia
MOTHER	14. Maiden Name Celia
	15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17-46 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Old German Hill Rd.
18 (a) Funeral director Jack Lewis Inc.
(b) Address 1432 E. Pratt St.
MAY 17 1946 (Date received by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 46 19 , at 8 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 10 1945 to May-16 1946 and that I last saw him alive on May-16-1946.

Immediate cause of death Carcinoma of liver — Duration
Due to
Due to
Other Conditions Cardio vascular disease (Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Herman Beidel
Address 2404 Entaw Pl Date signed 5/17/46

VS 150

X

C10330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 120a

Registered No. C10330

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 Gough St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) Y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2025 Gough St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marcin Wesolowski

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-4286A

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Me

6 (b) Name of husband or wife Stella

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years About 70 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Grave digging

11. Industry or business Brenmoehr Farm

FATHER
12. Name Thomas Wesolowski
13. Birthplace Poland

MOTHER
14. Maiden Name Jozefa Zrendiela
15. Birthplace Poland

16 (a) Informant Stella Wesolowski
(b) Address 2025 Gough St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 46 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Balto & Co.

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 200 E. Eastern Ave

MAY 17 1946 Registrar for Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1946, at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 9, 1946 to May 16 1946 and that I last saw him alive on May 16 1946.

Immediate cause of death: Diarrhea, chronic - Cause undetermined - producing
Due to malnutrition
Due to
Other Conditions Dermatitis, senile et Psoriasis, cause unknown
(Include pregnancy within 3 months of death)

Duration: 2 years; 20 years

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sigmund R. Novak M. D.
Address 408 S. Patt. Pl. Ave Date signed May 16/1946

VS 150

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640.531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. 640.531

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 102 W. Fort Ave.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (30)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 102 W. Fort Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Grace E. Stahlman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married —

6 (b) Name of husband or wife Tony C. Stahlman
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Feb. 21, 1884

8. AGE: Years	Months	Days	If less than one day
62	2	24	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife —
11. Industry or business —

FATHER
12. Name James A. Grimes
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Amanda Ann Tucker
15. Birthplace Md.

16 (a) Informant Tony C. Stahlman (Husband)
(b) Address 102 W. Fort Ave. Balto. 30, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18, 46 (month) (day) (year)
(c) Cemetery or crematory London Park Cem.
Location Baltimore, Md.

18 (a) Funeral director A. Howard Evans
(b) Address 1400 St. Charles St., Balto. 30, Md.

19 (a) — (b) Huntington Williams, M.D.

MAY 17 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15, 1946 at 11:27 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 26 1946 to 5/15/1946 and that I last saw her alive on 5/14/46 19

Immediate cause of death: Cerebral hemorrhage — Duration: 4 days

Due to —

Due to —

Other Conditions General & cerebral arteriosclerosis. ?
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Henry Leidel
Address 1226 Hanover St Date signed 5/16/46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40.332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193D

Registered No. G40.332

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2517 EDMONDSON AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2517 Ermondso Avd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDGAR C, GOSNELL

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Elizabeth LeMaitre Gosnell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 4.1880

8. AGE: Years	Months	Days	If less than one day
66	2	12	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation reired
11. Industry or business

FATHER
12. Name Moses Gosnell
13. Birthplace Md.

MOTHER
14. Maiden Name Rebecca Clements
15. Birthplace Md

16 (a) Informant Mrs. Dorothy G. Primrose
(b) Address

17 (a) burial (Burial, cremation, or removal) (b) Date thereof May 18.46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location 3801 Frederick Ave.

18 (a) Funeral director John O. Mitchell Home
(b) Address 1700 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 17 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 16 , 1946 19 2.15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1946 to May 16 1946 and that I last saw him alive on May 16 1946

Immediate cause of death Coronary Thrombosis — Duration 3 Days.

Due to Hypertension cardio vascular disease — 4 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gilbert F. Rieleman

Address 6 E Bedelle Ave Date signed 5/17/46 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40.533 BALTIMORE CITY HEALTH DEPARTMENT G40.533

CERTIFICATE OF DEATH 107

Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 132 W. Lafayette av.
(c) Hospital or institution: Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1402 Bolton St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Frances Mitchell Frechiker

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Hans Frechiker
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar. 26, 1854

8. AGE: Years	Months	Days	If less than one day
92	1	20	hr. min.

9. Birthplace Phila.-Penna.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business —

FATHER
12. Name Chas. W. Mitchell
13. Birthplace Phila.-Pa.

MOTHER
14. Maiden Name Anna C. Jackson
15. Birthplace New Castle-Del.

16 (a) Informant Mr. Hans Frechiker, Jr.
(b) Address 1402 Bolton St.-City.

17 (a) Cremation (b) Date thereof 5-18-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto. City

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. WOODEN SUC.) 100 W. NORTH AVENUE

19 (a) MAY 17 1946 Huntington, Williams
(Date received by Registrar) (b)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1945 to May 16 1946 and that I last saw him alive on May 15 1946

Immediate cause of death	Duration
(a) Bronchial Pneumonia	3 days
Due to (b) Senility	
Due to (c)	
Other Conditions	

(Include pregnancy within three months of death)
Date of operation None
Major findings of operations
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M.D.
Address 1402 Bolton St. Signed 5-17

G40534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G40534 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1906 Longwood St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1906 Longwood St
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3 (a) FULL NAME Carrie F. O. Courts

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	W.

6 (b) Name of husband or wife: Harvey J. Courts
6 (c) If alive give age — years

7. Birth date of deceased (mo., day, yr.) Sept 12 - 1872

8. AGE: Years	Months	Days	If less than one day
73	8	3	— hr. — min.

9. Birthplace Garrison - Balto Co - Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name John F. Owings
13. Birthplace Balto County, Md.

MOTHER
14. Maiden Name Lydia Bowersox
15. Birthplace Balto County, Md

16 (a) Informant Mrs. Glenn A. Hollenberry
(b) Address 1906 Longwood St - Balto, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18-1946 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Md.

18 (a) Funeral director Wm. Berryman & Sons
(b) Address Reisterstown, Md.

19 (a) [illegible] (b) Huntington Williams, M.D.
(Signature of local registrar)

MAY 17 1946

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1946 at 9.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 - 1946, to May 15 - 1946 and that I last saw h-er alive on May 15 1946.

Immediate cause of death	Duration
Acute Lobar Pneumonia	2 days
Due to Hypostatic —	—
Due to Arteriosclerosis	5 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isaac E. Dietrich M. D.
Address 3655 W. North ave Date signed May 17-46

G40.535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G40.535 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 212 N Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 212 N Fulton Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME John J Gleason

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24 1870

8. AGE: Years 67 | Months 4 | Days 21 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Thomas Gleason
13. Birthplace Ireland

MOTHER
14. Maiden Name Maria McNamara
15. Birthplace Ireland

16 (a) Informant Mrs Margaret Gleason
(b) Address 212 N Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-18-46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md

18 (a) Funeral director George A Tilley
(b) Address Fulton Ave & Fayette

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 17 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/15/46 19 , at 5 20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/10/38 to 5/15/46 and that I last saw h(im) alive on 5/14/46 19

Immediate cause of death Acute cardiac dilatation

Due to chronic myocarditis

Due to Hypertension Duration 15 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A Adler

Address 4 N. Fulton Date signed M. 5 D. 7/46.

G40.536

AB-15917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G40.536 Registered No.

The items on this certificate should be carefully supplied. Any information on this subject will be appreciated. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12yrs-10mos-27days
(e) Length of stay in Baltimore (yrs., mos., or days) 15yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 N. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Gustie (D

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21- 1865

8. AGE: Years	Months	Days	If less than one day
81	0	23	hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Coal Miner

11. Industry or business

FATHER
12. Name John Lewis
13. Birthplace Wales

MOTHER
14. Maiden Name ? Jones
15. Birthplace Wales

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 17 1946
18 (a) Funeral director Commissioner of Health
(b) Address
19 MAY 17 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION AM

20. DATE OF DEATH May 14- 1946 at 5.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-17- 1933 to 5-14- 1946.
and that I last saw h alive on 5-14-4 1946.

Immediate cause of death Cardiac failure — Duration

Due to arteriosclerotic Cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin C. Evans M. D.
Address Baltimore City Hospitals Date signed May 17, 1946

VS 150

F 3.508

X

G40.537

new

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1571

Registered No. G40.537

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Raynor Ave.
(c) Hospital or institution: W. Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Riviera Beach (If outside city or town limits, write RURAL and give town)
(d) Street No. Elmwood Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ralph Hughes Edwards
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13, 1946

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

MOTHER / FATHER
12. Name Richard Edwards
13. Birthplace Pinetop, N.C.
14. Maiden Name Ruth Hughes
15. Birthplace Baltimore, Md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location University Medical School

MAY 17 1946
Commissioner of Health

18 (a) Funeral director
(b) Address

19 MAY 17 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 180

3307

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1946, at 3:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1946 to May 16 1946 and that I last saw h[illegible] alive on May 16 1946

Immediate cause of death: Respiratory Failure

Due to Malformation of Brain (Anencephalic Monstrosity)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: SAML

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph M. Field M.D. M. D.
Address Date signed

Correct age if especially important. Physicians: please write the causes of death clearly and legibly. Use ink.

G40.538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183a

G40.538

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 160 W. Hamburg
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs.) mos., or days) 18

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 160 W Hamburg
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Miller
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Male
5. Color or race Colored
6 (a) Single, married, widowed, or divorced S
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 2, 1894
8. AGE: Years 52 Months 1 Days 14 If less than one day hr. min.
9. Birthplace Plymouth N. C
(Town, county, and state)
10. Usual Occupation Labour
11. Industry or business
FATHER 12. Name Freeman Miller
13. Birthplace N. C
MOTHER 14. Maiden Name Unknown
15. Birthplace
16 (a) Informant Dulon Lee
(b) Address 160 W Hamburg St
17 (a) Burial (b) Date thereof 5-20-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Baltimore City
18 (a) Funeral director Isaiah L. Brown
(b) Address 108 N Montgomery St
19 (a) MAY (b)
(Date rec'd by reg.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1946 at 3:45 A M
21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1946 to May 16 1946, and that I last saw h- alive on May 16 1946

Immediate cause of death
Cardiac Failure.
Due to Hypertension
Due to
Other Conditions No

Duration
14 days

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature [illegible] M. D.
Address 708 S. Sharp St. Date signed 5/17/46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40.539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33a

G40.539 Registered No.

Please write clearly and legibly. Use ink. Do not use pencil. Be sure to fill in all items. If any item is unknown, write "unknown" or "none" so as to show that no information has been omitted. Answer each question. If none, write "none." Where the space provided is insufficient, use the reverse side of this certificate. Physicians: please write the cause of death clearly and legibly. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27 W. Churchill
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 27 E. Churchill
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maggie Mitchell Saunders

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	S.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 16, 1916

8. AGE: Years	Months	Days	If less than one day
29	4 6	29	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Chris Mitchell
13. Birthplace Ga

MOTHER
14. Maiden Name Rosa Saunders
15. Birthplace Va

16 (a) Informant Rosie Mitchell
(b) Address 627 W Pratt

17 (a) Burial (b) Date thereof 5-18-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Ct
Location Balto City

18 (a) Funeral director Isaiah L Brown & Son
(b) Address 08 W Montgomery St

19 (a) MAY 17 1946 Huntington Williams, M.D.
(Date the date stated) (Address)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1946 at 3 22 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 " 1946 to May 16 1946, and that I last saw him alive May 15 1946

Immediate cause of death	Duration
(a) Acute Bronchopneumonia	5 day
Due to (b) Influenza	2 wks
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations:
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nicholas Skalkeas M. D.
Address 205 S. Hanover St Date signed 5/17/46

VS 152

G40340 G40340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 940

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga Sts.
(c) Hospital or institution:
Mercy Hospital 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 55 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2431 Lake View Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Isadore Hecht

3 (b) If veteran, name war —

3 (c) Social Security Account No. 242-01-0717

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 24 1889

8. AGE: Years	Months	Days	If less than one day
59	2	22	hr. min.

9. Birthplace Chicago Ill. (Town, county, and state)

10. Usual Occupation Cutter

11. Industry or business Clothing

FATHER
12. Name Myer S. Hecht
13. Birthplace Balto Md

MOTHER
14. Maiden Name Bettie M. Meyer
15. Birthplace Balto. Md.

16 (a) Informant Sampson H. Hecht
(b) Address 2431 Lakeview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/46 (month) (day) (year)
(c) Cemetery or crematory Har Sinai Cemetery
Location Edmondson Ave.

18 (a) Funeral director J. Aronson + Co
(b) Address 2432 Resterstown Rd

19 (a) (Date rec'd by local registrar) (b) [illegible]

MAY 17 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1946, at 2 40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1946 to May 15 1946 and that I last saw him alive on May 15 1946.

Immediate cause of death Probable Coronary Occlusion — Duration 3 hrs.

Due to ?

Due to ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William D. Bentrup M. D.
Address Mercy Hospital Date signed 5-16-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

X

G40341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

150 c

G40342

The information must be correctly supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Lombard Sts.
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 1?
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 505 Myrtle Ave.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Rosetta Venney

47360 + 47361

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1922

8. AGE: Years	Months	Days	If less than one day
24			hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Mathol Savage
13. Birthplace Md.

MOTHER
14. Maiden Name Rosetta Johnson
15. Birthplace Md.

16 (a) Informant John Venney
(b) Address 505 Myrtle Ave.

17 (a) Burial (b) Date thereof 5-18-46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Carmicheal, QueenAnne Co., Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) [illegible] Huntington Williams M.D.
(Deputy registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/13 1946 at 4:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/8 1946 to 5/13 1946 and that I last saw h[illegible] alive on 5/13 1946

Immediate cause of death Respiratory failure

Due to Acute Laryngo-tracheo-bronchitis

Due to

Other Conditions Post partum - 5 days
(Include pregnancy within 3 months of death)

Date of operation Delivered 5/8/46

Major findings of operation Edwards full term twins

of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Norman L. Lorenson, M.D.
M. D.
Address University Hosp. Date signed 5/14/46

VS 150

106a

G40342 G40342

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH √45F

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution:
US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 130 days
(e) Length of stay in Baltimore (yrs., mos., or days) 130 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla. (b) County
(c) City or town Tampa
(If outside city or town limits, write RURAL and give town)
(d) Street No. Seaman's Church Institute
(If rural give location)
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country

3 (a) FULL NAME
Larsson, William Emanuel

3 (b) If veteran, name war

3 (c) Social Security Account No. 263-30-4059

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 10, 1884

8. AGE: Years	Months	Days	If less than one day
62	1	4	hr. min.

9. Birthplace ? Denmark
(Town, county, and state)
10. Usual Occupation Wiper
11. Industry or business Seafarer

FATHER
12. Name Wm. Larsson
13. Birthplace Denmark

MOTHER
14. Maiden Name Augusta ?
15. Birthplace Denmark

16 (a) Informant Records
(b) Address US Marine Hospital, Balto, Md.

17 (a) Cremation (b) Date thereof May 17 - 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount.
Location Greenmount & North Ave.

18 (a) Funeral director Otter Funeral Home One.
(b) Address 4644 York Rd Md 12.

MAY 17 1946 (a) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1946, at 11:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 4 1946 to May 14 1946, and that I last saw h im alive on May 14 1946.

Immediate cause of death Carcinoma of retropharynx with extension to epidural tissues about D/// foramen magnum — Duration UNKNOWN

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John L. Wilson
John L. Wilson, Sr. Surgeon
Address Clinical Director Date signed 5/17/46 M. D.

VS 186

X

Exact age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied. The

G40343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

G40343 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2803 Garrison Blvd.
(c) Hospital or institution:
Garrison Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Wks. 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1627 Rosedale St.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Welmon

3 (b) If veteran, name war --

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife William H. Welmon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 30, 1854

8. AGE: Years	Months	Days	If less than one day
91	8	16	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mr. Charles E. Welmon
(b) Address 1627 RosedaleSt.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** May 18, 1946 (month) (day) (year)
(c) Cemetery or crematory St. Mary's, Hampden
Location Baltimore, Md.

18 (a) Funeral director G. Howard Strong
(b) Address 3207 W. North Ave.

19 (a) (Date rec'd by registrar) Registrar

MAY 17 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16, 1946 at 3 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 20 1946 to May 16 1946 and that I last saw h. alive on May 15 1946.

Immediate cause of death Central thrombosis — **Duration** 26 da

Due to

Due to

Other Conditions Arterio sclerotic cardiovascular

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury?

23. Signature J. Lee Talbot M. D.
Address 2923 St Paul St **Date signed** 5/17/1946

Vol. 1946

×

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40.344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164c

G40.344

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: University Hospital 18-
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 866 W. Lombard Street
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Woodrow W. Martin

3 (b) If veteran, name war .

3 (c) Social Security Account No. 224-03-9461

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 17th 1912

8. AGE: Years	Months	Days	If less than one day
33 34	8	29	..... hr. ..... min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation .....

11. Industry or business .....

FATHER
12. Name John H. Martin
13. Birthplace Va

MOTHER
14. Maiden Name Rosebelle Hundley
15. Birthplace Va.

16 (a) Informant Mrs Dayney McRoy
(b) Address Lynchburg Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)

(c) Cemetery or crematory .....
Location Lynchburg Va

18 (a) Funeral director Leo G. Brook
(b) Address 1701-03 N. Patterson Park ave

19 [illegible] registrar Huntington Williams Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15, 1946, at 7:40 P. M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑ homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH .....
Bullet wound of chest, involving heart & lung.

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-15-46 at 7:35 P. M.
(b) Where did injury occur? Penn-Mar Restaurant 2590 block Pennsylvania Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? no
(d) Means of injury Shot self with revolver

23. Signature Howard J. Walker M.D.
Medical Examiner.

Date signed 5-16-46

G40345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G40345

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore County
(c) Hospital or institution: University Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. White Hall
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Edna Bond.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Mr. Elgin Bond

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 58 | Months | Days | If less than one day hr. min.

9. Birthplace Balt. County
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name C. L. Linthicum
13. Birthplace

MOTHER
14. Maiden Name Adelaide Almony
15. Birthplace

16 (a) Informant F. Damon Garrett
(b) Address White Hall, Md

17 (a) West Liberty (b) Date thereof May 20-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory West Liberty
Location White Hall, Md

18 (a) Funeral director Howard L. Mahlin
(b) Address White Hall, Md.

19 MAY 18 1946 (b) Huntington Mills, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/18 1946, at 12:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/7 1946 to 5/18 1946 and that I last saw her alive on 5/18 1946.

Immediate cause of death Respiratory failure — Duration 14 days.

Due to Cerebral damage

Due to Cerebral vascular accident.

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations: None

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. W. Ligerton, M.D.
Address C. W. Ligerton, M.D. Date signed 5/18/46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40.546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓61

Registered No. G40.546

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W. Lexington St
(c) ~~Hospital or~~ institution:
Aged Womens & Aged Mens Homes
(d) Length of stay in ~~hospital or~~ inst. (yrs., mos., or days) 10yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W. Lexington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. George A. McComas

3 (b) If veteran, name war: W

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Anna D.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4th 1856

8. AGE: Years	Months	Days	If less than one day
90	2	12	hr. min.

9. Birthplace (Town, county and state)

10. Usual Occupation Inmate

11. Industry or business Home for Aged

FATHER 12. Name William McComas

13. Birthplace

MOTHER 14. Maiden Name Mary Lidell

15. Birthplace

16 (a) Informant Aged Womens & Aged Mens Homes

(b) Address 1400 W. Lexington St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 5/18/46 (month) (day) (year)

(c) Cemetery or crematory Balto

Location Md

18 (a) Funeral director William Cook Inc.

(b) Address 1217 St. Paul St

MAY 18 1946 (Date received by Local Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16th 1946 5:50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1946 to May 16 1946 and that I last saw h[illegible] alive on May 15 1946

Immediate cause of death Coronary Thrombosis — Duration

Due to Diabetes Mellitus — Duration

Due to Cardio-Vascular disease — Duration

Due to Arteriosclerosis — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howland Edward Day M. D.

Address 4-E-32nd St. Balto 18 Date signed May 17 1946

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G10.347 G10.347

AB-101062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √83a

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 24-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 to 50Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 Cube Way (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Winkleman

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13- 1876

8. AGE: Years	Months	Days	If less than one day
70	3	12 2	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Fredrick
13. Birthplace Russia

MOTHER
14. Maiden Name Johanna
15. Birthplace Russia

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/46 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Irvington Md

18 (a) Funeral director William Cook Inc
(b) Address 1219 L Fort Ave

19 (a) MAY 18 1945 (Date rec'd by registrar) Arlington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION PM

20. DATE OF DEATH May 15- 1946, at 10:30M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-5- 1946 to 5-15 1946, and that I last saw h in alive on 5-15- 1946.

Immediate cause of death: Respiratory failure — Duration
Due to: Cerebro-meningeal accident
Due to: Generalized arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Brain hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Doyle Wadson M.D.
Address B. C. H. Date signed May 17 1946

X

G40.548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G40.548

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address East Baltimore Gen Hosp
(c) Hospital or institution: Payne + Dunbland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 minutes
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. C. (b) County
(c) City or town Henderson (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Earl Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M.

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Alpha B Williams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1898

8. AGE: Years 48 Months 0 Days 13 If less than one day hr. min.

9. Birthplace Baker - N C (Town, county, and state)

10. Usual Occupation Truck Driver

11. Industry or business Coast Trucking Co

FATHER 12. Name James Williams

13. Birthplace N C

MOTHER 14. Maiden Name Da Anderson

15. Birthplace N C

16 (a) Informant Alpha Williams

(b) Address Jamestown N C

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof 5/18/46 (month) (day) (year)

(c) Cemetery or crematory Mitchell Grove

Location High Point N C

18 (a) Funeral director Williams Funeral Home

(b) Address 1210 E Cone Blvd

19 MAY 18 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 17 May 19 46 at 5:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 17 May 19 46 to 17 May 19 46 and that I last saw h/ m alive on 17 May 19 46

Immediate cause of death Circulatory failure — Duration

Due to Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Peter G. Noell M.D.

Address East Baltimore Gen Hosp Date signed 5/17/46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40.349 MARY - ISABEL

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G40.349

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 22
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 112 Wellcome Alley
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Isabel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Married

6 (b) Name of husband or wife Moses Isable
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch 27-1895

8. AGE: Years	Months	Days	If less than one day
~~51~~ 50	1	20	hr. min.

9. Birthplace Washington Ga.
(Town, county, and state)

10. Usual Occupation maid

11. Industry or business

FATHER
12. Name Linton Hill
13. Birthplace Ga

MOTHER
14. Maiden Name Emma Lemon
15. Birthplace Ga.

16 (a) Informant Magnolia Williams
(b) Address 704 S Sharp St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20-46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location

18 (a) Funeral director James A Stanley
(b) Address 1142 W. Hill St.

MAY 18 1946 (Date received by local registrar) (b) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/17 19 46 at 3:05 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. J. Lebrun M.D.
Medical Examiner.
Date signed 5/17/46

G40350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G40350 Registered No.

Please write plainly in ink. Information should be carefully recorded. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1120 Riggs ave
(c) Hospital or institution:

16-1

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 Riggs ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cornelius Morris.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widowed.

6 (b) Name of husband or wife Mary C.

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 10-15-1891

8. AGE: Years 54 | Months 8 | Days 2 | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER 12. Name unknown

13. Birthplace

MOTHER 14. Maiden Name unknown

15. Birthplace

16 (a) Informant Ethelda Young

(b) Address 1132 Riggs ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-46 (month) (day) (year)

(c) Cemetery or crematory Sabutus Mem Park

Location Baltimore Co - Md

18 (a) Funeral director William a Jackson

(b) Address 916 Penda ave

19 (a) (b) Registrar

MAY 18 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17-46 19 4:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-9-46 to 5-15- 19 46 and that I last saw him alive on 5-15- 19 46.

Immediate cause of death Cerebral Hemorrhage — Duration 1 day

Due to Mental Confusion

Due to Hypertension

Contributing Causes Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W. H. Barksdale M. D.

Address 526 N. Carey St Date signed 5/17/46

G40351 G40351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2836 E. Baltimore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 -
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2836 E. Baltimore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isaac E. Conklin

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Augusta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 31-1860

8. AGE: Years 86 | Months 1 | Days 15 | If less than one day: hr. min.

9. Birthplace: Balto. Md.
(Town, county, and state)

10. Usual Occupation: Patriot

11. Industry or business

FATHER
12. Name: Joseph. Conklin
13. Birthplace: New York

MOTHER
14. Maiden Name: Mary Kerby
15. Birthplace: Baltimore Md.

16 (a) Informant: Mrs Bomhardt
(b) Address: 2836 E Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/46 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: E Hayth Co

18 (a) Funeral director: John G Moran
(b) Address: 3000 E Baltimore St

19 (a) (b)
(Date rec'd by registrar) (Registrar)

MAY 18 1946 [illegible], Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/6/45 19 to 5/15/46.
and that I last saw him alive on 5/10/46

Immediate cause of death: Myocardial Degeneration — Duration: 1 yr

Due to: Arteriosclerosis — 10 yrs

Due to:

Other Conditions: Coronary Thrombosis — 7 da

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Herrmann

Address 1710 E 33rd St Date signed 5/17/46

X

G40.352 493046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G40.352 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 11

(d) Length of stay in hospital or inst. (yrs., mos., or days).
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. East Lovent Apts. - Preston & St Paul (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alfred Tyler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Emma Pet. Tyler
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) 12-21-74

8. AGE: Years	Months	Days	If less than one day
71	4	26	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Chief Inspector of Pension Board
11. Industry or business

FATHER
12. Name Nathaniel Tyler
13. Birthplace Va.

MOTHER
14. Maiden Name Sarah Robb.
15. Birthplace Md

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18 1946 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md

18 (a) Funeral director Henry W. Jenkins Sons
(b) Address McCulloh & Orchard Sts

MAY 18 1946 (Date filed by Registrar) Lovington Williams M.D. Registrar

MEDICAL CERTIFICATION A

20. DATE OF DEATH May - 17 1946, at 2.25 M

21. I certify that death occurred on the date above stated; that I attended deceased from May - 5 1946, to May - 17 1946 and that I last saw h. alive on May - 17 1946.

Immediate cause of death Pulmonary embolus & infarction — Duration

Due to Phlebothrombosis

Due to

Other Conditions Bronchopneumonia, Arteriosclerotic Heart disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Esa A. White, Jr. M.D.
Address Johns Hopkins Hospital Date signed 5-17-46

VS 150

X

G40353
CWK-100498

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

G40353
Registered No.

correct are is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1- 7-
(e) Length of stay in Baltimore (yrs., mos., or days) 36 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1651 N. Milton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Schreil

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-0765

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margareta Schreil
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20-1880

8. AGE: Years	Months	Days	If less than one day
65	9	26	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ?
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace Germany

16 (a) Informant Records-Balto. City Hospitals
(b) Address 4940 Eastern Avenue

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof May 18-1946 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Greenmount & Oliver Sts

18 (a) Funeral director Joseph Isaacs Inc.
(b) Address 2013 Greenmount Ave

19 (a) MAY 18 1946 (b)
(Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16- 19 46 at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 9 19 46 to May 16 1946, and that I last saw h im alive on May 16 1946.

Immediate cause of death: cerebral vascular accident — Duration 1 month

Due to Arteriosclerosis

Due to Arteriosclerotic cardio vascular disease

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Rowell Huffington M.D.
Address Baltimore City Hosp Date signed May 18 1946

Hagerstown, Maryland

G40354 — BC# 41308 — G40354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 N. Wolfe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clinton Logan

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-17-46

8. AGE: Years	Months	Days	If less than one day
	2	27	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation CHILD
11. Industry or business

FATHER
12. Name Clinton Warren
13. Birthplace N.C

MOTHER
14. Maiden Name Sadie Logan
15. Birthplace Md.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 18, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County, Md.

18 (a) Funeral director Mrs. Roberta Edwards
(b) Address 1129 N. Carlton St.

19 (a) MAY 18 1946 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16 1946 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1946 to 5-16 1946 and that I last saw him alive on 5-16 1946

Immediate cause of death HEART FAILURE — Duration
Due to TOXEMIA
Due to STAPHYLOCOCCUS PNEUMONIA
Other Conditions EMPYEMA
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harrison Clark Spence M. D.
Address Johns Hopkins Hosp. Date signed 5-16

VS 150

G40355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

G40355 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3206 Auchentoroly Terr.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3206 Auchentoroly Terr. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELIZABETH M. FOWLER

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Female | **5. Color or race** White | **6 (a) Single, married, widowed, or divorced** Married

6 (b) Name of husband or wife Lawerence Fowler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1871

8. AGE: Years 75 | Months 0 | Days 15 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name - Krausz
13. Birthplace Germany

MOTHER
14. Maiden Name Marie
15. Birthplace Germany

16 (a) Informant Mrs. Adele T. Freed
(b) Address 3206 Auchentoroly Terr.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 5/20/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) Huntington West (Date rec'd by registrar) Registrar

MAY 18 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16, 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-8-46 19 to 5-16-46 19 and that I last saw h[illegible] alive on 5-15-46 19

Immediate cause of death
(a) Pneumonia (Lobar)
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration 1 wk. ?

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry E. Turkel M. D.
Address 703 Edmondson **Date signed** 5-17-46

X

G40356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G40356 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any false statement, error or omission should be carefully investigated.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 T
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 322 Lyndhurst St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOSEPH H. BARNES

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Minnie Barnes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1860

8. AGE: Years	Months	Days	If less than one day
86	3	14	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Henry (Sadie E.) Fried
(b) Address 98 Riverside Drive Apt. 14A New York, N. Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/46 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) [illegible] (Signature of Registrar) Registrar

MAY 18 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16, 1946 at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 18 1946 to May 16, 1946 and that I last saw h[illegible] alive on May 16 1946

Immediate cause of death: Chronic Myocarditis — Duration 1 mo

Due to

Due to

Other conditions: Arteriosclerosis - Uremia

Operation: Yes / No (Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address 1170 St. (Date signed) 5/17/46

VS 150

G40.557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G40.557

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12-
(c) Hospital or institution: West Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 W. 26th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George W. Buchman

3 (b) If veteran, name war: none

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Lettie M. Buchman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4, 1882

8. AGE: Years 63 | Months 7 | Days 13 | If less than one day: hr. min.

9. Birthplace Carroll Co., Md.
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Fidelity Trust

FATHER
12. Name John M. Buchman
13. Birthplace Carroll Co., Md.

MOTHER
14. Maiden Name Amanda Wickert
15. Birthplace Carroll Co., Md.

16 (a) Informant Mr. Bert B. Buchman
(b) Address 2621 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received by Registrar) MAY 16 Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1946, at 6:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1946 to May 17 1946 and that I last saw h[illegible] alive on May 17 1946

Immediate cause of death: Cerebral Hemorrhage — Duration: 14 days

Due to (a) Hypertension — ? years

Due to (b) Cerebral arteriosclerosis — ? years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Cerebral Hemorrhage.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leonard E. Blumenthal M. D.

Address W. B. G. H. Date signed 5/17/46

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40358

BALTIMORE CITY HEALTH DEPARTMENT

TN. 101033 **CERTIFICATE OF DEATH** 126a Registered No. G40368

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 27-15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) Elkins Nursing Home
(d) Street No. 2101 W. Cold Spring Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George W. Grothaus

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10th 1872

8. AGE: Years	Months	Days	If less than one day
74	4	7	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Real Estate Broker
11. Industry or business

FATHER
12. Name David B. Grothaus
13. Birthplace Maryland (Balto.)

MOTHER
14. Maiden Name Mary Poduzzi
15. Birthplace Maryland (Balto.)

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/46 (month) (day) (year)
(c) Cemetery or crematory Balto. Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 18 1946 Washington Millikan, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17th. 1946 19 , at 11. A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3rd 19 46 to May 17th 19 46, and that I last saw him alive on May 17th 19 46

Immediate cause of death Bronchopneumonia — Duration 1 wk
Due to Urinary Extravasation — 2 wks
Due to — prod.
Other Conditions Uremia — 2 wks

(Include pregnancy within 3 months of death)
Date of operation 5/4/46
Major findings of operation: Extravasation of urine into scrotum
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto. City Hospitals Date signed 5-17-46

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 37c

G40359 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1137 Poplar Grove St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 + T
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1137 Poplar Grove St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY H. SAFFRAN ✓

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: G. Edward Saffra
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4, 1882

8. AGE: Years 63 | Months 8 | Days 12 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Michael Zinkand
13. Birthplace Germany

MOTHER
14. Maiden Name Roseina Mueller
15. Birthplace Germany

16 (a) Informant Mr. G. Edward Saffran
(b) Address 1137 Poplar Grove St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAY 18 1946
Date received [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16, 1946 at 8:24 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1943 to May 16 1946 and that I last saw him alive on May 15 1946.

Immediate cause of death: Pulmonary Edema
Lethargic Encephalitis — Duration

Due to Myocarditis

Due to Hypertensive Cardio Vascular Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C Kutash M. D.
Address 2151 Wilkens Ave Date signed 5/17, 46

VS 150

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164E

G40360 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4316 Woodlea Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William R. McCormick

3 (b) If veteran, name war	3 (c) Social Security Account No.
–	–

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Rena A. McCormick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 11, 1890

8. AGE: Years	Months	Days	If less than one day
55	5	6	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name James McCormick
13. Birthplace Texas, Md.

MOTHER
14. Maiden Name Margaret Baker
15. Birthplace Pa.

16 (a) Informant Mrs. Rena A. McCormick
(b) Address 4316 Woodlea Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) (Date rec'd by registrar) MAY 18 1946 Registrar Baltimore Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17- 1946 at 12.30 P.M

21. I certify that I took charge of the remains described above, held an Autopsy-Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractured Cervical vertebrae
" Skull & mandible
Due to Multiple fractures, ribs, sternum, scapulae, pelvis, Thoracic & Lumbar vertebrae
Other Conditions Contusions & abrasions.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-17- at A M.
(b) Where did injury occur? Fed. Balto. Hotel
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Jumped from hotel window

23. Signature Homer J. Mallett M.D. Medical Examiner.
Date signed 5-17-46

X

G40361
CWK-28860

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

G40361
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6- 5- 9-
(e) Length of stay in Baltimore (yrs., mos., or days) 13 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 531 Cumberland Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Elijah Gross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Ida
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March ? 1871

8. AGE: Years	Months	Days	If less than one day
75	2 ?	?	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas Gross (D)
13. Birthplace Maryland

MOTHER
14. Maiden Name Lottie (D)
15. Birthplace Maryland

16 (a) Informant Records-Balto. City Hospitals
(b) Address 4940 Eastern Avenue

17 (a) Burial (b) Date thereof 5/19/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Calvert Co. Md
Location Md. B. Nelson

18 (a) Funeral director
(b) Address 1303 Preadman St

19 (a) (b)
(Date rec'd by registrar)

MAY 18 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1946, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 7 1937, to May 16 1946, and that I last saw h. alive on May 16 1946.

Immediate cause of death: Bronchopneumonia — Duration: 12 Days

Due to

Due to

Other Conditions: Arteriosclerotic Heart Disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Emmons Beasman M. D.
Address Balto City Hosp Date signed 13 May 46

Huntington Nat'l Bank

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G10362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G10362 Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 549 West Base st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(or 2) Street No. 549 West Base st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Fairfax

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1901

8. AGE: Years	Months	Days	If less than one day
45	2	2	hr. min.

9. Birthplace Washington D. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Henry Fairfax
13. Birthplace Washington D. C

MOTHER
14. Maiden Name Sarah Seaton
15. Birthplace Washington D. C

16 (a) Informant Irvartha Thomas
(b) Address 915 Russell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22, 1946 (month) (day) (year)
(c) Cemetery or crematory Lincoln Mac Park
Location Washington D. C

18 (a) Funeral director Joseph A. Lively
(b) Address 66 West Base street

19 MAY 18 1946 (b) Washington D. C (Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 - 17 - 1946 at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-12- 1946, to 5-17- 1946. and that I last saw h[illegible] alive on 5-17- 1946.

Immediate cause of death	Duration
Endocarditis	
Due to	
Due to	
Other Conditions Pneumonia Acute	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations K

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 2016 E. Monument Date signed 5-18-46

VS 3

925

G40.363 BC# G 41283 (?) MONSINE HARRISON G40.363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1119a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~Home~~ Green & Redwood.
(c) Hospital or institution: University Hospital 18-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 wks.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 317 N. Schroeder (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Monsine Harrison

3 (b) If veteran, name war	3 (c) Social Security Account No.
	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	B.	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 1 1946

8. AGE: Years	Months	Days	If less than one day
	3½	15	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER 12. Name Edward Davidson
13. Birthplace Va.

MOTHER 14. Maiden Name Edith Harrison
15. Birthplace Va.

16 (a) Informant Edith Harrison
(b) Address 317 N Schroeder St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 19, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs Lutie R Williams
(b) Address 322 N Schroeder St

19 (a) (Filed by registrar) (b) Transcription Baltimore Md
MAY 20 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/16/46 19 , at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/6/46 19 , to 5/16/46 19 , and that I last saw h alive on 5/16/46 19

Immediate cause of death Cardiorespiratory failure — Duration

Due to Pneumonia - R. lung all lobes

Due to

Other Conditions Anemia
Overland Diuretic
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph L Toach M. D.
Address Univ. Hospital Date signed 5/17/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G10,564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G10364 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3015 Greenmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 3015 Greenmount Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clifford Dallas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife unk.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unk

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace unk (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Alabama

MOTHER
14. Maiden Name Maggie
15. Birthplace unknown

16 (a) Informant Zera B Brooks
(b) Address 28 Huntington Place

17 (a) (Burial, cremation, or removal) (b) Date thereof 5/10/46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto County

18 (a) Funeral director Wm. Geo. R. Holland
(b) Address 1031 Druid Hill Ave

19 (a) (Date rec'd by Registrar) Huntington Williams M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1946, at 5 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Acute gastro-enteritis.

Due to

Other Conditions Chronic hepatitis, arteriosclerosis

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard A. Mercer M.D.
Medical Examiner.
Date signed 5-11-46

120a

G40.565 SACKRMAN G40.565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 61

Registered No.

Please write clearly with pen and ink. Use no abbreviations. If unknown, write unknown. Do not leave blanks. Be sure that the information given is complete and correct. The data on lines 1 to 17 must be carefully supplied. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5-33 d St. / Guilford Ave.
(c) Hospital or institution: Union Memorial Hospital 12 - 2 Edwards
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 73

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Ed. Apartments, Baltimore, Md. Wakefield + Guilford (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Stella Sackerman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13 1872

8. AGE: Years	Months	Days	If less than one day
73	6	30	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Gabriel M. Sackerman
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Emma Goblens
15. Birthplace Germany

16 (a) Informant Mr. Walter Sackerman
(b) Address 610 Cathedral St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/46 (month) (day) (year)
(c) Cemetery Balto. Hebrew
Location Balto. Md.

18 (a) Funeral director Harris Sonnheim & Son
(b) Address 902 Eutaw St. Place Huntington Williams, Mgr

MAY 18 1946 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1946, at 9:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20-1946 to 5-17-1946, and that I last saw h alive on 5-17-1946.

	Duration
Immediate cause of death: Circulatory collapse	36 hrs.
Due to: Hypertensive cardio-vascular disease	?
Due to: Arteriosclerosis mellitus	?
Other Conditions: Cerebral Thrombosis	3 wks.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward H. Dorsey Jr. M.D.
Address Union Mem. Hosp. Date signed 5/17/46

VS 150

G40366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √53

G40366 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Items of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 913 St. Paul St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 -
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 913 St. Paul St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SUMNER A. PARKER

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Dudrea Wagner Park
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1881

8. AGE: Years	Months	Days	If less than one day
64	7	29	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name J. Sumner Parker
13. Birthplace Va.

MOTHER
14. Maiden Name Margaret A. Abrahams
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Jameson Parker, Son
(b) Address 5304 Tilbury Way

17 (a) Burial (b) Date thereof 5/19/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Brooklandville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 MAY 18 1946 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 28 1946 to May 17 1946, that I last saw h[illegible] alive on May 17 1946.

Immediate cause of death
Carcinomatosis, cerebral, general.
Duration Mar 27, 194[illegible]
Due to melanoma, skin back
Mar 1945
Due to
Had had genital operations for
Other Conditions cancer of melanoma, and [illegible]
X-Ray and radium therapy.
(Include pregnancy within 3 months of death.)
Date of operation In the late [illegible] of
July 1945
Major findings of operation
Carcinomatous involvement of glands.
Date of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Charles R. Smith, Jr.
Address 514 St Paul St. Date signed 5-17-46 M. D.

VS 150

G40.567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G40.567 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Laynes + Dukeland
(c) Hospital or institution West Baltimore Gen Hosp. 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) about 9 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore #16
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3239 Normount Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes Mc Ginniss

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no
4. Sex: F
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: John S. McGinniss
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 18, 1872
8. AGE: Years 74 | Months 2 3 | Days 29 | If less than one day hr. min.
9. Birthplace West Morland Co., Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Cornelius Thompson
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mr. Robert W. Cummings
(b) Address 3239 Normount Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/21/46 (month) (day) (year)
(c) Cemetery or crematory Oak Grove Baptist
Location Oak Grove, Va.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (d) MAY 18 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 18 May 1946 at 3:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 13 May 1946 to 18 May 1946 and that I last saw her alive on 18 May 1946

Immediate cause of death Cardiorespiratory failure — Duration

Due to Meningo coccemia

Due to

Other Conditions Arteriosclerotic C.V. Dis.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lester A. Agee Jr
Address West Balto Gen Hosp Date signed 5/18/46 M.D.

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 10368

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 416 N. Robinson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Annie McDonald

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Edward McDonald
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30. 1872

8. AGE: Years 73 | Months 5 | Days 16 | If less than one day hr. min.

9. Birthplace Balto. Md.
10. Usual Occupation none (Town, county, and state)
11. Industry or business

FATHER
12. Name -- Rubran
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Julia --
15. Birthplace Balt. Md.

16 (a) Informant Mr. Wm. R. Roberts
(b) Address 416 N. Robinson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20/46 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Balto Md.

18 (a) Funeral director Philip Sterling Sons
(b) Address 2024 Orleans St.

MAY 18 1946 (Date received by Registrar) (b) Huntington Williams M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16/46 19 . at 9.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14, 1946 to May 16 1946. and that I last saw h alive on May 14 1946.

Immediate cause of death PULMONARY EDEMA — Duration 5 HRS.
~~ARTERIOSCLEROSIS~~
CARDIAC THROMBOSIS — 2 HRS.
Due to CORONARY THROMBOSIS
Due to ARTERIOSCLEROSIS

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No While at work? (Specify type of place)
(e) Means of injury

23. Signature Benj. B. Morris M. D.
Address 448 N. Luzerne Ave Date signed May 17, 1946

VS 180

Dr. J. M. Davis, by H. J. Madden M.D.

G40:369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. G40:369

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address REDWOOD AND GREEN
(c) Hospital or institution: UNIVERSITY HOSPITAL 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 DAY
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 676 W FAYETTE (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Emma JANE ADAMS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1868

8. AGE: Years	Months	Days	If less than one day
78	6 5	11 28	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name — adams
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mrs Genevieve Snoden
(b) Address Fort Smallwood Rd Pasadena Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 17 1946 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Rd

18 (a) Funeral director Harry H Wright
(b) Address 416 Edmondson Ave Huntington Apartments, Md.

19 MAY 16 1946 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 16 1946, at 3:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 15 1946, to MAY 16 1946, and that I last saw h[illegible] alive on MAY 14 1946.

Immediate cause of death	Duration
Lobar Pneumonia,	
LEFT UPPER LOBE	
Due to	
Due to	
Other Conditions MALNUTRITION,	
ARTERIOSCLEROSIS (Include pregnancy within 3 months of death)	

Date of operation NONE
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Wm Thaby M. D.
Address University Hosp Date signed May 16 46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40.570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G40.570 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital. 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 26 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 106 Market Pl. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Josephine Urbino

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	Female	White	Married

6 (b) Name of husband Salvatore Urbino
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30 1887

8. AGE: Years	Months	Days	If less than one day
59	1	17	hr. min.

9. Birthplace Carini Palermo Italy (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Croce Conigliaro
13. Birthplace Italy

MOTHER
14. Maiden Name Josephine Lombardi
15. Birthplace Italy

16 (a) Informant Salvatore Urbino (Husband)
(b) Address 106 Market Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 1946 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederik Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

MAY 19 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17- 1946, 8 45 M

21. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Chronic myocardial degeneration

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Rosedale M.D. Medical Examiner.
Date signed 5-17-46

X

G40371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G40371

CWK-101356

47c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 Hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) ? 6 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3255 Frederick Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Grobosky (Grabowski)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife ? Helen

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) ? 1887

8. AGE: Years	Months	Days	If less than one day
? 59	?	?	hr. min.

9. Birthplace ? Poland
(Town, county, and state)

10. Usual Occupation Orderly

11. Industry or business Hospital

FATHER
12. Name ? John Grabowski
13. Birthplace Poland

MOTHER
14. Maiden Name ? Unknown
15. Birthplace Poland

16 (a) Informant: Records-Balto. City Hospitals
(b) Address 4940 Eastern Avenue

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/18/46 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Shamokin, Pa.

18 (a) Funeral director M. F. Sadowski Sons
(b) Address 1808 Eastern Ave.

MAY 18 1946
(Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 19 46 at 1:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 19 46 to May 18 19 46 and that I last saw him alive on May 18 19 46.

Immediate cause of death: Dehydration

Due to: unknown

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation: none

Major findings of operation:

of autopsy: none

Duration
?
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas Jirnall M. D.
Address Balto. City Hosps Date signed 5-18-46

VS 150 Subject to approval of Medical Examiner.

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 140D

G40372 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Hoffman
(c) Hospital or institution: St. Joseph's Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO, MD (If outside city or town limits, write RURAL and give town)
(d) Street No. 375 - PINEWOOD AVE. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jean E. Levy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-16-25

8. AGE: Years	Months	Days	If less than one day
21	2	-	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Levy
13. Birthplace Balt.

MOTHER
14. Maiden Name Ruth Jacobs
15. Birthplace Balt.

16 (a) Informant Ruth Jacobs
(b) Address 375 Pinewood Ave

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 5-20-46 (month) (day) (year)
(c) Cemetery or crematory Hebrew Progressive
Location Balto Md

18 (a) Funeral director Hebrew Orphan Asy
(b) Address 900 N Chester St

19 (a) Filed [illegible] for Williams, M.D. Registrar
(b) Date rec'd by registrar 5-20-46

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16 1946 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-16 1946 to 5-16 1946 and that I last saw her alive on 5-16 1946.

Immediate cause of death CARDIO RESP FAILURE & UREMIA

Due to PELVIC PERITONITIS

Due to PERFORATED UTERUS PARAMETRITIS

Other Conditions INFARCTED KIDNEYS
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: ERGOT HISTORY.

of autopsy: PERFORATED UTERUS

Duration
a
b
c
d

PHYSICIAN: Underline the cause which should be stated first chronologically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John B. Wells
Address St Joseph Hosp Date signed 5-16-46

Hon'd J. Medert, M.D.

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G40573 Registered No.

13 B

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkins & Caton Ave
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Emmitsburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. St Joseph's Central House
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sr. Agatha Hasko

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/2/1909

8. AGE: Years	Months	Days	If less than one day
36	7	17	hr. min.

9. Birthplace Georgetown, Ill
(Town, county, and state)

10. Usual Occupation Sister of Charity

11. Industry or business

FATHER
12. Name Stark Hasko
13. Birthplace Dobodal, Hungary

MOTHER
14. Maiden Name Mary Chantos Zdinky
15. Birthplace Dobodal Hungary

16 (a) Informant St. Agnes Hospital
(b) Address Caton & Wilkins Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/46 (month) (day) (year)

(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Martin Fahey & Sons
(b) Address 1827 W. North Ave.

19 (a) MAY 19 1946 (Date received by registrar)

Registrar for Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/16 1946 at 11:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/29 1946 to 5/16 1946, and that I last saw her alive on 5/14 1946.

Immediate cause of death
Cardio Resp. failure
Due to Overwhelming Uremia
Due to Acute Tubercular Pneumonia & Miliary Dissemination
Other Conditions

Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sister [illegible]
Address St Agnes Hosp Date signed 5/17/46

VS 190

G40574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G40574
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Eaton ave,
(c) Hospital or institution:
Jenkins Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6yrs
(e) Length of stay in Baltimore (yrs., mos., or days) life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Jenkins Memorial
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma McAleer.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years	Months	Days	If less than one day
85			hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Mrs

11. Industry or business

FATHER
12. Name John McAleer
13. Birthplace Md

MOTHER
14. Maiden Name Ann
15. Birthplace

16 (a) Informant: Charles L. Bouchit
(b) Address 206 E. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Martin Fahey & Sons
(b) Address 1827 N. North Ave.

19 (a) MAY 19 1946 (Date rec'd by Registrar) (b) Huntington Willis (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/18 1946, at 8 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-15 1946, to 5/17 1946, and that I last saw h[illegible] alive on 5-17 1946.

Immediate cause of death	Duration
Respiratory failure	
Due to Agotemia	
Due to Chronic nephritis	
Other Conditions Arteriosclerosis generalized.	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry Wirt Hollis M.D.

Address Jenkins Memorial Date signed 6/18/46

G40.575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G40.575 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be careully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3114 Kewick Road.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write that fact and give town)
(d) Street No. 3114 Kewick Road. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nettie L. Shaffer.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife George W. Shaffer
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Aug 13, 1878

8. AGE: Years	Months	Days	If less than one day
67	9	4	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Bostic.
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Tucker.
15. Birthplace Maryland

16 (a) Informant George W. Shaffer.
(b) Address 3114 Kewick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20/46 (month) (day) (year)
(c) Cemetery or crematory Good Shepherd
Location Howard Co. Md.

18 (a) Funeral director Thompson & Donovan
(b) Address 3615-17 Chatsworth Ave

19 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1946 at 7 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1945 to May 17 1946 and that I last saw h alive on May 17 1946.

Immediate cause of death: Pulmonary Edema — Duration: 1 day
Due to Heart failure — 2 wks
Due to arteriosclerotic heart disease — 10 years
Due to ventricular fibrillation
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard Wallenstein M. D.
Address 848 W 36 St Date signed 5/18/46

G40.576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 44B

G40.576 ✓ Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: MERCY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days
(e) Length of stay in Baltimore (yrs., mos., or days) [redacted] 9 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County [redacted]
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2945 MILES AVE.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME EDGAR M. UTZ

3 (b) If veteran, name war	3 (c) Social Security Account No. 218-12-8879

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife ESTHER UTZ
6 (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) MAR. 12, 1912

8. AGE: Years	Months	Days	If less than one day: hr.	min.
34	2	4		

9. Birthplace MARYLAND (Town, county, and state)
10. Usual Occupation CHAUFFER - BALTO. TRANSIT
11. Industry or business

FATHER
12. Name WILLIAM UTZ
13. Birthplace MD.

MOTHER
14. Maiden Name KATHERINE REDDING
15. Birthplace MD.

16 (a) Informant ESTHER V. UTZ.
(b) Address 2945 MILES AVE.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20/46 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Carroll Co. Md.

18 (a) Funeral director Thomas & Donovan
(b) Address 3645-47 Chestnut Ave

19 (a) [redacted] (Date received by registrar) (b) Huntingtown Williamsport Md

MAY 19 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/16/ 1946, at 9:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/18/ 1946, to 5/16/ 1946, and that I last saw h.i.m. alive on 5/16/ 1946.

Immediate cause of death CARDIO - RESPIRATORY FAILURE — Duration

Due to HODGKIN'S DISEASE

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earl R. Paul M. D.
Address Mercy Hosp. Date signed 5/17/46

X

G10377
AB-101127

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

160 a

Registered No. G10377

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1500 Parrott Ct.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Berry-Twin B.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8- 1946

8. AGE: Years	Months	Days	If less than one day
		7	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Berry
13. Birthplace

MOTHER
14. Maiden Name Archie Bell Evans
15. Birthplace S.C.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) cremation (b) Date thereof 5-17-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Balto City Hosp

18 (a) Funeral director
(b) Address 4940 Eastern Ave

19 MAY 20 1946 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15- 1946, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-8 1946 to 5-15 1946.
and that I last saw him alive on 5-15 1946.

Immediate cause of death Intracranial Hemorrhage — Duration

Due to Prematurity

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Richard E. Dorrance M.D.
Address Balt. City Hosp Date signed 5/17/46

VS 150

G40.578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G40.578

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 809 Light Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adelaide Hattie Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Porter Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 7, 1873

8. AGE: Years 72 | Months 6 | Days 11 | If less than one day hr. min.

9. Birthplace Calvert Co., Md
(Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER
12. Name William A. Leitch
13. Birthplace Md

MOTHER
14. Maiden Name A. V. Hammett
15. Birthplace Md

16 (a) Informant Lydia Leitch
(b) Address Cairo Frederick, Md

17 (a) Burial (b) Date thereof May 20, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Central
Location Baltimore, Md

18 (a) Funeral director A. A. Harkness & Son
(b) Address Mutual Md

MAY 20 1946
(Date rec'd by registrar)

(b) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/18/46 19 , at 9:35 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Davis M.D.
Medical Examiner.
Date signed 5/19/46

VS 151

G40379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47D

G40379 Registered No.

Please fill the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital H
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 S. Greene st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Griggs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of ~~husband~~ or wife Leila Pearl

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
46 45			hr. min.

9. Birthplace Alabama (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business Milake Construction Co.

FATHER
12. Name Charles Griggs
13. Birthplace Georgia

MOTHER
14. Maiden Name Minnie Fletcher
15. Birthplace Georgia

16 (a) Informant Lester Griggs
(b) 1354-12th Ave. Columbia Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/46 (month) (day) (year)
(c) Cemetery or crematory Greenlawn
Location Glenwood Md

18 (a) Funeral director Wilhorn & Son
(b) Address 1219 W Saratoga St

MAY 20 1946 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1946, at 11 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Squamous Carcinoma primary
I lung with metastases

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Masters M.D. Medical Examiner.
Date signed 5-18-46

VS 151

G40380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46D

Registered No. G40380

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2410 Sisson St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2410 Sisson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Holmes

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife George J. Holmes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 19 1891

8. AGE: Years 54 | Months 7 | Days 5 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Witovich
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant George J. Holmes
(b) Address 2410 Sisson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 127 St. Paul St

19 MAY 20 1946 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 15 May 1946 to 18 May 1946, and that I last saw h[illegible] alive on 17 May 1946.

Immediate cause of death: Carcinoma of Rectum — Duration 2 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lloyd C. Saylor M. D.
Address 3902 Greenmount Ave Date signed 18 May 46

VS 150

G40581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 73D

G40581 Registered No.

Physicians: please write the causes of death clearly and legibly. The correct age is especially important. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3104 Baker St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3104 Baker St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME D. Clarkson Keith

3 (b) If veteran, name war W

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Gertrude

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 18 1876

8. AGE: Years 70 | Months 1 | Days — | If less than one day hr. min.

9. Birthplace Hallston Md (Town, county, and state)

10. Usual Occupation Letter Carrier Retired

11. Industry or business

FATHER
12. Name Benjamin Keith
13. Birthplace Md

MOTHER
14. Maiden Name Matilda Lewis
15. Birthplace Washington

16 (a) Informant Lewis D Keith
(b) Address 3104 Baker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/46 (month) (day) (year)
(c) Cemetery or crematory Hallston
Location Harford Co Md

18 (a) Funeral director Tillson Cowsill
(b) Address 1 E Saratoga St Huntingtown Baltimore, Md

MAY 20 1946

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1946 to May 18 1946 and that I last saw h alive on May 6 1946

Immediate cause of death Coronary Thrombosis

Duration

Due to Myocarditis Hypertension

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. E. Beedle MD
Address 2314 - W. North Ave Date signed 5/18/46

VS 150

G40582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G40582 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 349 Mchester Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 349 Mchester Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James L Welsh

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Grace Bernet Welsh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25th 1888

8. AGE: Years	Months	Days	If less than one day
57	9	22	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Boilermaker - Welder
11. Industry or business B & O R R.

FATHER
12. Name Patrick Welsh
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Fleeney
15. Birthplace Ireland

16 (a) Informant Grace B. Welsh
(b) Address 349 Mchester Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/46 (month) (day) (year)
(c) Cemetery or crematory Loraine
Location Balto. Co. Md.

18 (a) Funeral director Wilhelm & Son
(b) Address 1210 E Pratt St

19 (a) MAY 20 1946 (Date rec'd by registrar) Huntington Wilhelm, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1946 to May 17 1946 and that I last saw h. alive on May 17 1946

Immediate cause of death Bronchopneumonia — Duration 3 Days
Due to Cirrhosis Interstitial Tuberculosis — 2 yr.
Due to Arteriosclerosis — ?
Other Conditions Chronic Nephritis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William A. Sinton, M.D.
Address 2824 St. Paul St Date signed 5/18/46
X Sinton

VS 150

G40383
AB-101299

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

Registered No. G40383

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3303 Paton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Bradley Reed

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	Married

6 (b) Name of husband or wife Carrie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 27- 1861

8. AGE: Years	Months	Days	If less than one day
84	6	18	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name John
13. Birthplace Va.

MOTHER
14. Maiden Name Becky
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918- Druid Hill Ave.

19 MAY 20 1946 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION PM

20. DATE OF DEATH May 15- 1946, at 7.35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-15- 1946 to 5-15- 1946, and that I last saw him alive on 5-15 1946.

Immediate cause of death Cardiac failure
Due to Congestive heart failure
Due to Arteriosclerotic cardiovascular disease
Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy Report not in

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature W. Doyle Walker M. D.
Address B. C. H. Date signed May 17/46

VS 150

X

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40584 ✓ G40584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 710 N Collington St
(c) Hospital or institution:
Bon Secours Hosp 7-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 710 N Collington
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Seyfert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Henry Seyfert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 4 1861

8. AGE: Years	Months	Days	If less than one day
84	6	14	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name Herman Fisher
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Schon
15. Birthplace Germany

16 (a) Informant Mrs Mary Sander
(b) Address 710 N Collington

17 (a) Burial (b) Date thereof May 21
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Matthews Cem
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St

19 (a) (Date rec'd by registrar) (b) Registrar
MAY 20 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1946 at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 29 1946 to May 18 1946 and that I last saw h[illegible] alive on May 18 1946.

	Duration
Immediate cause of death Respiratory failure	
Due to Terminal or hypostatic pneumonia	
Due to Senility & prolonged bed rest	
Other Conditions Myocardial degeneration, Neurological arteriosclerosis (Include pregnancy within 3 months of death)	
Date of operation ✓	
Major findings of operation: ✓	
of autopsy: ✓	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William F. Carr M. D.
Address Bon Secours Hosp Date signed 5/20/46

X

Please write plainly. Physicians: please write the causes of death clearly and legibly. The correct age is especially important. Information as carefully supplied. The

G40385 COULBOURN G40385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47C Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any person who wilfully makes any false statement or supplies or conceals any material information required by the Vital Statistics Law of Maryland shall be guilty of a misdemeanor and subject to a fine of not more than $100.00 or imprisonment for not more than 60 days, or both.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2881 Pelham Ave
(c) Hospital or institution: at home
(d) Length of stay in Hospital or inst., (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2881 Pelham Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Holmes Coulbourn

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Laura Garrison Coulbourn
6 (c) If alive, give age 58 years
7. Birth date of deceased (mo., day, yr.) Sept 13, 1894
8. AGE: Years 51 52 | Months 8 | Days 6 | If less than one day: hr. min.
9. Birthplace Crisfield Maryland (Town, county, and state)
10. Usual Occupation Restaurateur
11. Industry or business

FATHER
12. Name Joseph E. Coulbourn
13. Birthplace Crisfield, Maryland

MOTHER
14. Maiden Name Mary E. Tawes
15. Birthplace Crisfield Maryland

16 (a) Informant Geo. P. Coulbourn (Brother)
(b) Address 3036 Matthews St Balto, Md

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 20 (month) (day) (year)
(c) Cemetery or crematory Asbury Cemetery
Location Crisfield Md

18 (a) Funeral director Millard Funeral Home
(b) Address 2006 Allens Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1946, at 1:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1945 to May 19 1946 and that I last saw him alive on May 19 1946.

Immediate cause of death: Bronchogenic Carcinoma with Metastasis — Duration: 1 yr
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas L. Worthington M
Address 2900 Alameda Blvd Date signed May 29, 1946

VS 150 MAY 20 1946 Huntington Williams, Mr. X

G40386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G40386

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 37 N Stresson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 37 N Stresson (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel M. Locke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Zig St. Locke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30th 1891

8. AGE: Years	Months	Days	If less than one day
55	10	17	hr. min.

9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Rawlings Seger
13. Birthplace Ohio

MOTHER
14. Maiden Name Estelle Moore
15. Birthplace Ohio

16 (a) Informant Zig Locke
(b) Address 37 N Stresson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21st 1946 (month) (day) (year)
(c) Cemetery or crematory Woodlands
Location Taylor Ave

18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 N. Patterson Park Ave

MAY 20 1946 (Registrar) (b) Huntington, Indiana

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17-46 1946, at 6.30 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 4/30 1946 to 5/17 1946, and that I last saw h alive on 5/17 1946.

Immediate cause of death
(a) St. Ht Bruit - Mitral Insufficiency
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
2 1/2 Hrs.

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 1061 Lee Ave Date signed 5/18/46

VS 180

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

G40.587 ✓ G40.587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Chase
(If outside city or town limits, write RURAL and give town)
(d) Street No. Route 1 & - Box 247 D
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Norman O. Cason

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-03-4200

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Julia Cason
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 2nd 1893

8. AGE: Years	Months	Days	If less than one day
53 ~~54~~	1	14	..... hr. ..... min.

9. Birthplace Pleasantville Md
(Town, county, and state)
10. Usual Occupation Plumber
11. Industry or business

FATHER
12. Name John Cason
13. Birthplace Md

MOTHER
14. Maiden Name Lenora
15. Birthplace Va

16 (a) Informant Mrs Julia Cason
(b) Address Chase Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 24 1946 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Frederick Road

18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 N. Patterson Park

MAY 20 1946 (Date received by Registrar) (b) Thurlington Webster, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1946, at 10 55/A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Coronary Occlusion

Due to .....

Other Conditions Generalized arteriosclerosis

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur? .....
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....
(d) Means of injury .....

23. Signature Howard J. Malecio M.D.
Medical Examiner.
Date signed 5-17-46

VS 151

G40388 Transcript

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. G40388

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Filkin & Caton Aves
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED Prince George
(a) State Md (b) County Baltimore
(c) City or town Hyattsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5130 Baltimore Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Irene E. George

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 14, 1874

8. AGE: Years	Months	Days	If less than one day
71 72	9	3	hr. min.

9. Birthplace Grace
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George Tsortzopoulos
13. Birthplace Greek

MOTHER
14. Maiden Name Unknown
15. Birthplace Greece

16 (a) Informant Luke Carman
(b) Address 3304 E Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20 1946 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore, Md

18 (a) Funeral director Durwood L. Covington
(b) Address 2425 Pennsylvania Ave

19 MAY 20 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/17 1946, at 6:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/14 1946 to 5/17 1946, and that I last saw her alive on 5/17 1946.

Immediate cause of death respiratory failure — Duration

Due to Ca. of ascending Colon

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature K. Tsortzopoulos

Address St. Agnes Hosp Date signed M. D. 5/17/46

VS 150

X

correct are especially important. Physicians: please write the causes of death clearly and legibly.

G40,589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G40,589 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Levindale Home
(c) Hospital or institution:
Belvedere Ave & Greenspring Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Levindale Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SOLOMON LASOFF

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Dora

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 71 | Months | Days | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business Presser Clothing

FATHER
12. Name Unkown
13. Birthplace Russia

MOTHER
14. Maiden Name Unkown
15. Birthplace Russia

16 (a) Informant Mr Morris Lasoff
(b) Address 4914 Chalgrove Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20/46 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale Cemetery
Location Philadelphia Road

18 (a) Funeral director Sol Levinson + Bros
(b) Address 124 N. W. North ave

MAY 20 1946 (Date rec'd by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-19 1946, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-20 1944 to 5-19 1946, and that I last saw h[illegible] alive on 5-19 1946.

Immediate cause of death Coronary thrombosis — Duration

Due to

Due to

Other Conditions Paralysis agitans

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Edmund Levin M. D.
Address Levindale Date signed 5-19-46

IVS 120

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The [illegible] with BLACK INK. Every item of information should be carefully supplied.

G40390 G40390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. 5411

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Ashburton Nursing Home 3520 Hilton Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 44 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Ashburton Nursing Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Price McCarty

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Horace C. McCarty
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-20-1856

8. AGE: Years 89 | Months 5 | Days 28 | If less than one day hr. min.

9. Birthplace Balto. Co., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Ephrian Price
13. Birthplace Penna

MOTHER
14. Maiden Name - Broessler
15. Birthplace Penna

16 (a) Informant Dr. H. D. McCarty
(b) Address 37 W. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

MAY 20 1946 (b) Huntington W. Va.

VS. 188

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18th 1946, at 12:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1946, to May 18 1946, and that I last saw h[illegible] alive on May 18 1946.

Immediate cause of death: Pneumonia Lobar — Duration 24 hours

Due to

Due to

Other Conditions: Arteriosclerosis Hemiplegia -
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry D. McCarty
Address 37 W. Preston St Date signed 5/21/46

X

G40391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92D

G40391 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 714 Veronica Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 714 Veronica Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MAGGIE FOSTER

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife James Foster
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24, 1872

8. AGE: Years	Months	Days	If less than one day
74	1	24	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Andrew Lockman
13. Birthplace Germany

MOTHER
14. Maiden Name Hannah Ebert
15. Birthplace Germany

16 (a) Informant Mr. James Foster
(b) Address 714 Veronica Ave.

17 (a) Burial (b) Date thereof 5/21/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oaklawn Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAY 20 1946 (b)
(Date rec'd by registrar)
Registrar

MEDICAL CERTIFICATION A.

20. DATE OF DEATH May 18, 1946, at 6:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1946, to May 18 1946, and that I last saw h[illegible] alive on May 18 1946.

Immediate cause of death: Acute Myocarditis — Duration 2 days

Due to Endocarditis Acute — Duration 2 months

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

Signature [illegible] Edmunds
Address
Date signed 5/20/46

VS 150

G40.392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G40.392 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 929 N. Bentalou St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 b
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 929 N. Bentalou St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) FULL NAME RICHARD T. JORDAN

3 (b) If veteran, name war: none
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Divorced
6 (b) Name of husband or wife: Helen H. Jordan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 24, 1889

8. AGE: Years 56 | Months 6 5 | Days 23 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Kitchen Help
11. Industry or business Franks Seafood

FATHER
12. Name Richard H. Jordan
13. Birthplace Virginia

MOTHER
14. Maiden Name Elizabeth Gilly
15. Birthplace Virginia

16 (a) Informant Mrs. Elizabeth Watts
(b) Address 929 N. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Clivet Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b)

MAY 20 1946

Funeral for Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1946, at 6:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1946 to May 17 1946, and that I last saw him alive on May 17 1946.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions Epilepsy

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Scagnetti M. D.
Address 1724 W Lombard St Date signed 5/18/46

0 X

G40.693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

G40.693 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1815 N. Fulton Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1815 N. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME VICTORINE HALLWIG

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	no	Female	White	Married

6 (b) Name of husband or wife Wm. C. Hallwig
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1875

8. AGE: Years	Months	Days	If less than one day
70	7	6	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Victor Clunet
13. Birthplace Baltimore

MOTHER
14. Maiden Name Harriett Farlow
15. Birthplace Baltimore

16 (a) Informant Mr. William C. Hallwig
(b) Address 1815 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (b)
Date rec'd by registrar 20 1946 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16, 1946 at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 30/46 to May 16/46 and that I last saw her alive on May 15 1946

Immediate cause of death Carcinoma of Stomach — Duration 1 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry C. Hoenk M.D.
Address 1523 W. Mulberry St. Baltimore 17, Md. M.D.

G40.694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 66B

✓ G40.694 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The exact house number should be given. Every item of information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount Ave.
(c) Hospital or institution: Church Home Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2210 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME BEVERLY TAYLOR HALL

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	Married

6 (b) Name of husband or wife LAURA C. Taylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1885

8. AGE: Years	Months	Days	If less than one day
60	6	23	— hr. — min.

9. Birthplace BALTIMORE Co. MD. (Town, county, and state)
10. Usual Occupation Retired Salesman
11. Industry or business

FATHER
12. Name BEVERLY Hammond Hall
13. Birthplace MD. (Balto. Co., Md.)

MOTHER
14. Maiden Name MARY JANE THOMPSON
15. Birthplace MD. Balto. Co.

16 (a) Informant WIFE
(b) Address 2210 N. CALVERT ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/46 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAY 21 1946 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1946, at 11:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1946, to May 18 1946, and that I last saw him alive on May 18 1946.

	Duration
Immediate cause of death malnutrition and acid-base disequilibrium	
Due to Sprue	17 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur Lankford Jr. M. D.
Address 115 E. Eager ST. Date signed 5/18/46

X

G40595

BALTIMORE CITY HEALTH DEPARTMENT ✓ 54a

CERTIFICATE OF DEATH

Registered No. G40595

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3713 Delvonne Rd. (If rural give location)
(e) Citizen of foreign country? Delvonne (Yes or No) If yes, name country

3 (a) FULL NAME Robbie anne Robinson

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-22-44

8. AGE: Years	Months	Days	If less than one day
2	2	25	hr. min.

9. Birthplace Va. (Norfolk) (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William E Robinson
13. Birthplace Texas

MOTHER
14. Maiden Name Elayne Elder
15. Birthplace Balto. Md.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem. Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 MAY 20 1946 (b) (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17-1946 at 5-40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-17 1946 to 5-17 1946 and that I last saw her alive on 5-17 1946.

Immediate cause of death Brain tumor (oligodendroglioma) — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Brain tumor

of autopsy: Brain tumor

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bruce J. Tracy M. D.
Address The Johns Hopkins Hosp. Date signed 5-18-46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40396 ✓ G40396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1805 Westphal Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 Westphal Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Giovanni Bilardello

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Vincenza Sciacca
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1st 1876

8. AGE: Years	Months	Days	If less than one day hr.	min.
69	9	17		

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation Retired Laborer

11. Industry or business

FATHER
12. Name Albert Bilardello
13. Birthplace Italy

MOTHER
14. Maiden Name Maria Barbera
15. Birthplace Italy

16 (a) Informant Wife
(b) Address 1805 Westphal place

17 (a) Burial (b) Date thereof May 21 - 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mem Cathedral
Location Frederick Road

18 (a) Funeral director Frank V. Pipitone
(b) Address 2898 E. Baltimore st

19 (a) (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

MAY 20 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1946, at 11:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1946, to May 18 1946, and that I last saw him alive on May 11 1946.

Immediate cause of death Cardio-Renal Disease — Duration 3 yrs.

Due to Chr. nephritis

Due to Chr. myocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. L. Barranco

Address 436 E Fort Date signed 5/20/46
M.D.

X

G40397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. G40397

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 148 Willard Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 148 Willard Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE M. WHITWORTH

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-5205

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Berth Whitworth
6 (c) If alive, give age D years

7. Birth date of deceased (mo., day, yr.) 2. Aug. 1881

8. AGE: Years	Months	Days	If less than one day
64	9	14	********** hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name William Whitworth
13. Birthplace Maryland

MOTHER
14. Maiden Name Bertha Crooks
15. Birthplace Maryland

16 (a) Informant Mrs. Margaret E. Dehne
(b) Address 148 Willard Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 20 May 46 (month) (day) (year)
(c) Cemetery or crematory Mt. Olive
Location Randelstown, Md.

18 (a) Funeral director T. B. Hilbert & Son
(b) Address 1300 Eutaw Place.

19 (a) (Entered by registrar) (b) (Registrar)

MAY 20 1946

VS 150

Hunting for Whitworth

MEDICAL CERTIFICATION

20. DATE OF DEATH 16th. May 1946, at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1945 to 5-16 1946 and that I last saw him alive on 5-16 1946.

Immediate cause of death
Leba Pneumonia
Due to Arterio Sclerosis Hypertension
Due to Chr. Interstitial Nephritis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas S. Bowyer M. D.
Address Medical Arts. Bldg. Date signed

Dr. X

correct age is especially important. Physicians; please write the causes of death clearly and legibly. The

G40398 BALTIMORE CITY HEALTH DEPARTMENT X ✓ G40398

CERTIFICATE OF DEATH 1310

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Fredericksburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 120 E Washington Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick W. Feuerhund

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Dorothea Feuerhund
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) 3/8/84

8. AGE: Years	Months	Days	If less than one day
62	3	11	hr. min.

9. Birthplace Baltimore Maryland (town, county, and state)
10. Usual Occupation Caterer & Restaurateur
11. Industry or business Owner — retired

FATHER
12. Name August Feuerhund
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Wunderle
15. Birthplace Switzerland

16 (a) Informant Dorothea Feuerhund
(b) Address 120 E Washington Ave Fredericksburg Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 2 May 46 (month) (day) (year)
(c) Cemetery or crematory Oak Hill Cem.
Location Fredericksburg, Va.

18 (a) Funeral director A. B. Pittsinger & Son
(b) Address 1300 Eutaw Pl

19 MAY 20 1946 (Date filed by City Registrar)

Registrar

VS 150

Huntington Publishing Co., Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/19 1946, at 9 50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/11 1946 to 5/19 1946 and that I last saw h[illegible] alive on 5/19 1946

Immediate cause of death Respiratory Failure — Duration final 8 days

Due to Cerebral Hemorrhage — unknown

Due to Cardio-Vascular-Renal Disease — unknown

Other Conditions Arteriosclerosis Gen. Mod.
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur W Lyons M. D.
Address Bon Secours Hosp. Date signed 5/19/46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. The

G40.599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 931

G40.599 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 W 40th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 W 40th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella S. Appel

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Chas H. Appel
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Apr. 21 - 1866

8. AGE: Years 80 | Months 0 | Days 26 | If less than one day — hr. — min.

9. Birthplace Port Deposit Md (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Silas Gorsuch
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Worden
15. Birthplace Md

16 (a) Informant Mrs. Jas. Lewis
(b) Address 1213 W 40th St

17 (a) Burial (b) Date thereof 5/20/46 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Geo E Berger
(b) Address 1512 Hollins St

19 (a) (Date rec'd by registrar) MAY 20 1946 (b) [illegible] Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1946, at 2:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1938 to May 17, 1946 and that I last saw h[illegible] alive on May 12, 1946.

Immediate cause of death
Coronary Thrombosis — Duration —
Due to Hypertension — —
Due to Arteriosclerotic Cardiov. — —
Due to Nervous Anemia — —
Other Conditions — —

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? at M
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A Weiss M.D.
Address 2402 Huntingdon Ave Date signed 5-20-46

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The [illegible] of information should be carefully supplied.

G30400 over

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 160a

Registered No. G30400

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address.....
(c) Hospital or institution: Johns Hopkins Hospital 10+
(d) Length of stay in hospital or inst. (yrs., mos., or days) D 0 9
(e) Length of stay in Baltimore (yrs., mos., or days).....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County.....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1027 N. Central Ave. (If rural give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3 (a) FULL NAME Baby Boy Pierce

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife.....
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day: Hr. / Min.
			Full term living newborn baby

9. Birthplace ? (Town, county, and state)
10. Usual Occupation ?
11. Industry or business ?

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant ?
(b) Address

17 (a)..... (Burial, cremation, or removal) (b) Date thereof..... (month) (day) (year)
(c) Cemetery or crematory.....
Location University Medical School APR 15 1946
Commissioner of Health

18 (a) Funeral director.....
(b) Address

19 (a) MAY 20 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11, 1946, at 1.30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Subarachnoid hemorrhage

Due to.....

Other Conditions.....
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury..... at..... M.
(b) Where did injury occur?.....
(c) Did injury occur at home, on farm, industrial place, in public place?..... While at work?.....
(d) Means of injury.....

23. Signature Howard J. Haggerty M.D. Medical Examiner.
Date signed 4-11-46

VS 151

3510

G40401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G40401

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2821 Sunset Dr.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2821 Sunset Dr.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Eastinger

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Rosie

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Oct 20, 1869

8. AGE: Years 76 | Months 6 | Days 27 | If less than one day hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Josiah Eastinger
13. Birthplace Balto Md

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Germany ?

16 (a) Informant Mrs Rosie Eastinger
(b) Address 2821 Sunset Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-46 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk.
Location Frederick Rd.

18 (a) Funeral director L. HEEMANN & SON
(b) Address 32 S. BROADWAY

19 (a) [illegible]

MAY 20 1946

[illegible] Baltimore, Md.

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MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1946 at 4 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1946 to May 16 1946, and that I last saw h[illegible] alive on May 15 1946.

Immediate cause of death Pulmonary Oedema : Cerebral Apoplexy

Due to Senility

Due to Coronary Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 2857 Westview Dr Date signed 5/16/46

X

G40102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 14

G40102 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3days
(e) Length of stay in Baltimore (yrs., mos., or days) @ 3days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Davidsonville (If outside city or town limits, write RURAL, and give town)
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Marie DIANE BUTTERY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-14-44

8. AGE: Years 1 | Months 10 | Days 5 4 | If less than one day hr. min.

9. Birthplace Davidsonville, Anne Arundel Co, Md (Town, county, and state)

10. Usual Occupation child

11. Industry or business

FATHER
12. Name Elbert Lee Buttery
13. Birthplace Virginia

MOTHER
14. Maiden Name Virginia Barnett
15. Birthplace Virginia

16 (a) Informant Mrs. Buttery (mother)
(b) Address Davidsonville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21, 1946 (month) (day) (year)
(c) Cemetery or crematory
Location Davidsonville, Md.

18 (a) Funeral director E. Willis Ramsburg
(b) Address 1003 W. Baltimore St.

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 20 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-18 1946, at 11:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/16 1946, to 5/18 1946, and that I last saw her alive on 5/18 1946

Immediate cause of death	Duration
Meningitis, tuberular	
Due to Tuberculosis	2 wks.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Katherine Sprunt M. D.
Address Sydenham Hospital Date signed 5/19/46

X

G40103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

G40103 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3101. Eastern ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3101. Eastern ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Benjamin H. Haskell

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male.	White	Widower

6 (b) Name of husband or wife Mary E. Haskell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15. 1871.

8. AGE: Years	Months	Days	If less than one day
75.	2.	3.	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER

12. Name John Haskell

13. Birthplace Shadyside Md.

MOTHER

14. Maiden Name Pritchard

15. Birthplace Shadyside Md

16 (a) Informant Benjamin Haskell

(b) Address 3101. Eastern ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20. 1946 (month) (day) (year)

(c) Cemetery or crematory Lorraine Park Location Woodlawn Md

18 (a) Funeral director Waddell & Sons

(b) Address 312 S. Howard Street

19 MAY 20 1946 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17- 1946. at 6A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-10-1946. to 5-17 1946. and that I last saw him alive on 5-16-1946.

Immediate cause of death

(a) Chr. Myocarditis

Due to Chr nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
2
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature N. J. Davidson M. D.

Address 3218 Eastern ave Date signed 5-18-46

X

G40404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G40404

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 770 Vine Street
(c) Hospital or institution:
4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
2
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 770 Vine Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Holloway

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 22 1889

8. AGE: Years 56 Months 8 Days 21 Hours Minutes (If less than one day)

9. Birthplace Kinston North Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Wilzer Holloway
13. Birthplace Kinston North Carolina

MOTHER
14. Maiden Name Jane Hagers
15. Birthplace Kinston North Carolina

16 (a) Informant Mrs Pearl anna Gooding
(b) Address 668 Lincoln St Kinston N C

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 23 1946 (month) (day) (year)
(c) Cemetery or crematory Kinston N C
Location Lenoir County

18 (a) Funeral director Joseph A. Hardy
(b) Address 661 W Vance St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-15- 1946 at 2 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1 1946 to 5-15 1946, and that I last saw him alive on 5-1 1946.

Immediate cause of death: Chronic Cardio-Vascular Renal Disease — Duration 6 Mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 668 Lincoln St Date signed 5-15-46

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

G40105 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 623. S. Linwood Ave.
(c) Hospital or institution:
6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 103 N. Luzarne St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Flaherty

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife No

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886.

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Ireland. (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business Rectory

FATHER
12. Name Cumnin Flaherty
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Flaherty.
15. Birthplace Ireland

16 (a) Informant William Flaherty.
(b) Address 623 S. Linwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May. 21st46 (month) (day) (year)
(c) Cemetery or crematory Catherdral
Location Frederick Rd.

18 (a) Funeral director Geo. M. Fink & Son.
(b) Address 811 N. Wolfe St.

19 (a) MAY 20 1946 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May. 17th. 1946, at 11P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 April 1946 to 17 May 1946, and that I last saw her alive on 17 May 1946.

Immediate cause of death	Duration
Carcinomatosis	
Due to Carcinoma of rt. Breast	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 4 April 1946

Major findings of operation: Carcinoma rt. Breast.

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William R. Tompkins M. D.
Address 1011 N. Charles St. Date signed 5-20-46

X

Physicians: please write the causes of death clearly and legibly. The cause of disease is especially important.

G40106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

Registered No. G40106

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 831 S. Kenwood ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 831 S. Kenwood ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rose Rykowski
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife John Rykowski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
78			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Michael Przybyszewski
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant John Jannohowski
(b) Address 2720 Hudson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-46 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Balto. County

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester Street
MAY 20 1946 (Date received by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION 820

20. DATE OF DEATH May 18 1946 at A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1946 to May 18 1946 and that I last saw h[illegible] alive on May 17 1946

Immediate cause of death
Uremia — Duration 4 days
Due to Dehydration — 1 wk.
Due to Carcinoma of Stomach — 1 yr.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Clara W. LeBaron
Address 601 S. Ellwood Ave Date signed 20 May 46

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. G40107

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3404 Springdale Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3404 Springdale Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Max R. Stul

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Yetta Stul

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) April 19 (22) (1897)

8. AGE: Years 68 57 | Months 1 | Days 61 | If less than one day hr. — min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business None clothing

FATHER
12. Name Lazer Stul
13. Birthplace Russia

MOTHER
14. Maiden Name Zippa Stul
15. Birthplace Russia

16 (a) Informant Mrs. Yetta Stul
(b) Address 3404 Springdale Ave

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 5-22-46 (month) (day) (year)

(c) Cemetery or crematory Beth Tfiloh
Location Windsor Mill Rd

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Baltimore St

MAY 20 1946 Registrar Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1946, at 4:00 p.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1946, to May 18 1946, and that I last saw him alive on May 15 1946.

Immediate cause of death Coronary Thrombosis
Myocarditis

Duration

Due to

Due to

Other Conditions Pulmonary edema
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work)
(Specify type of place)
(e) Means of injury

23. Signature Benj. Kadan M. D.
Address 2306 Eutaw St Date signed 5-18-46

VS 150

G40108

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

G40108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St.
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt. City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2802 Norfolk Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena Berman Rockland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Harry Oliver R—
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15 1903

8. AGE: Years	Months	Days	If less than one day
42	5	5	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name John Berman
13. Birthplace Russia

MOTHER
14. Maiden Name Dora Brauer
15. Birthplace Russia

16 (a) Informant Husband
(b) Address Same. 2809 Norfolk ave

17 (a) Burial (b) Date thereof May 21 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale Cemetery
Location Hamilton ave Rosedale

18 (a) Funeral director Sol Levinson - Grad
(b) Address 124-26 W. North ave

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1945, at 9 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1946 to May 19 1946, and that I last saw her alive on May 19 1946.

Immediate cause of death: Cardiac Failure — Duration: 2 hrs

Due to: Pemphigus Vulgaris — 4 Mos

Due to:

Other Conditions: Pos STS, B Mas age 9 diabetes mellitus

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William L. Turner M. D.
Address Union Memorial Date signed May 19 46

VS 150

153

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40:09 G40:09

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20A 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(b) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1313 Stockton
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LeRoy COTES

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife Maggie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
56 5 5			hr. min.

9. Birthplace Md (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Frank Coates

13. Birthplace Md

MOTHER 14. Maiden Name Moldie Robinson

15. Birthplace Md

16 (a) Informant Maggie Coates

(b) Address 1313 W. Stockton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-46 (month, day) (year)

(c) Cemetery or crematory St Peters

Location Md.

18 (a) Funeral director Geo. H. Kelso

(b) Address 1303 Pennsylvania Ave

19 (a) (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/18/46 19 , at 1.15 A M

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature John R. Davis M.D.
Medical Examiner.

Date signed 5/19/46

VS 151

X

G40110 BCH D 46520 G40110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3527 Fait Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Diane Mack

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1-1946

8. AGE: Years	Months	Days	If less than one day
		28 27	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name August H. Mack
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Margaret A. Dietrich
15. Birthplace Balto Md.

16 (a) Informant August H. Mack
(b) Address Balto Md.

17 (a) Burial (b) Date thereof 5/20/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Harbor Lawn Cemetery
Location Belair Rd.

18 (a) Funeral director M. W. F. Doppelt Sons
(b) Address 1200 W. Lexington St.

MAY 20 1946 (Date rec'd by Registrar) (b) Huntington Avenue, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 19 May 1946 at 3:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10 May 1946 to 19 May 1946 and that I last saw her alive on 19 May 1946

Immediate cause of death LEFT LOWER LOBAR PNEUMONIA

Duration

Due to

Due to

Other Conditions Congestive Heart Failure
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy LOBAR PNEUMONIA

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. M. Kruger M. D.
Address Sinai Hospital Date signed 5/19/46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40111 BC# 43823 BALTIMORE CITY HEALTH DEPARTMENT G40111 Registered No. 108

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eutaw & 33rd. Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life (Less)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town Baltimore 11 (If outside city or town limits, write RURAL and give town)
(d) Street No. 2810 MILES AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOSEPH CARL CERRATO

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MARCH 20 1946

8. AGE: Years	Months	Days	If less than one day
	1	29	hr. min.

9. Birthplace BALTIMORE, MARYLAND (Town, county, and state)
10. Usual Occupation infant
11. Industry or business

FATHER
12. Name ANTHONY P. CERRATO
13. Birthplace BALTO., MARYLAND

MOTHER
14. Maiden Name PEARL LEISEY
15. Birthplace PENNSYLVANIA

16 (a) Informant MRS. ANTHONY CERRATO
(b) Address 2810 MILES AVE, BALTO, 11

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave

18 (a) Funeral director Charles H. Eramo Funeral Home
(b) Address 118 W. Mt. Royal Ave

MAY 20 1946 (Date received by local registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 18 MAY 1946 at 1.50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 16 MAY 1946 to 19 MAY 1946, and that I last saw him alive on 18 MAY 1946

Immediate cause of death: Respiratory & cardiac failure — Duration: 48 hours
Due to: Pneumonia, lobar, right middle & lower lobes
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ronald N. Cooper M. D.
Address Union Memorial Hospital Date signed 19 May 46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G40112 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3512 Powhatan Ave
(c) Hospital or institution: * * * 1
(d) Length of stay in hospital or inst. (yrs., mos., or days) *
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DEACEASED: Powhattan
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3512 Powhatan Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew Ciotti

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Agnes Ciotti
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 12-1863
8. AGE: Years 82 | Months 5 | Days 7 | If less than one day hr. min.
9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Fruit Importer

FATHER
12. Name Dont Know
13. Birthplace Italy

MOTHER
14. Maiden Name Don't Know
15. Birthplace Italy

16 (a) Informant Hector Ciotti
(b) Address 3591 Rosedale Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave
18 (a) Funeral director Charles J Evans & Son Inc
(b) Address 118 W. Mt. Royal Ave
19 (a) MAY 20 1946 (Registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-19 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1- 1946, to 5-19 1946 and that I last saw h alive on 5-18 1946

Immediate cause of death: Myocardial Degeneration
Due to Arteriosclerosis.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Medical Date signed 5-20-46

VS 150

X Queen

G40113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1172

Registered No. G40113

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ala. (b) County
(c) City or town Mobile
(If outside city or town limits, write RURAL and give town)
(d) Street No. 103 S. Lafayette
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Victor Ryle Parsons

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 21 1899

8. AGE: Years	Months	Days	If less than one day
46	7	27	hr. min.

9. Birthplace British W. Indies
(Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business Master seaman.

FATHER
12. Name Edmund S. Parsons
13. Birthplace B.W.I.

MOTHER
14. Maiden Name Virginia Borden
15. Birthplace B.W.I.

16 (a) Informant U.S. MARINE HOSPITAL
(b) Address WYMAN PARK DRIVE BALTO

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory REMOVAL
Location MOBILE, ALA.

18 (a) Funeral director A.R. SLADE
(b) Address 4907 YORK RD.

19 MAY 20 1946 (Date received by Local Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-18- 1946 at 4 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-15- 1946 to 5-18- 1946 and that I last saw him alive on 5-18- 1946.

Immediate cause of death	Duration
Gastric hemorrhage	
Due to Gastric ulcer	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. R. Baker M. D.
Address U.S. Marine Hosp Date signed 5-18-46

VS 150

1

G40114672
388

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
157E

Registered No. G40114

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Canada (b) County
(c) City or town VANCOUVE (If outside city or town limits, write RURAL and give town)
(d) Street No. 4378 Ontario St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country British, Col.

3 (a) FULL NAME Shirley Jean Jones
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex: female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 8-23-29
8. AGE: Years 16 Months 8 Days 23 If less than one day hr. min.
9. Birthplace Oregon (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Melvin Jones
13. Birthplace La.

MOTHER
14. Maiden Name Myrtle Mobley
15. Birthplace Canada

16 (a) Informant records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation or removal) (b) Date thereof Mar. 22/46 (month) (day) (year)
(c) Cemetery or crematory Los Angeles Calif [illegible]
Los Angeles Calif [illegible]
18 (a) Funeral director John H. Mitchell, Sons
(b) Address 1900 E. 62d Place
MAY 20 1946 (b) Huntington W. Va.
Registered by (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1946 at 5 70 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-17- 1946 to 5-18- 1946 and that I last saw her alive on 5-18- 1946.

Immediate cause of death	Duration
Respiratory Failure	
Due to Pulmonary Artery thrombosis	
Due to Operation for pulmonary stenosis & congenital heart disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 5/18
Major findings of operation: Pulmonary stenosis
of autopsy: Pulmonary stenosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature R. W. Scott, Jr. M. D.
Address Johns Hopkins Hospital Date signed 5/18/46

VS 150

correct age especially important. Physicians: please write the causes of death clearly and legibly. The

G40415 3/50

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1862

G40115 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. 33rd & Guilford Ave.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. The Taylor Home 2001 Park Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Ida Metcalf

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/18/1858

8. AGE: Years	Months	Days	If less than one day
87	11	30	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name John Metcalf
FATHER 13. Birthplace Maryland
MOTHER 14. Maiden Name Julia Eppley
MOTHER 15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/20/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemt. Location Fredrick Maryland
18 (a) Funeral director John. O. Nicholls & Sons
(b) Address 1900 Eutaw Place

MAY 20 1946 (Date received by Registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17-1946, at 8:04 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-6-1946 to 5-17-1946, and that I last saw h alive on 19

Immediate cause of death: Circulation failure

Duration
24 hrs.
?
12 days.

Due to Bronchopneumonia, terminal

Due to Fracture of neck of left femur

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 12/2
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5 May 1946 at ? M
(c) Where did injury occur? Balto. (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? NURSING HOME (Specify type of place) While at work? No.
(e) Means of injury TRIPPED ON RUG

23. Signature George H. Lahsenmyer M.D.
Address Union Memorial Hosp Date signed 5/17/46

Huntington Nicholls, M.D. Registrar

For & W.S. Hufford
Howard E. Wiseman M.D.

G40116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G40116 Registered No.

Type or print with indelible pencil. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkins Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in this city (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 333 Beaumont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles E Funkhouser

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 218-07-7865

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife: Martha M. nee Brady

6 (c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): Jan. 30, 1869

8. AGE: Years	Months	Days	If less than one day
77	3	17	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Accountant (Retired)

11. Industry or business: Baltimore Sun

FATHER
12. Name: Elijah Funkhouser
13. Birthplace: West Va.

MOTHER
14. Maiden Name: Eliz. Leitch
15. Birthplace: Maryland

16 (a) Informant: Mrs Martha M. Funkhouser
(b) Address: 333 Beaumont Ave Catonsville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/46 (month) (day) (year)
(c) Cemetery or crematory: London Park Cem.
Location: Baltimore, Md.

18 (a) Funeral director: Easton Sons
(b) Address: 608 Frederick Ave Catonsville Md

19 MAY 20 1946 (Date received by registrar) Entington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/17 19 46, at 9 25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death	Duration
(a) Cardio Resp. Failure	
Due to (b) Cerebral Hemorrhage	
Due to (c) Hypertension C-V Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Charles E. Graff M.D.
Address: 1 E Lexington Street Date signed 5/17/46

VS 190

AB-1818[illegible]17

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183 B Registered No. G40117

Type or print with UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4hrs-55min
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2217 Bank St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vincent Mazalewski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6- 188[illegible]

8. AGE: Years	Months	Days	If less than one day
57	2	12	hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Adam Mazalewski
13. Birthplace Poland

MOTHER
14. Maiden Name Eve ?
15. Birthplace Poland

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 Burial (Burial, cremation, or removal) (b) Date thereof May 21/46 (month, day, year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Baltimore

18 (a) Funeral director Fred W. Ograzewski
(b) Address 1930 Eastern Ave.

19 (a) (b)
(Date received by Registrar) Registrar

MAY 20 1946 Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18- 1946 at 4 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-17-46 1946 to 5-18- 1946
and that I last saw h[illegible] alive on 5-18- 1946

Immediate cause of death Circulatory Failure — Duration

Due to Cerebral Thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. D. Scarborough M. D.
Address 4940 Eastern Ave. Date signed 5-18-46

G40118 new

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161C

Registered No. G40118

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution: Franklin Square
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balto — (If outside city or town limits, write RURAL and give town)
(d) Street No. 422 North Belnord Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Nowak

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 5/20/46

8. AGE: Years	Months	Days	If less than one day
			0 hr. 30 min.

9. Birthplace Balto, Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Edward Francis Nowak
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Stella Lipinski
15. Birthplace Balto, Md.

16 (a) Informant Mother
(b) Address 422 N Belnord Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-46 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore

18 (a) Funeral director Fred W Ozarowski
(b) Address 1930 Eastern Ave

19 MAY 20 1946 Huntington Williams M.D. (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/20 1946, at 2 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/20 1946 to 5/20 1946, and that I last saw h[er] alive on 5/20 1946.

Immediate cause of death Hydrops Fetalis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wilfred K Kompkey M. D.
Address 1211 Eutaw Pl Date signed 5/21/46

VS 180

X

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G40119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. G40119

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. TYPEWRITER, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1423 W. Mt. Royal Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) About 64 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1423 W. Mt. Royal Avenue (If rural give location)
(e) Citizen of foreign country? ----- (Yes or No)
If yes, name country ------

3 (a) FULL NAME William A. Mahon

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lillian M. Jackson
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) --------

8. AGE: Years	Months	Days	If less than one day
About 64	---	--	-- hr. ---min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Deputy Clerk
11. Industry or business Register of Wills Office

FATHER
12. Name John J. Mahon
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary Ellen Ward
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Lillian J. Mahon
(b) Address 1423 Mt. Royal Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert St.

19 (a) Date received by registrar (b)
Registrar
Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1946, at 2 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5 1945 to May 18 1946 and that I last saw him alive on May 17, 1946.

Immediate cause of death
Arteriosclerotic Cardio-Vascular Renal Disease — Duration 18 Months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Turnbull M.D.
Address Medical Arts Bldg. Date signed 5/20/46

G40420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G40420 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2 E. Hannietta St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Henrietta
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 E. Hannaretta (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie E. Fritz

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Charles Fritz
6 (c) If alive, give age D years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1867

8. AGE: Years	Months	Days	If less than one day
78	5	12	hr. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Christian Krieter
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Lillian M. Shipp
(b) Address 2 E. Hannietta

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 / 16 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Frederick Ave

18 (a) Funeral director John F Kenny Inc
(b) Address 745 Eight St

19 (a) (Registrar) (b)

MAY 20 1946

VS 150

Huntington Williams Mar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18th 1946 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1946 to May 18, 1946 and that I last saw h alive on May 17 1946

Immediate cause of death
Arteriosclerotic Cardio-Vascular Disease
Due to with Cardiac Failure
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
3 years

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emanuel S. Ellison M. D.
Address 107 E. West St Date signed May 17, 1946

G40121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

G40121 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 510 Hanover St.
(c) Hospital or institution South Balto Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 510 S Hanover St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Cunningham

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Alfred Otis
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Feb 29, 1883

8. AGE: Years	Months	Days	If less than one day
63 62	2	16	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at home

FATHER
12. Name Unknown Huggles
13. Birthplace England

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. Alfred Otis Cunningham
(b) Address 510 - Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-46 (month) (day) (year)
(c) Cemetery or crematory New Haven
Location Annapolis Blvd

18 (a) Funeral director John F. Handley Inc.
(b) Address 35 E. Lexington St Huntington Williams, Mgr

19 (a) MAY 20 1946 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 16 May 1946, at 4 PM 53

21. I certify that I took charge of the remains described above, held an Autopsy & Inq thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to ___ death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute Pulmonary Edema

Due to Hypertensive Cardio-Vascular disease

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature W. J. Reynolds M.D.
Medical Examiner.
Date signed 16 May 46

VS 151

G40122 DC# F92828 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 36 — G40122 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. USE PENCIL, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 500 S. Bentalou St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 500 S. Bentalou St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Doris May Hook

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 11, 1944

8. AGE: Years	Months	Days	If less than one day
2	4	9	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER
12. Name Edward Hook
13. Birthplace Maryland

MOTHER
14. Maiden Name Marie Hershey
15. Birthplace Maryland

16 (a) Informant Maria Hook
(b) Address 500 S. Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22 46 (month) (day) (year)
(c) Cemetery or crematory Mt. Cathedral
Location 3900 Old Frederick Rd

18 (a) Funeral director Harry A. Wittstadt
(b) Address 4101 Edmondson Ave.

MAY 20 1946 (Date filed by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1946, to May 20 1946; and that I last saw h[illegible] alive on May 19 1946.

Immediate cause of death: Acute Cerebral Infection — Duration

Due to, Convulsions

Due to Measles

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert E. Stetch M. D.
Address 2157 Wilkens Ave Date signed 5/20/46

VS 150

G40123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

G40123 Registered No.

PRINT OR WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4408 Adelle Ter.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 19yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4408 Adelle Ter.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME H. Joseph Westenberger

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	married

6 (b) Name of husband or wife Marie M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 31. 1897

8. AGE: Years	Months	Days	If less than one day
48	8	12 18	hr. min.

9. Birthplace Germany (town, county, and state)
10. Usual Occupation Kitchen Room Mgr.
11. Industry or business Mayflower Hotel

FATHER
12. Name Conrad Westenberger
13. Birthplace Germany

MOTHER
14. Maiden Name Magdelena Mieberger
15. Birthplace Germany

16 (a) Informant Mrs. Marie M. Westenberger
(b) Address 4408 Adelle Ter.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof May 21/46 (month, day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd.

18 (a) Funeral director Harry A. Kirtzle
(b) Address 4101 E. Monument Ave

19 (a) 1946 (Date rec'd by registrar) (b) Thurlow for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18/46 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1946 to May 18 1946, and that I last saw him alive on May 15 1946.

Immediate cause of death Coronary Thrombosis
Due to Hypertension
Due to Pulmonary Oedema
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Nesbit M. D.
Address 715 Fidelity Bldg. Date signed May 20 1946
For H. H. Davis, by Howard J. Andrews, M.D.

VS 150

AB-101382 G40124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 937

G40124 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT WHITE PAPER, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 416 Aisquith St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Travers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age 1867 years

7. Birth date of deceased (mo., day, yr.) March 10 ? (79

8. AGE: Years	Months	Days	If less than one day
79 ?	2	9	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John W. Travers
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-46 (month) (day) (year)
(c) Cemetery or crematory Arlington
Location Balto. Co.

18 (a) Funeral director Sam'l. M. Chase & Son
(b) Address 638 N. Bklmor

19 (a) MAY 20 1946 (Registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19- 1946 . at 2.55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18- 1946 . to 5-19 1946. and that I last saw h. l. alive on 5-19 1946.

Immediate cause of death: Respiratory failure

Due to Pulmonary Embolism

Due to Myocardial failure

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Doyle Waldman M. D.
Address B. C. H. Date signed May 19 46

G40125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G40125 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 307 W Biddle
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 307 W. Biddle St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Gross

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years: 60 | Months | Days | If less than one day: hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Not known
13. Birthplace

MOTHER
14. Maiden Name Not known
15. Birthplace

16 (a) Informant Mrs Sarah Jones
(b) Address 307 W. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore, Md

18 (a) Funeral director Mrs. Frances L. Herndon
(b) Address 578 W. Biddle, Street

20 1946 (Date received by registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16- 1946, at 11 45 AM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Uhrbrock M.D.
Medical Examiner.
Date signed 5-16-46

VS 151

Physicians: please write the causes of death clearly and legibly. This information is important.

G40426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G40426 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1511 Homestead St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1511 Homestead St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence D. Hutson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Married

6 (b) Name of husband or wife George A. Hutson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 14, 1891

8. AGE: Years	Months	Days	If less than one day
54	8	4	hr. min.

9. Birthplace Penna
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Joshua Metz
13. Birthplace Md

MOTHER
14. Maiden Name Rhoda Callahan
15. Birthplace Penna

16 (a) Informant Mr. Mrs. G. Hutson
(b) Address 1511 Homestead St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 5-21-46 (month) (day) (year)
(c) Cemetery or crematory Parkwood Mem
Location Balto. Md.

18 (a) Funeral director L. J. Ruck
(b) Address 5205 Harford Rd.

19 (a) Date registered MAY 20 1946 [illegible]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1946, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 15 May 1946 to 18 May 1946 and that I last saw h[illegible] alive on 18 May 1946

Immediate cause of death: Coronary Thrombosis — Duration: 3 days

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles W. Edwards M. D.

Address 2746 The Alameda Date signed 18 May 46

G40127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

G40127 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3922 Lanvinbury Rd
(c) Hospital or institution Ambassador Apts
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltotetey
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 39 Canterbury
(If rural give location)
(e) Citizen of foreign country? — No — (Yes or No)
If yes, name country —

3 (a) FULL NAME Alice Stewart McCleery Kelley

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Dan B. Kelley
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Mar-29-1882
8. AGE: Years 64 | Months 1 | Days 19 | If less than one day hr. min.
9. Birthplace Madison Ferry-Ohio
(Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name James McCleery
13. Birthplace Ireland

MOTHER
14. Maiden Name Nancy Duncan
15. Birthplace Ohio

16 (a) Informant Dan B Kelley (husband)
(b) Address Ambassador Apts
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-46 (month) (day) (year)
(c) Cemetery or crematory Black Rock
Location Balto Co. Md.
18 (a) Funeral director Stewart Mowen Co
(b) Address 108 W North Ave.
19 (a) (Registrar) (b) Registrar

MAY 20 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1946, at 7.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1945 to May 18 1946.
and that I last saw her alive on May 17 1946.

Immediate cause of death
Arteriolosclerotic Nephritis — 2 weeks
with Uremia —
Due to
Due to
Other Conditions Secondary Anemia — 8 months
Hypertensive Arteriosclerotic Ht. Dis. — 2 years
(Include pregnancy within 3 months of death)

Duration: Yrs. Mos. Ds.

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert W. Garis M. D.
Address 1014 St. Paul St. Date signed 5/20/46

CASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G40128

BALTIMORE CITY HEALTH DEPARTMENT ✓

CERTIFICATE OF DEATH 13/a

G40128
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4711 Hamperett
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4711 Hamperett
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth V. Heil

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	married

6 (b) Name of husband or wife Joseph J. Heil
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 27 1871

8. AGE: Years	Months	Days	If less than one day
74 75	4	22	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Thomas Gleason
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Norman
15. Birthplace Md.

16 (a) Informant Mr. Joseph J. Heil
(b) Address 4711 Hamperett Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-46 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore, Md.

18 (a) Funeral director Leonard J. Rusch
(b) Address 5315 Holford Rd.
(Date received by registrar) Huntingtown Williams, Mgr

MAY 20 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1946, at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1946 to May 19 1946 and that I last saw her alive on May 19 1946

Immediate cause of death Cerebral hemorrhage — Duration
edema

Due to Hypertensive cardio-vascular renal disease

Due to

Other Conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry Hanau M. D.
Address 710 D Hughes Rd Date signed May 19 46

VS 150

(The entries on WHITE LINES, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.)

G40129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 577

XV G40129 Registered No.

Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. J. (b) County
(c) City or town S. Orange (If outside city or town limits, write RURAL and give town)
(d) Street No. 145 S. Center St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANTHONY (Mary) GUEST

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	WHITE	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1938

8. AGE: Years	Months	Days	If less than one day: hr.	min.
7	10	12		

9. Birthplace Orange N.J. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Joseph Guest
13. Birthplace Brooklyn N.Y.

MOTHER
14. Maiden Name Mary Pavia
15. Birthplace Newark N.J.

16 (a) Informant Joseph Guest
(b) Address 145 S. Center St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-20-46 (month) (day) (year)
(c) Cemetery or crematory
Location S. Orange N.J.

18 (a) Funeral director Wm. F. Tiekert & Son
(b) Address North & Penna Ave Baltimore

19 5-21-1946 (Date filed by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1946 at 3:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1946 to May 20 1946 and that I last saw him alive on May 20 1946.

Immediate cause of death Hypostatic pneumonia

Due to circulatory depression

Due to Increased intracranial pressure

Due to possible cerebellar tumor

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5/19/46

Major findings of operation Increased intracranial pressure.

of autopsy:

Duration
6 min.
1 yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles R. Robins M. D.
Address Univ. Hospital Date signed

VS 150

X

G40130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

127a

Registered No. G40130

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days) 23 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mabel Leidy

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband ~~or wife~~ Mr. Frank Leidy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1886

8. AGE: Years	Months	Days	If less than one day
60	0	18	hr. min.

9. Birthplace Penna.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Root
13. Birthplace Penna

MOTHER
14. Maiden Name Elizabeth Gormand
15. Birthplace Penna.

16 (a) Informant Elizabeth Leidy Myers.
(b) Address Westminster, Maryland

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof May 23 1946 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Westminster Cemetery
Location Westminster, Maryland

18 (a) Funeral director C. M. Waltz.
(b) Address Winfield, Maryland

MAY 21 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1946, at 8 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1946 to May 20 1946 and that I last saw h ~~er~~ alive on May 20 1946

Duration

Immediate cause of death Respiratory failure
Due to Pulmonary Embolism
Due to —
Other Conditions Recent gall-bladder operation
(Include pregnancy within 3 months of death)

Date of operation May 1, 1946
Major findings of operation Cholecystectomy gall-bladder -
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. C. MacCarty M. D.
Address University Hosp. Date signed 5/20/46

VS 150

G10131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. G10131

THESE WHITE PLANKS, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2726 Fenwick Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2726 Fenwick Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LENORA M. ROBINSON

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Alexander H.

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1858

8. AGE: Years 87 | Months 5 | Days 13 | If less than one day: hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Own home

FATHER
12. Name William Cook
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Emily (?)
15. Birthplace Baltimore, Md.

16 (a) Informant Lenora M. Moreland
(b) Address 2726 Fenwick Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21, 46 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Parkville, Maryland

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul Street

19 (a) MAY 21 1946 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1946, at 11 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from JUNE 29 1945 to MAY 18 1946, and that I last saw h[illegible] alive on MAY 18 1946.

Immediate cause of death: ARTERIOSCLEROSIS — Duration: 7

Due to

Due to

Other Conditions INJURY DUE TO FALL (DOWN STEPS) — Duration: 4/8/46
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 9/6
(a) Accident, suicide, or homicide ACCIDENT
(b) Date of occurrence 4/8/46 at 12 Noon
(c) Where did injury occur? Home (City or town) Balto (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? HOME (Specify type of place) While at work? No
(e) Means of injury FALL (DOWN STEPS)

23. Signature Victor Goldberg M.D.
Address 3100 Harford Road Date signed 5/18/46

X Sec'd Informant by Howard J. Williams M.D.

G40132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. G40132

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 706 Pontiac St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 706 Pontiac St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lewis A. Remmers

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary Remmers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 24 ~~1860~~ 1862

8. AGE: Years 84 ~~86~~ | Months 2 | Days 26 | If less than one day: hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Retired Carpenter

11. Industry or business Gas & Electric Co.

FATHER
12. Name Unknown Remmers
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Lewis A. Remmers
(b) Address 706 Pontiac St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22, 1946 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Baltimore Highway

18 (a) Funeral director Wm. Cook & Son
(b) Address 1217 N. Paul St.

19 MAY 21 1946 (Date rec'd by registrar) Registrar Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1946, at 2:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 12 1945 to May 20 1946. and that I last saw h— alive on May 19 1946.

Immediate cause of death	Duration
Due to myocarditis, Chronic	
Due to	
Other Conditions Hypertension Cerebral Sclerosis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard Rubenstein M. D.
Address 203 Calhoun Ave Date signed

VS 180

(OVER)

PRINT OR TYPE IN BLACK OR BLUE-BLACK INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a ✓

Registered No. 640133

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 Chapel Gate Lane
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 600 Chapel Gate Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George W. Damson Sr

3 (b) If veteran, name war NV

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Anna Damson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29th 1857

8. AGE: Years 87 | Months 11 | Days 22 | If less than one day hr. min.

9. Birthplace Lancaster Co. Va
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Meat Packer

FATHER
12. Name George Damson
13. Birthplace On High Seas

MOTHER
14. Maiden Name Mehaley Marsh
15. Birthplace Va.

16 (a) Informant George Damson
(b) 1923 Powers Lane, Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/46 (month) (day) (year)
(c) Cemetery or crematory Salem Lutheran
Location Catonsville Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul st.

19 (a) MAY 21 1946 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20th 1946, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/16 1946 to 5/20 1946 and that I last saw h[illegible] alive on 5/20 1946.

Immediate cause of death: Myocardeal Infarct — Duration: 4 days

Due to

Due to

Other Conditions: Arteriosclerosis ?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. R. Alexander M.D.
Address 236 Washington Blvd Date signed 5/20/46

VS 150

G40134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G40134

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1521 Sheffied Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1521 Sheffied Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nellie March

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John L. R. March
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 1st 1872

8. AGE: Years	Months	Days	If less than one day
74	3	17	hr. min.

9. Birthplace Olida Pa
(Town, county, and state)

10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name August Albrieckt
13. Birthplace

MOTHER
14. Maiden Name Rose Eschenfelder
15. Birthplace

16 (a) Informant Martha Mattson
(b) Address 1521 Sheffield Road

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5/21/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location: Frederick Road

18 (a) Funeral director John G Moran
(b) Address 3002 E Baltimore St

MAY 21 1946 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1946 at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1945 to May 18 1946, and that I last saw h[illegible] alive on May 17 1946.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days.
Due to Cerebral arteriosclerosis	8 yrs.
Due to Hypertension	10 yrs.
Other Conditions Arteriosclerotic Heart Disease	15 yrs.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. S. Chalfant M. D.
Address 616 York Rd Date signed May 1946

VS 150

G40435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 9 8 D

G40435

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2247 Reisterstown Road

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13

(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County 4

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2249+47 Reisterstown Rd

(If rural give location)

(e) If foreign born, how long in U. S. A.? [redacted] years

3 (a) FULL NAME Sarah Agusta Pearson

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Walter Turner Pearson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26 1861

8. AGE: Years 84 Months 10 Days 23 If less than one day hr. min.

9. Birthplace Queen Annes Co. Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER 12. Name Unknown Seward

13. Birthplace —

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Mrs Hattie M. Taylor

(b) Address 2247 Reisterstown Rd Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/46 (month) (day) (year)

(c) Cemetery or crematory Chesterfield

Location Centreville Md.

18 (a) Funeral director Geo. W. Little

(b) Address 2700 Edmondson Ave

19 (a) (Date received by registrar) MAY 21 1946 (b) Registrar Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19th 1946, at 9:45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 23rd 1945 to May 19th 1946, and that I last saw her alive on May 17th 1946.

Immediate cause of death: Chronic Myocarditis — Duration: 1 yr.

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: no operation

Of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Elbert C. Reitz M.D.

Address 2245 Reisterstown Rd Balto. Md. Date signed 5-19-46

Enter correct age in this space. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G40136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

G40136 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2816 Clearview Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2816 Clearview Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM JOHN KROTEE

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 216-16-0664

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna M. Krotee

6 (c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): June 22, 1885

8. AGE: Years 60 | Months 10 | Days 27 | If less than one day: hr. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual Occupation: Guard

11. Industry or business: Crown Cork & Seal

FATHER
12. Name: William C. Krotee
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Mary Markell
15. Birthplace: Maryland

16 (a) Informant: Mrs. Anna Krotee - widow
(b) Address: 2816 Clearview Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-46 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Cem.
Location: Baltimore, Maryland

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY

19 (a) [illegible] MAY 21 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1946, at 10.50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 9 - 1945 to May 19 - 1946, and that I last saw him alive on May 18-19 46:

Immediate cause of death: Coronary Sclerosis — Duration: Jan 15-46

Due to: Chronic Nephritis — Duration: April-46

Due to: Hypertensive Heart Failure

Other Conditions: General Arteriosclerosis.

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at AM
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Wm. G. Goyert M. D.
Address 150 Melton Ave. Date signed 5/20/46

VS 150

G40137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

98D

Registered No. G40137

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 325 S. East Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 325 So. East Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Gilmore Granruth

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 212-10-2280

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edith E. Granruth

6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1874

8. AGE: Years 71 | Months 5 6 | Days 12 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Foreman - Retired

11. Industry or business Amer. Smelting & Refinery

FATHER
12. Name William Granruth
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Margaret Hartlove
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Edith E. Granruth
(b) Address 325 So. East Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/46 (month) (day) (year)
(c) Cemetery or crematory Mount Carmel Cemetery
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) (Date rec'd by registrar) MAY 21 1946 (b) Huntington W Middaugh M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1946, at 6.55 A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1946 to May 7 1946 and that I last saw h[illegible] alive on May 7 1946

Immediate cause of death: Coronary occlusion — Duration: ?
Due to: Arteriosclerotic C.V. disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Theodore L. Guagano M.D.
Address 733 S. East Ave. Date signed 5/20/46

X

G40138

CWC-101084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

G40138

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 Days

(e) Length of stay in Baltimore (yrs., mos., or days) 63- 2- 21

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3301 Shannon Drive (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Thompson

3 (b) If veteran, name war NO

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife James B. Thompson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 27 1883

8. AGE: Years 65 | Months 2 | Days 22 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Frederick W. Daubert

FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name Mary A. Connelly

MOTHER 15. Birthplace Maryland

16 (a) Informant Records-Balto. City Hospitals

(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-46 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cemetery

Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.

(b) Address NORTH AVE. & BROADWAY

19 (a) (Date rec'd by registrar) (b) Huntington-Williams, M.D.

vs MAY 21 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1946, at 8:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1946 to May 19 1946, and that I last saw her alive on May 19 1946.

Immediate cause of death — Respiratory Failure — Duration

Due to Carcinoma of the Breast

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Carcinoma of Breast c metastasis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wm. P. Scarborough, M.D.

Address Balt. City Hosp. Date signed 5-20-46

M. D.

G40439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45 B

G40439 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Pk. Drive & 31st St.
(c) Hospital or institution: US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 161 days
(e) Length of stay in Baltimore (yrs., mos., or days): 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: Baltimore
(c) City or town: Baltimore Halethorp
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 1717 Selma Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3 (a) FULL NAME: Sagwitz, Frederick

3 (b) If veteran, name war:

3 (c) Social Security Account No.: 214-20-2789

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife:

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Apr. 22, 1882

8. AGE: Years	Months	Days	If less than one day
64	0	26	hr. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: Night Engineer
11. Industry or business: Seafarer

FATHER
12. Name: Gottfred Sagwitz
13. Birthplace: Germany

MOTHER
14. Maiden Name: Augustie Tollnock
15. Birthplace: Germany

16 (a) Informant: Records
(b) Address: US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 21-46 (month) (day) (year)
(c) Cemetery or crematory: Rovans, Pus.
Location: —

18 (a) Funeral director: Oder Funeral Home Inc.
(b) Address: 4644 York Rd. 412

19 (a) (b) Registrar

MAY 21 1946
VS 150
Huntington Williams, M.D.

MEDICAL CERTIFICATION

A

20. DATE OF DEATH: May 18 1946, at 11:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 8 1945, to May 18 1946, and that I last saw h. in alive on May 18 1946.

Immediate cause of death: Carcinoma of tongue with metastasis to lungs and liver. — Duration: UNKNOWN

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: John L. Wilson
John L. Wilson, Sr. Surgeon M. D.
Address: Clinical Director Date signed: 5/20/46

X

G40140 G40140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 811 S.FAGLEY ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 811 S.FAGLEY ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HELEN VRABLIC (VRABLITZ)

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: JOSEPH VRABLIC
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT.15 1890

8. AGE: Years 55 | Months 8 | Days 4 | If less than one day: hr. min.

9. Birthplace CHEC.
(Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER
12. Name IGNATIUS OUSUSKY
13. Birthplace CHEC.

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace CHEC.

16 (a) Informant JOSEPH VRABLIC (HUSBAND)
(b) Address 811 S.FAGLEY ST.

17 (a) BURIAL (b) Date thereof MAY 22/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY ROSARY
Location GERMAN HILL ROAD

18 (a) Funeral director Reilly & Reilemire
(b) Address 403 S.WOLFE ST.

19 (a) MAY 21 1946 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 19 1946 at 12/30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1946 to May 9 1946, and that I last saw h alive on May 9 1946

Immediate cause of death: Carcinoma of Colon, Metastases to Spine — Duration: 1946

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature A. J. Steelman

Address 342 E Baltimore St Date signed May 20/46 M. D.

VS 150.

X

REMOVE WHITE PAGE(S), WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-100941 G40141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

587

G40141 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20days
(e) Length of stay in Baltimore (yrs., mos., or days) 5yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 Harford Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elbert Lee Cooper

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Julie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept-1- 1917

8. AGE: Years	Months	Days	If less than one day
28	8	19	hr. min.

9. Birthplace N.C.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Leroy Cooper
13. Birthplace N.C.

MOTHER
14. Maiden Name Pearl O'Neill or O'Neills
15. Birthplace N.C.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Removal (b) Date thereof May 22 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Wilson N. Carolina

18 (a) Funeral director Mrs. Pete G. Ellison Dy
(b) Address 1129 N. Caroline St.

19 (a) (Date rec'd by registrar) MAY 21 1946 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20- 1946, at 5.55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-30- 1946 to 5- 20 1946 and that I last saw him alive on 5-20- 1946

Immediate cause of death: Respiratory Failure — Duration
Due to: Cardiac Failure
Due to: Rheumatic Heart Disease
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Rheumatic Heart Disease

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. R. Scarborough M.D.
Address Balto. City Hosp. Date signed 5-20-46

G40142

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G40142 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 819 W. University Pky.
(c) Hospital or institution:

13

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 819 W. University Pky.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bertha E. Handy

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Sidney S. Handy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 24, 1874

8. AGE: Years	Months	Days	If less than one day
71	8	26	hr. min.

9. Birthplace Frederick, Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Charles Ritter
13. Birthplace Fred. Co. Md.

MOTHER
14. Maiden Name Eugenia Kiuser
15. Birthplace Md.

16 (a) Informant Mrs. Sidney S. Handy
(b) Address 819 W. University Pky.

17 (a) Burial (b) Date thereof 5/21/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemy.
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell Funeral Dir.
(b) Address 1900 Eutaw Place

19 (a) MAY 21 1946 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20, 1946, at 5:4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1944 to 1946 and that I last saw her alive on May 19 1946

Immediate cause of death
Carcinoma of Head of Lungs
Due to (Primary Location)
Duration Patient

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H H Handy
Address 1403 Parkside Date signed 5/21/46

VS 150

Huntington Williams, MD

X

G40143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. G40143

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 115 Welcome alley
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 115 Welcome alley
(If rural give location)
(e) Citizen of foreign country? (Yes or No) V
If yes, name country

3 (a) FULL NAME Sarah Waiturs

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Robert Brown
13. Birthplace Va

MOTHER
14. Maiden Name Sarah —
15. Birthplace Va

16 (a) Informant Arthur Waiturs
(b) Address 115 Welcome alley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24-46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director James A Taylor
(b) Address 142 W. Hill St

MAY 21 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1946; at 8:30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/16 1946 to 5/20 1946 and that I last saw h alive on 5/19 1946

Immediate cause of death Acute Bronchial Pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration
8 Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 1111 Lee Date signed 5/21/46

VS 150

X

G40144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

G40144 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any error or information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 wks.

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Y. (b) County
(c) City or town New York City,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 266 W. 115th Street - Apt. #2.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM MANNING ARTHUR

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1919

8. AGE: Years	Months	Days	If less than one day
27	1	2	hr. min.

9. Birthplace Columbia, S.C.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Manning Arthur
13. Birthplace S. C.

MOTHER
14. Maiden Name Francis Mickens
15. Birthplace S. C.

16 (a) Informant Edna Gilliam
(b) Address 610 E. 138th St. N.Y.C.

17 (a) Removal (b) Date thereof 5-21-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Columbia, S.C.
Location Columbia, S.C.

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna. Ave

19 (a) MAY 21 1946
(Date received by registrar)
(b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18, 1946, at 11 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Bullet wounds, involving heart, lung, liver & stomach.
Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-18-46 at 10:50 P. M.
(b) Where did injury occur? Myrtle & Saratoga St.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Shot with revolver

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 5-21-46

G40145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G40145 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5214 Denmore Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5214 Denmore Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Delia E. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife Theodore Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1898

8. AGE: Years	Months	Days	If less than one day
48	-	2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Daniel Stewart
13. Birthplace Md

MOTHER
14. Maiden Name Annie ?
15. Birthplace Md

16 (a) Informant Mr. Vernon S. Smith
(b) Address 5214 Denmore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (Date rec'd by Registrar) (b) (Registrar)

MAY 21 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19, 1946, at 2:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 46 to May 19 46 and that I last saw h alive on 19

Immediate cause of death

(a) Apoplexy Duration 4 hrs.
Due to Arterial Hypertension ?
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Johnson
Address 403 Medical Arts Bldg Date signed 5/20/46

G40146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30D

G40146 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1306- Pennsylvania Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Ferguson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26, 1899

8. AGE: Years	Months	Days	If less than one day
46 47	11	23	hr. min.

9. Birthplace South Carolina
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Van Furguson
13. Birthplace S. C.

MOTHER
14. Maiden Name Annie Gamble
15. Birthplace S. C.

16 (a) Informant Mr. Van Furguson
(b) Address 2651 Market St. Wheeling W

17 (a) Burial (b) Date thereof 5-25-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem.
Location Wheeling, W. Virginia

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) MAY 21 1946 (b) Huntington Williams
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-20 1946, at 12 45 A. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Syphilitic Aortitis
or Arteriosclerotic Coronary
Due to Autopsy.

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Uccello M.D.
Medical Examiner.
Date signed 5-20-46

VS 151

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

G40147 Rihm

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH ✓ 61

Registered No. G40147

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Glenburnie P.O.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Selley (Glenburnie P.O.)
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Viola Rihm

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	M.

6 (b) Name of husband or wife Mr. John H. Rihm
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 16. 1893

8. AGE: Years	Months	Days	If less than one day
52	7	3	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name Ernest ~~Seymour~~ Seymore
13. Birthplace Pa.

MOTHER
14. Maiden Name Betty Irene
15. Birthplace Baltimore Md.

16 (a) Informant John H. Rihm
(b) Address Selley Rd. Selley Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-1946 (month) (day) (year)

(c) Cemetery or crematory Holy Cross
Location A.G. Co. Md.

18 (a) Funeral director Flynn & Fleming
(b) Address 1416 Light St.

19 (a) ~~MAY 21 1946~~ (b) ~~Huntingtown Md.~~ ~~Undertaker~~

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/19/ 1946, at 5:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/11 1946 to 5/19 1946, and that I last saw her alive on 5/19 1946.

Immediate cause of death Respiratory failure. — Duration 10 days.

Due to Brain damage

Due to Cerebral hemorrhage.

Other Conditions Diabetes

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. W. Lyerton, M.D.
Address University Hosp. Date signed 5/19/46 M. D.

VS 150

83a

G40148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

Registered No. G40148

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2622 Cecil Ave. Balto. Md
(c) Hospital or institution: 9

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mo. 20 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2622 Cecil Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Ann Whalen

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	None	Female	White	Widow

6 (b) Name of husband or wife Charles H. Whalen 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 9, 1872

8. AGE: Years	Months	Days	If less than one day
73	7	11	hr. min.

9. Birthplace Gaither, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Jerry Sullivan
13. Birthplace Ireland

MOTHER 14. Maiden Name Sally Baldon
15. Birthplace Gaither, Md.

16 (a) Informant Mrs Freda R. Gray
(b) Address 2622 Cecil Ave Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22-46 (month) (day) (year)
(c) Cemetery or crematory Good Shepherd
Location Rockland, Md.

18 (a) Funeral director Easton Sons
(b) Address 608 Frederick Ave Caton

19 MAY 21 1946 [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May. 20, 1946. at 8:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1-April 1946 to 20-May 1946 and that I last saw her alive on 20-May 1946

Immediate cause of death	Duration
Arteriosclerotic Cardio Vascular Disease	July-43
Due to	
Due to	
Other Conditions Cardiac Decompensation	April-46

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas. Wm. Edwards M. D.
Address 2746 The Alameda Date signed 22 May-46

VS 3

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1931

Registered No. G40149

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: MARYLAND GENERAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ISAAC TYSON HARDEN

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: E. Blanche Harden
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): May 10 1860
8. AGE: Years 86 | Months - | Days 11 | If less than one day hr. min.
9. Birthplace: Carroll Co. (Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: Samuel Mac Harden
13. Birthplace: Carroll Co.

MOTHER
14. Maiden Name: Anna Eliza Fowe
15. Birthplace: Carroll Co

16 (a) Informant: Chester Harden
(b) Address: Towson Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23-46 (month) (day) (year)
(c) Cemetery or crematory: Stone Chapel
Location: Balto Co.

18 (a) Funeral director: J. F. Ellinton
(b) Address: Reisterstown Md

19 (Registrar's signature) MAY 21 1946 Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/21 1946, at 2:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/20 1946 to 5/21 1946, and that I last saw h IM alive on 5/20 1946.

	Duration
Immediate cause of death: CORONARY OCCLUSION	4 HRS.
Due to: HYPERTENSIVE DISEASE AND ARTERIOSCLEROSIS	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles W. Stewart, Jr. M. D.
Address MD. GEN. HOSP. Date signed 5/21/46
for J. R. Baring by Howard J. Madden, M. D.

G40450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1108

G40450 Record No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied. Every item of information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 925 Morris Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Cephus

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) -1909

8. AGE: Years 36 | Months | Days | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Cephus
13. Birthplace Md.

MOTHER 14. Maiden Name ?
15. Birthplace Md.

16 (a) Informant Eugene Cephus
(b) Address 348 - Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-46 (month) (day) (year)

(c) Cemetery or crematory
Location Mt. Calvary.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 - Edmondson Ave.

19 (a) Filed MAY 21 1946 Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1946 at 4: P. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Lobar Pneumonia

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Thedeis M.D.
Medical Examiner.
Signed 5-18-46

(over)

G40451

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93 D

Registered No. G40451

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3812 Hillsdale Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3812 Hillsdale Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MINERVA BELLE NACE

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
no	no	Female	White	Widowed

6 (b) Name of husband or wife Charles L. Nace
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1863

8. AGE: Years	Months	Days	If less than one day
82	7	6	hr. min.

9. Birthplace Frederick Co., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward Fogle
13. Birthplace Maryland

MOTHER
14. Maiden Name -- Miller
15. Birthplace Maryland

16 (a) Informant Mrs. I. O'Brien
(b) Address 3812 Hillsdale Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto. Md.

19 (a) Filed MAY 21 1946 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION A

20. DATE OF DEATH May 19, 1946 at 5:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 21 1945 to May 19 1946 and that I last saw her alive on May 18 1946.

	Duration
Immediate cause of death 1) Bronchopneumonia	7 days
Due to Cerebral Hemorrhage	15 days
Due to	
Other Conditions - Arteriosclerosis Heart Disease (Include pregnancy within 3 months of death)	- 5 yrs. ?

Date of operation None
Major findings of operation: -
of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Earl L. Chambers M. D.
Address 4108 Liberty Hts. Date signed 5/20/46

G40152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 B G40152

Registered No.

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2103 Elsinor Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2103 Elsinor Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM PAUL WINGATE

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	217-05-6606

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Julia A. (Jones) Wingate
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 2, 1872

8. AGE: Years	Months	Days	If less than one day
73	8	17	hr. min.

9. Birthplace Dorchester Co., Md.
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business —

FATHER
12. Name William Wingate
13. Birthplace England

MOTHER
14. Maiden Name Eliz. Robertson
15. Birthplace Unknown

16 (a) Informant Mrs. Julia A. Jones
(b) Address 2103 Elsinor Ave.

17 (a) Burial (b) Date thereof 5/22/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto Md.

19 (a) Date received MAY 21 1946 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION A.

20. DATE OF DEATH May 19, 1946, at 3:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 14 May 1946 to 19 May 1946 and that I last saw him alive on 18 May 1946.

Immediate cause of death Uremia (anuria). — Duration 3 days

Due to Cerebral Thrombosis — 6 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. K. Mansfield M. D.
Address 440 W. Biddle St Date signed 21 May 46

VS 150

X

G40453 G40453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 725 W Bradley (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Albert Paul

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife Bernice

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/9/1908

8. AGE: Years	Months	Days	If less than one day
37	5	10	hr. min.

9. Birthplace S. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Frank Paul
13. Birthplace S. C.

MOTHER
14. Maiden Name Hattie Keller
15. Birthplace S. C.

16 (a) Informant Bernice Paul
(b) Address 725 Bradley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md.

18 (a) Funeral director Geo. B. Nelson
(b) Address 1303 Pennsylvania Ave

Washington Williams MD (Date rec'd by registrar) MAY 21 1946 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1946, at 4:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/15 1946 to 5/19 1946, and that I last saw h[illegible] alive on 5/19 1946.

Immediate cause of death	Duration
Cardiac Failure	
Due to Hypertension Uremia	
Due to Chronic Nephritis	
Other Conditions Cerebrovascular	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Chronic Nephritis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C.B. Marshall Jr.
Address Univ Hosp Date signed 5/20/46 M. D.

X

G40454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. G40454

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 633 Cumberland St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give county)
(d) Street No. 633 Cumberland St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Earnestine Hackett Brown

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Geo.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/3/1906

8. AGE: Years 40 | Months 4 | Days 17 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name J. J. Hackett
13. Birthplace Md.

MOTHER 14. Maiden Name Mary Chapman
15. Birthplace Md

16 (a) Informant George Brown
(b) Address 633 Cumberland St

17 (a) Burial (b) Date thereof 5-20-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md.

18 (a) Funeral director Wm. H. Nelson
(b) Address 1303 Broadway

19 (a) Date received by Local Registrar MAY 21 1946 (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/20 46 at 9:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/10 46 to 5/20 46, and that I last saw h alive on 5/20 1946.

Immediate cause of death: Lobar Pneumonia

Due to: Fracture of Clavicle

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ben Rhett M. D.
Address 2134 Druid Hill Ave. Date signed 5/21 46

G40155

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 130 E

G40155 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) City Md (b) County
(c) City or town Balto. Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2453 - Francis St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Ross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Theresa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5, 1886

8. AGE: Years	Months	Days	If less than one day
60	3	12	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Chef Cook

11. Industry or business

FATHER — 12. Name Ira Ross

13. Birthplace Baltimore, Md.

MOTHER — 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Mrs. Theresa Ross

(b) Address 2453 Francis St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21, 1946 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Park

Location Baltimore Co. Md.

18 (a) Funeral director Mr. George H. Hallam

(b) Address 1631 Druid Hill Ave.

19 MAY 21 1946 (Date rec'd by local reg.) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17 19 46 at 9.45 M

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Acute congestive cardiac failure

~~was~~ Edema + congestion of lungs, cedema of brain - early vacuolar changes in the pancreas

Other Conditions Syphilis?

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.

Date signed 5-18-46

VS 151

G40156
AB-101392

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

Registered No. G40156

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 35yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1534 Gilmore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Susie Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27- 1891

8. AGE: Years	Months	Days	If less than one day
55	3	22	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Washington
13. Birthplace Va.

MOTHER
14. Maiden Name Ann Bell or Ball
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24 1946 (Month) (day) (year)
(c) Cemetery or crematory Family Lot.
Location Loyer Co. Va.

18 (a) Funeral director Wm. Guy H. Holland
(b) Address 1631 Pennsylvania Ave. Huntington Williamsport, Md.

19 MAY 21 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19- 1946 at 5.20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18 1946 to 5-19 1946 and that I last saw h alive on 5-19 1946

Immediate cause of death: Unknown

Due to

Due to

Other Conditions: Diabetes Cerebral
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Cerebral Edemona

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. R. Scarborough M.D.

Address Balto City Hosp Date signed 5-20-46 M. D.

VS 150

G40157 BC# 34906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G40157 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 Raleigh Way (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HELEN SHAFFER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Single.
6 (b) Name of husband or wife
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Oct. 24 1945
8. AGE: Years | Months 6 | Days 26 | If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Lewis Shaffer.
13. Birthplace Reisterstown, Md.

MOTHER
14. Maiden Name Helen Veselovsky,
15. Birthplace Va.

16 (a) Informant Lewis Shaffer
(b) Address 1113 Raleigh Way, Balto, Md.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22, 1946 (month) (day) (year)
(c) Cemetery or crematory New Freedom.
Location New Freedom, Pa.
18 (a) Funeral director Jacob Hartlestein
(b) Address New Freedom, Pa.
19 MAY 21 1946 (Date rec'd by registrar) Huntington for Nicholas, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20, 1946, at 1:30 P. M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute respiratory failure

Due to Bronchopneumonia

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at (work)?
(d) Means of injury

23. Signature Howard J. Mercer M.D. Medical Examiner.
Date signed 5-21-46

VS 151

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1172

Registered No. G40158

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(b) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 1120 N. Charles St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Paul Ignatius Payne

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Mrs. Emily A. Payne
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 24, 1891

8. AGE: Years	Months	Days	If less than one day hr.	min.
55	2	26		

9. Birthplace Frederick, Maryland
(Town, county, and state)
10. Usual Occupation Telephone Co. Employee
11. Industry or business Commercial Dept

FATHER
12. Name Joseph Payne
13. Birthplace Maryland

MOTHER
14. Maiden Name Emma Staub
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address 33rd and Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-46 (month) (day) (year)
(c) Cemetery or crematory St. Johns Cemetery
Location Frederick Md.

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick - Md.

19 (a) MAY 21 1946 (b) (State the primary cause of death) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1946 at 9:29 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1946 to May 21 1946 and that I last saw him alive on May 21 1946.

Immediate cause of death Hemorrhage — Duration 2 weeks

Due to stomach ulcer — 5 yrs.

Due to

Other Conditions auricular fibrillation
(Include pregnancy within 3 months of death)

Date of operation May 19, 1946

Major findings of operation: Large ulcer on posterior stomach wall

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul B. Tome M. D.
Address Union Memorial Hosp. Date signed 5/21/46

VS 150

Huntington Williams, M.D.

G40159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47D

G40159
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument pl + Rutland Ave
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3514 Ingleside Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Kaminsky

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sarah –
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day: hr.	min.
56				

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Paper hanger
11. Industry or business

FATHER
12. Name
13. Birthplace Russia

MOTHER
14. Maiden Name
15. Birthplace Russia

16 (a) Informant Mr. Lawrence Woodman
(b) Address 3514 Ingleside Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 5-21-46 (month) (day) (year)
(c) Cemetery or crematory Pikesdale
Location

18 (a) Funeral director Jacob Heim Inc
(b) Address 1439 E. Balto. St.

19 MAY 21 1946 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1946, at 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1946 to May 20 1946, and that I last saw h[illegible] alive on May 20, 1946.

Immediate cause of death Intracranial Hemorrhage
Duration

Due to Carcinoma of Lung

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Sinai Hospital Date signed 5/21/46 M.D.

VS 150

G40160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G40160

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Rayner Ave. & Dukeland St.

(c) Hospital or institution West Baltimore General Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 1

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2401 Westwood Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SARAH Shindel

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	M

6 (b) Name of husband or wife Hyman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Latvia (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER

12. Name Not Known

13. Birthplace Latvia

MOTHER

14. Maiden Name Molgi

15. Birthplace Latvia

16 (a) Informant Hosp Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-46 (month) (day) (year)

(c) Cemetery or crematory Windsor Mill Md

Location Same

18 (a) Funeral director Jas. C. Lewis Inc

(b) Address 1439 E. Baltimore

19 (a) MAY 21 1946 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1946, at 7:10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1946, to May 20 1946, and that I last saw h alive on May 20 1946.

Immediate cause of death Coronary occlusion — Duration 1 day

Due to Coronary artery heart dis. — Duration ?

Due to — Duration

Other Conditions Hypertension — Duration ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Leonard E. Blumenthal

Address W. B. G. H. Date signed 5/20/46 M. D.

VS 150

G40161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B Registered No. G40161

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 632 S. Bond St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Basto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 632 S. Bond St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Victoria Szymanski

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F. | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Feb 16 1885

8. AGE: Years 61 | Months 3 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Basto
(Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER
12. Name Andrew Lewandowski
13. Birthplace Poland

MOTHER
14. Maiden Name Agnes
15. Birthplace Poland

16 (a) Informant John Szymanski
(b) Address 632 S. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/46 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Gorsuch Mill Rd.

18 (a) Funeral director W. F. & W. H. E. Deppoli Sons
(b) Address Eastern Ave & 4th St.

19 MAY 21 1946 Huntington Williams, M.D. Registrar
Date received

MEDICAL CERTIFICATION 25

20. DATE OF DEATH May 17 1946 at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 2 1946 to May 17 1946 and that I last saw her alive on May 17 1946.

	Duration
Immediate cause of death Carcinoma of Stomach & Liver	1 yr.
Due to	
Due to	
Other Conditions Contributory	

(Include pregnancy within 3 months of death)

Date of operation 5/2 & 5/16.

Major findings of operation: As above

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry B. Athey M. D.

Address 2504 St. Paul St. Date signed 5/20/46.

VS 180

1

G40162 BALTIMORE CITY HEALTH DEPARTMENT G40162

CERTIFICATE OF DEATH 170 C

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2958 Yorkway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE F. DE ARMENT, JR.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife W. Betty Holmes

6 (c) If alive, give age 21 years

7. Birth date of deceased (mo., day, yr.) February 25, 1925

8. AGE: Years	Months	Days	If less than one day
21	2	21	hr. min.

9. Birthplace Portage Pa.
(Town, county, and state)

10. Usual Occupation Laborer,

11. Industry or business

FATHER
12. Name George F. De Arment, Sr. (D)
13. Birthplace Portage Pa.

MOTHER
14. Maiden Name Mary E. Mc Cabe
15. Birthplace Portage Pa.

16 (a) Informant Mrs. George F. De Arment, Sr.
(b) Address 2812 Wells Ave. Edgemere

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/46 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart.
Location Dorman Hill Rd.

18 (a) Funeral director John J. Connelly.
(b) Address 418 Eastern Ave. Chas 21.

19 (a) MAY 21 1946 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18, 1946, at 10:15 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Shock

Due to Multiple fractures, lacerations and brush burns

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-18-46 at 9:45 P. M. Balto. Co.
(b) Where did injury occur? In front of 2715 Sparrows Pt. Road.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian struck by auto.

23. Signature Howard J. Mullen M.D.
Medical Examiner.
Date signed 5-21-46

VS 151

G40463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1700

G40463 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hours.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Penn (b) County
(c) City or town Lebanon (If outside city or town limits, write RURAL, and give town)
(d) Street No. 208 Pershing Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roy Calvin Mountz

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No. 183-07-7694

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife: Florence M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1889

8. AGE: Years	Months	Days	If less than one day
56	7	19	hr. min.

9. Birthplace Pa (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name William S. Mountz
13. Birthplace Lebanon Pa

MOTHER
14. Maiden Name Ida Snyder
15. Birthplace Lebanon Pa

16 (a) Informant Mr Roy C Arnold uncle
(b) Address Lebanon Pa

17 (a) Lebanon Pa (Burial, cremation, or removal) (b) Date thereof May 21-46 (month) (day) (year)
(c) Cemetery or crematory Lebanon Pa
Location Penna

18 (a) Funeral director William Cook
(b) Address 217 St Paul St.

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 21 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 20 May 1946, at 9:40 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy & Inq thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Shock

Due to 1st ☐ 2nd degree burns involving approximately 75% of body surface.

Other Conditions (Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 20 May at 2:00 P.M. Cattle Co.
(b) Where did injury occur? State highway at Hershey Mill Rd
(c) Did injury occur at home, on farm, industrial place, in public place? Public place While at work? Yes
(d) Means of injury Truck caught on fire

23. Signature William F Helpich M.D. Medical Examiner
Date signed 21 May 46

G40164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G40164 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The street age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division ST
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mon 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 Bennett Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Hattie Corbin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Negro	Widowed

6 (b) Name of husband or wife Charles Corbin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER 12. Name Jerry Lockers
13. Birthplace Va

MOTHER 14. Maiden Name Mary —
15. Birthplace Va

16 (a) Informant William Brooks
(b) Address 837 N. Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21, 1946 (Month) (Day) (Year)
(c) Cemetery or crematory Mt Calvary Cem
Location

18 (a) Funeral director Miss Kate R. Williams
(b) Address 922 N. Schroeder St

19 (a) 1946 (Date received by registrar) (b) [illegible]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-17 1946 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-11 1946 to 5-17 1946, and that I last saw her alive on 5-17 1946.

Immediate cause of death Hypostatic pneumonia — Duration
Due to Cerebral Vascular accident
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm Lloyd Jones
Address 1300 N. Fremont Ave Date signed 5/21/46 M.D.

D. G40465 Amer

BALTIMORE CITY HEALTH DEPARTMENT Sheldon

CERTIFICATE OF DEATH 1160a

G40465
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 949 Jack St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Baby Boy Sheldon.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-17-46.

8. AGE: Years	Months	Days	If less than one day
2 days		2	hr. min.

9. Birthplace Balt., Md. (Town, county, and state)
10. Usual Occupation Child
11. Industry or business —

FATHER
12. Name Benjamin Sheldon
13. Birthplace Balt., Md.

MOTHER
14. Maiden Name Ruth Zinkan
15. Birthplace Harford County, Md.

16 (a) Informant mother
(b) Address 949 Jack St.

17 (a) Burial (b) Date thereof 5-21-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto. Md.

18 (a) Funeral director Eugene A. Turley
(b) Address Fulton & Fayette

19 (a) 1946 Washington Blvd.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-19 1946, at 8:00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19

Immediate cause of death a

Due to cerebral hemorrhage

Due to

Other Conditions Pregnancy.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? Baltimore Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James A. Roberts M. D.
Address Mercy Hospital Date signed 5-20-46

VS 150

640166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

(over) ✓ 640166

Registered No. 163 g

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Inverness Parkdale
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8206 Bear Creek
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Frohlich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Rudolf

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18, 1888

8. AGE: Years 57 | Months 10 | Days 1 | If less than one day hr. min.

9. Birthplace Austria
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Wicha
13. Birthplace Austria

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Rudolf Frohlich (husband)
(b) Address 8206 Bear Creek Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/46 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location 7225 Eastern Ave, Balto. Md.

18 (a) Funeral director C. E. Schimunek
(b) Address 2601-03 E. Madison St.

19 (a) MAY 21 1946 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1946 at 6 10 PM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐ (Probably), homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fatty degeneration
Biliary Cirrhosis
Due to Obstruction Common bile duct due to stone (Choledocholithiasis)
Other Conditions Cholelithiasis
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Haddaway M.D.
Medical Examiner.
Date signed 5-20-46

over

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

G40167 BC# D47387 G40167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 822 W. HARLEM AVE
(c) Hospital or institution: 17
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 822 W. HARLEM AVE (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Richard Douglas Gough

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	Col.	Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19, 1946

8. AGE: Years	Months	Days	If less than one day
1 0	0	0	hr. 30 min.

9. Birthplace BALTIMORE, MARYLAND (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name GEORGE ALEXANDER GOUGH
13. Birthplace BALTIMORE, MARYLAND

MOTHER
14. Maiden Name Joyce WILLIAMS
15. Birthplace Rector Town, VA.

16 (a) Informant Joyce W. Gough
(b) Address 822 W. HARLEM AVE.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location University Medical School MAY 21 1946
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) MAY 21 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19, 1946, at 6:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19, 1946 to May 19, 1946, and that I last saw him alive on May 19, 1946.

Immediate cause of death	Duration
Cardiac Failure	
Due to Prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard H. Hunt M. D.
Address 1607 N. Mulberry St. Date signed May 21 46

8012

G40168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G40468

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The [illegible] age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1739 Jefferson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1739 Jefferson St (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ophelia Hackett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John W Hackett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years 44 | Months | Days | If less than one day: hr. min.

9. Birthplace Charles Co., Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Walter Smith

13. Birthplace Md.

MOTHER 14. Maiden Name Sofia Wheeler

15. Birthplace Md.

16 (a) Informant William Smith

(b) Address 436 Register St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/46 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Pk

Location

18 (a) Funeral director Elroy A. Wilson

(b) Address 1000 Baltimore Ave

21 1946 Huntington Williams M.D. (Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19th 1946, at 5:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1946 to May 19 1946 and that I last saw h e alive on May 19 1946

Immediate cause of death: Coronary Thrombosis — Duration: 4 weeks

Due to: Myocarditis

Due to:

Other Conditions: Acute Bronchitis & Pneumonia

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Allen A. Lefevre M. D.

Address 522 N. Broadway Date signed 5/20/46

VS 150

X

G40169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G40169 Registered No. 83B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 909 E. Preston St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) 71 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 E. Preston St. (If rural give location)
(e) Citizen of foreign country? ------ (Yes or No) If yes, name country ------

3 (a) FULL NAME Margaret Agnes Snyder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife William H. Snyder
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1874

8. AGE: Years	Months	Days	If less than one day
71	6	20	-- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business ------

FATHER
12. Name William Dougherty
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Greeley
15. Birthplace Ireland

16 (a) Informant William D. Snyder
(b) Address 909 E. Preston Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director H. C. Meares and Son
(b) Address 805 N. Calvert Street

19 (a) MAY 23 1946 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1946, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 7 1946 to May 19 1946, and that I last saw h alive on May 19 1946

Immediate cause of death: Cerebral Embolism — Duration 1 wk
Due to Hypertension — ?
Due to Arterio Sclerosis — ?
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bert Kelly M. D.
Address 1007 Linwood Date signed May 21 1946

VS 150

G40170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G40170

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: So. Balto. Gen Hosp
(d) Length of stay in hospital or inst. (~~yrs.~~ ~~mos.~~, or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Allegany
(c) City or town Cumberland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 510 Virginia St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Juanita Mary Lawrence

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1931

8. AGE: Years	Months	Days	If less than one day
14	11	7	hr. min.

9. Birthplace Lonaconing W. Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Victor Lawrence
13. Birthplace Hoopville W Va

MOTHER
14. Maiden Name Ida Collins
15. Birthplace Morton W. Va

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24/46 (month) (day) (year)
(c) Cemetery or crematory
Location Mansfield, W. Va

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) May 21 1946 (Date received by registrar) (b) Huntington Hollowell, Md. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1946, at 1 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1946 to May 21 1946 and that I last saw h[illegible] alive on May 21 1946

Immediate cause of death
Acute dilatation of Heart
Due to Rheumatic Heart Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy: dilated Heart Rheumatic [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Wheeler
Address South Balto. General Hosp. Date signed 5-21-46
M. D.

X

G40171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

G40171 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison Sts.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 57 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town Woodlawn Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 6404 Walnut Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mabel M. Zimmerman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Norman L. Zimmerman
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) February 28, 1888

8. AGE: Years	Months	Days	If less than one day
57	2	22	hr. min.

9. Birthplace Hebbville, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name George Henrits
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabath Subock
15. Birthplace Hebbville, Md.

16 (a) Informant Mr. Norman L. Zimmerman
(b) Address 6404 Walnut Ave., Woodlawn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Olive Cemetery
Location Randallstown, Md.

18 (a) Funeral director Miles Lawrence
(b) Address 4310 Liberty Heights Ave.

19 (a) 5-27-1946 (filed by registrar) (b) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-20 1946, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-5 1946 to 5-20 1946, and that I last saw he/she alive on 5-20 1946.

Immediate cause of death Massive pulmonary embolism, left lung; smaller pulmonary embolism, right lung; pulmonary infarction, left lung; Duration

Due to post-operative

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5-9-46

Major findings of operation: Cholelithiasis cholecystitis

of autopsy: See above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carlton Benefield

Address M. G. H. Date signed 5/20/46 M. D.

G40172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G40172
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2206 Roslyn ave
(c) Hospital or institution: — — 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2206 Roslyn ave
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Edith B. Varian

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Horace L. Varian
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 24 1885

8. AGE: Years	Months	Days	If less than one day
60	7	25	hr. — min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Elijah Burton
13. Birthplace Md

MOTHER
14. Maiden Name Kate M. Coarlyle
15. Birthplace Md

16 (a) Informant Mr. Horace L. Varian
(b) Address 2206 Roslyn ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22-46 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Geo. L. Bayer Jr
(b) Address 512 Dolphin St

19 (a) MAY 20 1946 (Date received by Registrar) (b) Huntington for Williams M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1946, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1945 to May 19 1946, and that I last saw her alive on May 18 1946.

Immediate Cause of death: Pulmonary Edema — Duration 1 day

Due to: Cardiac Decompensation

Due to: Myocardial Disease

Other Conditions: Diabetes Mellitus
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy: —

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work)
(e) Means of injury —

23. Signature Jerome L. Rosenberger
Address 931 Medical Arts Bldg Date signed May 20 1946

PHYSICIAN
Underline the cause to which death should be charged statistically.

931 Katzenberger

G40173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G40173 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1714 W. Pratt St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 W. Pratt St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stephen A. Jones

3 (b) If woman, name war: None
3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Catherine H. Jones
6 (c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.) Sept 15 1878

8. AGE: Years 67 | Months 8 | Days 5 | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Tavern Keeper

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Catherine H. Jones
(b) Address 1714 W. Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23. 1946 (month) (day) (year)
(c) Cemetery or crematory Western City
Location Balt Co Balm. Walter Road & Shirley Ave

18 (a) Funeral director Huntington Williams
(b) Address

19 (a) Date received by State Registrar MAY 29 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1946 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2 Jan. 1946 to 20 May 1946 and that I last saw him alive on 20 May 1946

Immediate cause of death: cerebral hemorrhage — Duration: 4 hours

Due to: hypertensive cardio-vascular disease — Duration: unknown

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Racusin
Address 206 S. Gilmor St. M. D. Date signed 5-31-46

VS 150

G40174 ✓ G40174

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92C

Registered No. G40174

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4016 Chatham Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GERTRUDE KLITZNER

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Frank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1908

8. AGE: Years	Months	Days	If less than one day
38			hr. min.

9. Birthplace Cleveland Ohio
(Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Israel M. Altshuler
13. Birthplace Poland

MOTHER
14. Maiden Name Mazur
15. Birthplace Poland

16 (a) Informant Husband
(b) Address

17 (a) Burial (b) Date thereof 5-22-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Oak Rd & Hamilton Ave
18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Baltimore
19 MAY 22 1946 (b) Huntington Woods Registrar
(Date filed by Reg.)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1946, at 4:10 P M
21. I certify that death occurred on the date above stated; that I attended deceased from MAY 21 1946 to MAY 21 1946, and that I last saw HER alive on MAY 21 1946.

Immediate cause of death	Duration
CARDIAC FAILURE	
Due to RHEUMATIC HEART DISEASE	
Due to C CARDIAC DILATATION & HYPERTROPHY, MITRAL	
Other Conditions STENOSIS AORTIC STENOSIS	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Elliott F. Weitzman M. D.
Address Sinai Hospital Date signed May 21, 46

VS 150

G40175 ✓ G40175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No.

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 38 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2109 LINDEN AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** SARAH KRIEGER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	MARRIED

6 (b) Name of husband or wife JOSIAH

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/14/83

8. AGE: Years	Months	Days	If less than one day
63	2	7	hr. min.

9. Birthplace POLAND
(Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER
12. Name Kenneth Montlack
13. Birthplace Poland

MOTHER
14. Maiden Name Melzer Betty
15. Birthplace Poland

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-46 (month) (day) (year)
(c) Cemetery or crematory Wyah Rd.
Location Depot

18 (a) Funeral director Jenk Sons Bros
(b) Address 1439 E. Baltimore St.

19 (a) (Date received by registrar) (b) Registrar

MAY 22 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-20- 1946, at 10 07 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/8/ 1946, to 5/21/ 1946 and that I last saw h[illegible] alive on 5/21/1946.

Immediate cause of death
Cardio Respiratory Failure
Due to Peritonitis
Due to Carcinoma of Cecum
Other Conditions

Duration

(Include pregnancy within 3 months of death)
Date of operation 5/16/46
Major findings of operation: Cholelithiasis Carcinoma of Cecum
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry T. Wilson, Jr. M. D.
Address St. Joseph's Hospital Date signed 5/21/46

G40176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 E

G40176 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 207 S. Hilton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 207 S. Hilton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eva May Pohlar

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Married

6 (b) Name of husband or wife Chas. H. Pohlar
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 29. 1882

8. AGE: Years	Months	Days	If less than one day
64	1	21 1/2	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER 12. Name	Louis H. Cole
13. Birthplace	Va.
MOTHER 14. Maiden Name	Hodge
15. Birthplace	Boston, Mass

16 (a) Informant Chas. H. Pohlar
(b) Address 207 S. Hilton St

17 (a) Burial (b) Date thereof May 22/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave. Balto. Md

18 (a) Funeral director Harry H. Mitzel
(b) Address 4101 Edmondson Ave

19 MAY 23 1946 (6) Registrar
Date rec'd by reg'r
Washington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1946 at 1.05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1 1945 to May 20 1946 and that I last saw h[illegible] alive on May 19 1946.

Immediate cause of death Cardiac Thrombosis

Due to Cancer of Colon

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Mch. 27 1946

Major findings of operation: Cancer Colon.

of autopsy

Duration: 5 days, 6 hrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] Williams
Address 1 E Randall St Date signed 5/24/46

G40177 new

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33-

Registered No. G40177

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County York
(c) City or town Glen Rock R.D. 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Norma Jean Heindel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1941

8. AGE: Years	Months	Days	If less than one day
5			hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Marvin Heindel
13. Birthplace Md

MOTHER
14. Maiden Name Anna Stiffler
15. Birthplace Md.

16 (a) Informant Marvin Heindel
(b) Address Glen Rock R #3

17 (a) [illegible] (Burial, cremation, or removal) (b) Date thereof 5/22/46 (month) (day) (year)
(c) Cemetery or crematory Glen Rock, Pa
Location Glen Rock, Pa

18 (a) Funeral director H. Gayle Glen Rock Co.
(b) Address

MAY 22 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1946, at 2:04 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1946, to May 22 1946, and that I last saw her alive on May 22 1946.

Immediate cause of death Encephalitis Post Measles.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton Rasch M. D.
Address Redwood & Greene Sts. Date signed 5/22/46

VS 150

G40178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G40178 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3319 Liberty Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3319 Liberty Heights Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELENE G. JANDERNAL

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Paul A. Jandernal
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 6, 1866

8. AGE: Years	Months	Days	If less than one day
80	1	13	hr. min.

9. Birthplace (Ger.) Easthiverpool Ohio
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name	Dr. Thomas George
13. Birthplace	Ohio
MOTHER 14. Maiden Name	Sarah Beaver
15. Birthplace	Ohio

16 (a) Informant Com. Jas. C. Reisinger (Son)
(b) Address 712 Bay St. San Francisco Cal

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5/22/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk. Crem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 MAY 22 1946 (Date rec'd by registrar) (b) Huntington Williams, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19, 1946 at 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1946 to May 19 1946 and that I last saw her alive on May 17 1946.

Immediate cause of death
1) Coronary Thrombosis — Duration 1 day
Due to
Due to
Other Conditions Hypertension Heart Disease — 5 yrs.
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations
of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Earl L. Chambers
Address 4108 Liberty Hts Date signed 5/22/46

VS 150

X

G40179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G40179 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3537 Newland Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3537 Newland Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LURANA ESTELLE HOPKINS

3 (b) If veteran, name war --
3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Harry Colfax Hopkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27, 1869

8. AGE: Years	Months	Days	If less than one day
76	5	23	hr. min.

9. Birthplace Harrisburg, Pa. (Town, county, and state)
10. Usual Occupation -
11. Industry or business

FATHER
12. Name Lawrence Muse
13. Birthplace Va.

MOTHER
14. Maiden Name Lurana Nicholsen
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Francis S. Carnes
(b) Address 3537 Newland Rd.

17 (a) Burial (Burial, cremation, or removal) b. Date thereof 5/22/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAY 22 1946 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20, 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1946 to May 20 1946; and that I last saw her alive on May 20 1946.

Immediate cause of death Myocarditis

Due to Arteriosclerosis

Due to Hypostatic Congestion

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank B. Whitelaw M. D.
Address 230 E. Mount Rd. Date signed May 22

G40180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 942

Registered No. G40180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1434 Marshall St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hill, Isaac

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-07-0929

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Grace Hill
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29, 1897

8. AGE: Years	Months	Days	If less than one day
49	0	22	hr. min.

9. Birthplace Calvert County, Md
(Town, county, and state)

10. Usual Occupation Boat Builder

11. Industry or business

MOTHER / FATHER

12. Name Isaac Hill
13. Birthplace Md

14. Maiden Name Minnie Bond
15. Birthplace Md

16 (a) Informant Family
(b) Address 1434 Marshall St.

17 (a) Burial (b) Date thereof 5-24-46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Glen Haven.
Location Glen Burnie Md

18 (a) Funeral director Samuel L. McCauley
(b) Address 1600 E. Fort Ave.

19 MAY 22 1946 (b) Huntington Williams, M.D.
(To be filled in by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-21-1946, at 4 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-19-1946, to 5-21-1946, and that I last saw him alive on 5-21-1946.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. P. Fridman M. D.
Address 1319 Light St. Date signed 5-24-46

VS 150

D40481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G40181 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 28 S. Carey St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 28 S. Carey St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adolph Rothe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Widowed

6 (b) Name of husband or wife Katherine E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29, 1858

8. AGE: Years	Months	Days	If less than one day
88	3	20	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Shoemaker

FATHER
12. Name Rothe
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Alga Heck
(b) Address 28 S. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd

18 (a) Funeral director Harry H. Mitzel
(b) Address 401 E. Monument Ave

19 (a) (Date received) MAY 22 1946 (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19/46 19 at 4:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 3 1944 to May 18 1946, and that I last saw him alive on May 18 1946.

Immediate cause of death: Arteriosclerotic cardiac Vascular Disease — Duration: 2 yrs.

Due to — Duration: 1 yr.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carl P. Roskay M. D.
Address 324 N. Lombard St
Date signed 5/21/46

VS 150

X

G40182

BC# D45375

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1600 Registered No. G40182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene St.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days) Week

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1621 Eutaw Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Mc Intosh D 45375

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/11/46

8. AGE: Years | Months: 1 | Days: 21 9 | If less than one day: hr. min.

9. Birthplace Balto — Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Henry A. McIntosh

13. Birthplace

MOTHER 14. Maiden Name Marie Hance

15. Birthplace

16 (a) Informant Family Welfare

(b) Address Mrs. Hellman

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23/46 (month) (day) (year)

(c) Cemetery or crematory Lorraine Cem. Location Freshpondtown

18 (a) Funeral director John O. Mitchell

(b) Address 1766 E. Eutaw Place

MAY 22 1946 (Date rec'd by Registrar) (b) Huntingtor Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1946, at 6:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1946, to May 20 1946, and that I last saw h alive on May 20 1946

Immediate cause of death Respiratory Failure — Subarachnoid Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton Resch M. D.

Address Redwood & Greene St. Date signed 5/20/46

VS 150

X

G40183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46a

Registered No. G40183

492531

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State S.C. (b) County
(c) City or town Columbia
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1406 Victoria St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Venice Risner.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife N. H. Risner
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) 6-10-13

8. AGE: Years	Months	Days	If less than one day
32	11	12 11	hr. min.

9. Birthplace S.C.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Alfred E. Taylor
13. Birthplace S.C.

MOTHER
14. Maiden Name Irene Grant.
15. Birthplace S.C.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof May 22/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Columbia
Location Columbia S.C.

18 (a) Funeral director John O. Mitchell
(b) Address 1900 Eutaw Place

MAY 22 1946 Huntington Williams, M.D.
Date Rec'd by Registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1946 at 10:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 '46 to May 21 1946 and that I last saw him alive on May 21 '46.

Immediate cause of death	Duration
Bronchopneumonia	3d.
Due to Post-operative esophago-jejunostomy	5d.
Due to	
Other Conditions CA of esophagus	7 mo.

(Include pregnancy within three months of death)

Date of operation 17 May 46

Major findings of operation CA of esophagus

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. Baird Hoggins Jr. M.D.
Address Johns Hopkins Hosp. Date signed 24 May 46

VS 150

G40184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. G40184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland 530 S Streeper St

(b) Street address

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 530 S Streeper (If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry G Maseth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Margaret Maseth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 26 1865

8. AGE: Years	Months	Days	If less than one day
81	1	24	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation laborer retired

11. Industry or business

FATHER 12. Name John Maseth

13. Birthplace Germany

MOTHER 14. Maiden Name Barbara Trager

15. Birthplace Germany

16 (a) Informant Mrs Margaret Maseth

(b) Address 530 S Streeper St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25/46 (month) (day) (year)

(c) Cemetery or crematory Parkland

Location

18 (a) Funeral director Welsh Funeral Home

(b) Address 2008 Orleans

19 (a) MAY 22 1946 (Date received by Local Registrar) Huntington Williams, M.D. (Signature of Local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1946, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1946, to May 1946, and that I last saw h l alive on May 21 1946

Immediate cause of death Asterio-sclerosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Eugene Zeller, M.D.

Address 739 Eastern Ave Date signed 5/22/46

VS 150

G40185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

Registered No. G40185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution: Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2835 Chesterfield Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Marshall

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Marshall
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1875

8. AGE: Years	Months	Days	If less than one day
75	2	23	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Furniture store
11. Industry or business

FATHER
12. Name Harry Marshall
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mrs. Mary Marshall
(b) Address 2835 Chesterfield Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/46 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville, Md.

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2008 Orleans St.,

19 (a) MAY 22 1946 (Date rec'd by registrar) Huntington Williams, M.D. Address 1833 N. Mad Ave.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20, 1946 at 8:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1946 to May 20 1946 and that I last saw h alive on May 19 1946.

Immediate cause of death

Cerebral Hemorrhage — Duration 2 days.

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Janet Fisher M. D.
Date signed 5-22-46

VS 180

G40186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55 E

Registered No. G40186

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3100 Rosekemp Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3100 Rosekemp Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ernest A. Bott

3 (b) If veteran, name war: --

3 (c) Social Security Account No. 212-07-4235

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife: --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 3, 1903

8. AGE: Years	Months	Days	If less than one day
42	8	18	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER
12. Name Nicholas Bott
13. Birthplace New York

MOTHER
14. Maiden Name Dora Bott
15. Birthplace Germany

16 (a) Informant Mrs. Dora Bott
(b) Address 3100 Rosekemp Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2008 Orleans St.,

19 (a) Date received MAY 22 1946 (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21, 1946 19 , at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-23- 1946 to 5-21- 1946 and that I last saw him alive on 5-20- 1946

Immediate cause of death: Spindle Cell Sarcoma starting in lymph nodes Groin upper left thigh — Duration 4½ mos

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Jan. 1946

Major findings of operation: - the immediate cause of death

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Melton D. Laug, M. D.
Address 2117 Belair Rd Date signed 5-21-46

X

G40187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G40187

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1938 Mc Elderry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 1938 Mc Elderry St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MAMIE RUBEN KONIG

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Oscar Rubenkonig
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar 7, 1878

8. AGE: Years	Months	Days	If less than one day
68	2	12	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Diego Eitel
13. Birthplace Germany

MOTHER
14. Maiden Name Louisa Schmidt
15. Birthplace Germany

16 (a) Informant Alfred H. Wienehr
(b) Address 4217 Elderon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22, 1946 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St.

19 MAY 22 1946 (Date rec'd) (b) Huntington Williamsport, Md. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/19/46 19 , at 5:30 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
(a) Bronchiolitis Cardiovascular Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John E. Davis M.D. Medical Examiner.
Date signed 5/20/46

VS 151

G40188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

G40188 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) One Hour
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 138 West Camden
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY W. CRUMMITT

3 (b) If veteran, name war W.W.I

3 (c) Social Security Account No. 216-16-3002

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1893

8. AGE: Years 52 | Months 11 | Days 19 | If less than one day hr. min.

9. Birthplace Reel Mills, Md.
(Town, county, and state)

10. Usual Occupation Retired Fireman

11. Industry or business B+O R.R.

FATHER 12. Name Vinton W. Crummitt

13. Birthplace Md.

MOTHER 14. Maiden Name Mary E. Stimmell

15. Birthplace Md.

16 (a) Informant Mrs. Mary M. Wittmer

(b) Address 436 E. Ford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-46 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Frederick, Md.

18 (a) Funeral director G. Howard Strong

(b) Address 3207 W. North Ave.

19 MAY 22 1946 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/21/46 19 at 7:20 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Davis M.D.
Medical Examiner.
Date signed 5/21/46

G40189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 121

G40189
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + 33rd Sts.
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Pikesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 216 Church Lane
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MRS. Jemima Disney Clautice

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married.

6 (b) Name of husband or wife Francis A. Clautice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 11, 1886

8. AGE: Years	Months	Days	If less than one day
59	6 5	9 10	— hr. — min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Lloyd Disney
13. Birthplace Maryland

MOTHER
14. Maiden Name Miranda ?
15. Birthplace Maryland

16 (a) Informant Mrs. E. A. Clautice
(b) Address 216 Church Lane, Pikesville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Frank H. Kewell
(b) Address Pikesville, Md.

(d) Date received by registrar MAY 22 1946 Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1946, at 2:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1946, to May 21 1946, and that I last saw h.e.r alive on May 21 1946.

Immediate cause of death Generalized peritonitis

Due to Ruptured mucocele of appendix

Due to

Other Conditions Hypertensive cardiovascular disease
(Include pregnancy within 3 months of death)

Date of operation May 6, 1946

Major findings of operation As above

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. F. Constable Jr M.D.
M. D.
Address Union Memorial Hosp Date signed 5-21-46

X

G40190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1312

G40190 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2425 W. North Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

15 5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2425 W. North Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY M. BIGGS

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife James M. Biggs
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1857

8. AGE: Years	Months	Days	If less than one day
88	9	20	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John McNally
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Cambell
15. Birthplace Ireland

16 (a) Informant Mrs. Eva Butcher
(b) Address 2425 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (b) Huntingtown, Md.
Registrar

MAY 22 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20, 19 46 at 10:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19 46 to May 20 19 46.
and that I last saw h alive on May 20 1946.

Immediate cause of death
Uremia
Arteriosclerosis
Due to Chronic Nephritis
Due to Senility
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. Beadle M. D.
Address [illegible] (Date signed) 5/22/46

G40191 BALTIMORE CITY HEALTH DEPARTMENT G40191

CERTIFICATE OF DEATH 124a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30D

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Charlottesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 511 N. First St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John W F Fry Jr.

3 (b) If veteran, name war 10

Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Virginia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1886

8. AGE: Years	Months	Days	If less than one day
59 60	10	17	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John W. Fry

13. Birthplace Va.

MOTHER 14. Maiden Name Fanning Nichol

15. Birthplace Va.

16 (a) Informant David W. Fry

(b) Address 221 Ridgemede Rd

17. Funeral (Burial, cremation, or removal) (b) Date thereof 5/23/46 (month) (day) (year)

(c) Cemetery or crematory Charlottesville

Location Charlottesville Va

18 (a) Funeral director Jefferson Long Inc

(b) Address 210 E Main St

19. (Date rec'd by registrar) MAY 22 1946 (Signature) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-21- 1946 at 12 40 A M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Serous meningitis
Fatty degeneration of liver

Due to

Other Conditions Fractured skull, linear.
Hypertrophy & dilatation of heart
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☒ cause of death, fill in the following:
(a) Date of injury 5-21-46 at A. M.
(b) Where did injury occur? 613 E. Dallas. St.
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Found lying in a hall-way

23. Signature Howard J. Howe M.D.
Medical Examiner.
Date signed 5-21-46

VS 151

X

G10492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G10492 Registered No. 186a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Gen'l. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3227 Magnolia Ave. (If rural give location) (English Consul)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Leonora G. Ahlfeldt

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	none	Female	White	Married

6 (b) Name of husband or wife Albert H.W. Ahlfeldt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 29, 1876

8. AGE: Years	Months	Days	If less than one day
70	2	22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name Lewis Hinkle
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Mary Applegarth
15. Birthplace Balto., Md.

16 (a) Informant Mr. Albert H. W. Ahlfeldt
(b) Address 3227 Magnolia Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 MAY 22 1946 (Date received by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1946 at 4 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1946 to May 21 1946 and that I last saw h[illegible] alive on May 21 1946

Immediate cause of death: Cerebral hemorrhage — Duration: 11 days
Due to: Cerebral arteriosclerosis — ? years
Due to: Hypertension — ? years
Other Conditions: Fractured right hip
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide [redacted] Accident
(b) Date of occurrence 5-[redacted]-46 at 4:20 P.M.
(c) Where did injury occur? 3227 Magnolia Ave (Specify whether In Home, Factory, Street, Farm, or Office Building)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Slipped and fell to floor

23. Signature Leonard E. Blumenthal M.D.
Address W B G H Date signed 5/21/46
Horatio J. Wilkerson, M.D. X

VS 150

G40193
CWK-100473

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 43B

G40193
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0- 1- 18
(e) Length of stay in Baltimore (yrs., mos., or days) 20- 5- 21-

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1039 W. Lexington Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kenneth Lansdowne

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 29-1925

8. AGE: Years	Months	Days	If less than one day
20	5	21	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name David Lansdowne
13. Birthplace West Indies

MOTHER
14. Maiden Name Lucy Myrie
15. Birthplace West Indies

16 (a) Informant Records-Balto. City Hospitals
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10 1946 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St.

19 (a) (Date rec'd by registrar) (b) Huntington for Williams

MAY 22

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1946, at 9:08 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1946 to May 20 1946, and that I last saw h im alive on May 20 1946.

Immediate cause of death: Cerebulatory failure — Duration: 1 week
Due to Pulmonary Tuberculosis, Dissemminated — Duration: 1 year
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm R. Leatherwood, M.D.
Address Balto. City Hosps Date signed 5-20-46

G40194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G40194

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 648 George St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 648 George St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emily H. Gill

3 (b) If veteran, name war (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col.	Widow

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Thomas Harrison
13. Birthplace Md.

MOTHER
14. Maiden Name Elvralla Queen
15. Birthplace Md.

16 (a) Informant William C. Morgan
(b) Address 211 Bradley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22, '46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 222 N. Schroeder St.

19 (a) MAY 22 1946 (Date rec'd by registrar) Katie R. Williams (Signature of funeral director or person acting as such)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1946 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1 1946 to 5/19 1946.
and that I last saw h alive on 5/19 1946

Immediate cause of death
Arteriosclerosis Ulcer — Duration yrs
Due to Varicose Ulcer Leg
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. R. Coasey M. D.
Address 753 George St. Date signed 5/22/46

VS 150

J. R. COASEY - 753 GEORGE ST.

G40195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. G40195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1408 Towson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give location)
(d) Street No. 1408 Towson St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John J. Haspert Sr

3 (b) If veteran, name war 10
3 (c) Social Security Account No. 214-01-0733

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Susanna Haspert
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 16 1902
8. AGE: Years 43 | Months 6 | Days 5 | If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Long Shoreman
11. Industry or business

FATHER
12. Name Jacob Haspert
13. Birthplace Russia

MOTHER
14. Maiden Name Anna Kahen
15. Birthplace Russia

16 (a) Informant Mrs B. Haspert (wife)
(b) Address 1408 Towson St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/46 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Annapolis Jct. Md.
18 (a) Funeral director Chas. F. Dill
(b) Address 1501 E. Fort Ave.
22 1946 (Date received by registrar) (b) Huntington Williamsburg, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1946 at 10 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1946 to May 21 1946, and that I last saw him alive on May 20 1946.

Immediate cause of death	Duration
Coronary Thrombosis	30 min.
Angina Pectoris	21 d.
Due to Arteriosclerosis Hypertension	21 d.
Due to Chr Interstitial Nephritis	21 yr.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J J A Stevens M. D.
Address 2816 Hanford Rd Date signed 5-24-46

G40196 492521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 763c

G40196 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Ecaey
(If outside city or town limits, write RURAL and give town)
(d) Street No. 833 Brunswick Road.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kathleen Ramgton.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-7-45

8. AGE: Years	Months	Days	If less than one day
1	4	14	hr. min.

9. Birthplace md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wilmer Ramgton
13. Birthplace Wise

MOTHER
14. Maiden Name Josephine Tracey.
15. Birthplace Del.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/46 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Norman Hill Rd.

18 (a) Funeral director John J Connelly
(b) Address 418 Eastern Ave Essex, Md

MAY 23 1946

(b)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1946 at 1:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1946 to May 21 1946 and that I last saw h.r. alive on May 21 1946

Immediate cause of death Aspiration of formula

Due to

Due to

Other Conditions Cyanosis Pyelonephritis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy same as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leonard Palmer, M.D.
Address Harriet Lane Home Date signed 5-24-46

VS 150

C10197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. C10197

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona ave
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) V
(d) Street No. 912 St. Paul St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Earle Feddeman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21. 1867

8. AGE: Years	Months	Days	If less than one day
78	8	-	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Richard E. Feddeman
13. Birthplace Md.

MOTHER
14. Maiden Name Rebarah Wright
15. Birthplace Md.

16 (a) Informant Miss Mary O. Feddeman
(b) Address 1400 Linden ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Harry H. Little
(b) Address 410 E Edmondson ave

MAY 22 1946 (Date rec'd by registrar)

(b) Huntington Williams, M.D. (Address)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21/46 19 . at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1941 to May 21 1946 and that I last saw h[illegible] alive on May 21 1946.

Immediate cause of death: Bronchopneumonitis
Due to arteriosclerosis
Due to
Other Conditions: cellulitis perineum
(Include pregnancy within 3 months of death)

Duration
2 weeks

Date of operation none
Major findings of operation: none
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul R. Smith, Jr. M.D.
Address 1014 S. Paul St. Date signed 22 May 1946

VS 150

G40198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G40198 Registered No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave.
(c) Hospital or institution: St Agnes Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 127 Thorne Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME ~~Philip Messer~~ Philip L. Messer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	~~Widowed~~ Single

6 (b) Name of husband or wife Lillian Cecelia Messer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18, 1870

8. AGE: Years	Months	Days	If less than one day
76	-	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Proprietor of store
11. Industry or business Wallpaper & Window shade

FATHER
12. Name ~~Gustaff Messer~~ Gustave E. Messer
13. Birthplace Balto. Md

MOTHER
14. Maiden Name ~~Lovina Zengus~~ Levenia V. Thomas
15. Birthplace Balto, Md.

16 (a) Informant Mrs. E. Willis Lamoreau
(b) Address ~~Balto~~ 4510 Liberty Hgts Ave.

17 (a) Entombment (Burial, cremation, or removal) (b) Date thereof May 24, 1946 (month) (day) (year)
(c) Cemetery or crematory Lorraine Pk. Mausoleum
Location Woodlawn, Md.

18 (a) Funeral director E W Lamoreaux
(b) Address 4510 Liberty Heights Ave.

19 (a) MAY 22 1946 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/21 1946, at 9 20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/21 1946, to 5/21 1946, and that I last saw h~~im~~er alive on 5/21 1946.

Immediate cause of death: Cardiac Resp. failure — Duration
Due to Circulatory Collapse
Due to Cept. Directing Aneurysm.
Other Conditions Early mesenteric thrombosis.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: listed above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. L. Cox Jr
Address St Agnes Hosp Date signed 5/22/46

G40199 BC# 42462 G40199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland + Rayner Alc
(c) Hospital or institution: West Balto Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6 E. Montgomery St.
(e) Citizen of foreign country? (If non-native location) (Yes or No)
If yes, name country

3 (a) FULL NAME Betty Lou Stone

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible] 24, 1946

8. AGE: Years	Months	Days	If less than one day
	2	28 ½	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Leonard R. Stone
13. Birthplace Kentucky

MOTHER
14. Maiden Name Lula May Burden
15. Birthplace Tenn.

16 (a) Informant Leonard Riley Stone
(b) Address 6 E. Montgomery St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/46 (month) (day) (year)
(c) Cemetery or crematory South Shore
Location Kentucky

18 (a) Funeral director John F. Clemens Inc
(b) Address 411 Light St.

19 (a) 5-22-1946 (Date rec'd by registrar) Huntington Williams Mc Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22 1946 at 2 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-24 1946 to 5-22 1946 and that I last saw her alive on 5-22 1946

Immediate cause of death Congenital Heart Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy TETRALOGY OF FALLOT'S

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin Bendremtay
Address West Balto Gen'l Hosp Date signed 5/12/46 M. D.

VS 150

G40500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G40500

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Wash. D. C.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1727 Mass. Ave. N. W.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph F. Bongan

3 (b) If veteran, name war: World War #1

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Agnes Fitzgerald

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): July 3. 1890

8. AGE: Years 55 56 | Months 10 | Days 19 | If less than one day hr. min.

9. Birthplace: Lowell Mass
(Town, county, and state)

10. Usual Occupation: Executive

11. Industry or business: Transamerica Air Lines

FATHER
12. Name "
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant: Alex P. Gates
(b) Address: 815-15th St. Wash. D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 25/46 (month) (day) (year)

(c) Cemetery or crematory: Lowell
Location: Lowell Mass.

18 (a) Funeral director: John O. Mitchell & Son
(b) Address: 1901 Eustay Place

19 (a) MAY 29 1946 (Date rec'd by registrar) (b) Huntington for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 22 1946, at 8 A M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Coronary Disease

Due to

Other Conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: Howard J. Mendelsohn M.D.
Medical Examiner.
Date signed May 22-46.

VS 151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No. G10501

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 917 Bevans Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT WILLIAM BUNDLEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1906

8. AGE: Years 40 | Months | Days | If less than one day hr. min.

9. Birthplace West Point Va
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Thomas Bundy
13. Birthplace Va

MOTHER
14. Maiden Name Mary Johnson
15. Birthplace Va

16 (a) Informant Wm Bundy
(b) Address 407 N Carrollton Ave

17 (a) Removal (b) Date thereof 5-23-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Richmond
Location Virginia

18 (a) Funeral director David L. Brown & Son
(b) Address 108 W Montgomery St

MAY 23 1946 Huntington Williams M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19, 1946, at 5:05 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Bullet wound of the chest involving the lung

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-19-46 at 4:15 P. M.
(b) Where did injury occur? 800 blk. Leadenhall Street
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Shot with revolver

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 5-21-46

VS 151

correct age is especially important. Physicians: please write the number of years in each entry.

G40502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G40502

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp 111
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dna
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 23 0 W Biddle St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William [illegible] Lee person

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-07-7740

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2 1893

8. AGE: Years 53 5 | Months 1 | Days 18 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Porter.

11. Industry or business

FATHER
12. Name William Shepperson
13. Birthplace Va.

MOTHER
14. Maiden Name Hattie ?
15. Birthplace Va.

16 (a) Informant Frankie Green
(b) Address 1216 - Argyle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/46 (month) (day) (year)

(c) Cemetery or crematory Location Mt. Calvary.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 - Lenrid Heights Ave.

MAY 23 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 20 May 1946, at 2.50 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Chronic Myocardial Degeneration

Due to

Other Conditions Uremia. Edema.

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William J. Helpern M.D. Medical Examiner.
Date signed 21 May 46

G40503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94 a

G40503

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 254 Chestnut St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Warren Brown

3 (b) If veteran, name war ?

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	?

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
74	?	?	hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation ?

11. Industry or business ?

FATHER
12. Name ? Md
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant None
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Adolphus Halstead

18 (a) Funeral director
(b) Address 918 Druid Hill Ave.

MAY 23 1946 (Date rec'd by Local Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1946, at 9:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1946 to May 11 1946 and that I last saw him alive on May 11 1946.

Immediate cause of death: Probable Coronary Occlusion

Due to ?

Due to ?

Other Conditions ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration: 1/2 hr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William D. Gentry, Jr.
Address Mercy Hosp. Date signed 6-20-46 M. D.

For Wm. H. Hufnagel M.D. by Howard L. Worden, M.D.

VS 150

640304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

640304 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1817 O'Dell Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1817 O'Dell Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN HOFFMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/31/1877

8. AGE: Years	Months	Days	If less than one day
68 yrs.	4	22	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name William Hoffman
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Barbara Smelty
15. Birthplace Baltimore, Md.

16 (a) Informant William H. Myers
(b) Address 1817 O'Dell Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore, Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601-03 E. Madison Street

19 (a) MAY 23 1946 (Date received by registrar)
Huntington for Whitington, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1946, at 12:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1946 to May 22 1946, and that I last saw h[illegible] alive on May 22 1946.

Immediate cause of death	Duration
Cerebral apoplexy	
Due to Arteriosclerosis, Cardio Vascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. M. Baumgardner, M. D.
Address Balto 6 Date signed 5-22-46

X

G40505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

G40505 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 921 Ryan St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 921 Ryan St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John G. Wagner

3 (b) If veteran, name war W
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10 1890

8. AGE: Years	Months	Days	If less than one day
55	10	12	hr. min.

9. Birthplace Parkeville Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Franklin F. Wagner
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Mary J. Colley
15. Birthplace Balto. Md.

16 (a) Informant Sarah L. Stidding
(b) Address 921 Ryan St.

17 (a) Burial (b) Date thereof 5/25/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Stone Chapel
Location Balto. Co. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) (b)
(Date rec'd by registrar) Registrar

MAY 23 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22nd 1946, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1946 to May 22 1946, and that I last saw him alive on May 22 1946.

Immediate cause of death: Shock - hemorrhagic — Duration 4 hours

Due to: Carcinoma at cardiac portion of stomach — Duration unknown

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation April 1946

Major findings of operation: carcinoma of stomach

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nathan Rosen M. D.
Address 206 S. Gilmor St Date signed 5-24-46

X

G40306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G40306 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1903 W. Lanvale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1903 W. Lanvale St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME THOMAS HENRY DOYLE

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Emma L. Doyle (nee Geipel)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1888

8. AGE: Years	Months	Days	If less than one day
57	7	21	hr. min.

9. Birthplace Harford Co., Md. (Town, county, and state)
10. Usual Occupation Retired Policeman
11. Industry or business Balto. City

FATHER
12. Name Thomas T. J. Doyle
13. Birthplace Harford Co., Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. Emma L. Doyle
(b) Address 1903 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (c) (Date received by Registrar) MAY 29 1946 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22, 1946, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/20 1946 to 5/22 1946, and that I last saw him alive on 5/22 1946.

Immediate cause of death — Duration
Pulmonary Tuberculosis — ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Delmar Laughlin M. D.
Address 400 N. Payson St. Date signed 5/22/46

X

G40507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

G40507 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1302 W. Lexington Street
(c) Hospital or institution: our Lady home for aged
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1302 W. Lexington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lydia Maydwell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/24/1877.

8. AGE: Years 69 | Months 3 | Days 2 | If less than one day hr. min.

9. Birthplace Balto — (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Frederick Rheinhard
13. Birthplace Balto —

MOTHER
14. Maiden Name Louisa Kolb
15. Birthplace Balto —

16 (a) Informant Lydia Wieseke
(b) Address 211 S. Highland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/46 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Easton Ave. Cat.

18 (a) Funeral director Tully & Zeiler Inc
(b) Address 403 N. Howard St

19 (Date rec'd by registrar) MAY 23 1946 Huntingtown, Williamsburg, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1946 at 5 28 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1946 to May 21 1946 and that I last saw h alive on May 21 1946.

Immediate cause of death Bronchopneumonia.

Due to Fracture tibia (left)

Due to

Other Conditions Diabetes

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 26/8
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 5-17-46 at M
(c) Where did injury occur? 211 S. Highland Avenue
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Daughter's Home While at work? No
(Specify type of place)
(e) Means of injury Fell out of chair to floor

23. Signature Milton Biscavick M.D.
Address 1129 W. Fayette Date signed 5/24/46

VS 150

Howard J. Chaillet, M.D.X.

G40:08 G40:08

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 901 North Parish
(c) Hospital or institution: 16

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 901 North Parish St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Garland Vincent

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-10-4663

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 25, 1910

8. AGE: Years	Months	Days	If less than one day
35	5	24	hr. min.

9. Birthplace Greensboro North Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

MOTHER / FATHER

12. Name Simon Vincent

13. Birthplace Greensboro North Carolina

14. Maiden Name Ellen Crawford

15. Birthplace Greensboro North Carolina

16 (a) Informant Mrs Martha Pittford

(b) Address 901 N Parish Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14th 1946 (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial Park

Location Baltimore County Maryland

18 (a) Funeral director Joseph A. Sinclair

(b) Address 66 Locust Lane Apt

19 (a) (Date rec'd by registrar) (b)

MAY 23 1946

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1946 at 2 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 5/12 1946 to 5/14 1946 and that I last saw h[illegible] alive on 5/13 1946

Immediate cause of death: Acute Nephritis (Glomerular)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration
2 wks

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. W. Scott M.D.

Address 4 E. N. Avenue Date signed 5-15-46

G40.09 — G40.09

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 158

Registered No. G40.09

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Oliver & Caroline Streets
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 12 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 515 S. Northpoint Rd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Baby Coxen

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/19/46

8. AGE: Years	Months	Days	If less than one day
			12 hr. 20 min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name William Theodore Coxen
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Julia Vonkusky
15. Birthplace Hazelton, Pa.

16 (a) Informant St. Joseph's Hosp. Records
(b) Address Caroline & Oliver Sts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director L. J. Ryan
(b) Address 5305 Harford Rd

19 (a) MAY 23 1946 (Date signed by undertaker) Huntington, West Virginia

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/19 1946, at 6:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/19 1946 to 5/19/1946, and that I last saw him alive on 5/19 1946.

Immediate cause of death	Duration
Cardio-respiratory Failure	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Richard A. Young M. D.
Address St. Josephs Hosp. Date signed 5/19/46

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40310

CWK-101467

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G40320 Registered No. 893

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2310 Fleet Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Pietrocarli

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22 - 1884

8. AGE: Years	Months	Days	If less than one day
61	M	30	hr. min.

9. Birthplace Not Known (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Records-Balto. City Hospitals
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/46 (month) (day) (year)
(c) Cemetery or crematory Moreland Pk.
Location Baltimore

18 (a) Funeral director L. J. Ruck
(b) Address 5305 Harford Rd.

19 (a) (Date rec'd by registrar) (b) Registrar's signature Thurlington Williams, M.D.

MAY 23 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1946, at 11:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1946 to May 22 1946, and that I last saw h im alive on May 22 1946.

Immediate cause of death	Duration
Circulatory Failure	
Due to Cerebral Hemorrhage	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. R. Scarborough, M.D.
Address Balto. City Hosp. Date signed 5-22-46 M. D.

G40.3.1

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH √108

G40.3.1

Registered No. _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address REDWOOD AND GREEN
(c) Hospital or institution: UNIVERSITY HOSPITAL 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 DAY
(e) Length of stay in Baltimore (yrs., mos., or days) ____

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ____
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 512 N. Calhoun St. (If rural give location)
(e) Citizen of foreign country? ____ (Yes or No) If yes, name country ____ √

3 (a) FULL NAME MILTON KELLUM

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	S

6 (b) Name of husband or wife ____ 6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct 9 1904

8. AGE: Years	Months	Days	If less than one day
41	7	14	hr. ____ min. ____

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation ____

11. Industry or business ____

FATHER
12. Name Thomas Kellum
13. Birthplace md

MOTHER
14. Maiden Name Susie Hull
15. Birthplace md

16 (a) Informant Alice A. Hull
(b) Address 512 N. Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md.

18 (a) Funeral director Edw. S. Kelso
(b) Address 1303 Presstman St

19 (a) ~~Hunter~~ Williams, M.D. (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23. 1946 at ____ M

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 21 1946, to MAY 22 1946, and that I last saw him alive on MAY 22 1946.

Immediate cause of death CIRCULATORY COLLAPSE

Due to LOBAR PNEUMONIA, LEFT LOWER LOBE, TYPE #7

Due to ____

Other Conditions BRONCHIAL ASTHMA

(Include pregnancy within 3 months of death)

Date of operation ____

Major findings of operation: ____

of autopsy: ____

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? (Specify type of place)
(e) Means of injury ____

23. Signature Wm T Raby M. D.
Address University Hosp. Date signed May 23, 1946

VS 150

X

G40.5.12

A 47207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E

G40.5.12 Registered No.

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Towson -
(If outside city or town limits, write RURAL and give town)
(d) Street No. 870 Loch Raven Drive
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leslie J. Daley Jr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-14-46

8. AGE: Years | Months: 6 | Days: 8 | If less than one day: hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Leslie Daley

13. Birthplace Md.

MOTHER
14. Maiden Name Helen Brown -

15. Birthplace Va.

16 (a) Informant Records -

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/23/46 (month) (day) (year)

(c) Cemetery or crematory St Marys [illegible]
Location Plainfield N.J.

18 (a) Funeral director Wm Cook Sons

(b) Address 1712 St Paul St

MAY 23 1946 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1946 at 6 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1946 to May 22 1946 and that I last saw him alive on May 22 1946

Immediate cause of death: Bronchopneumonia

Due to

Due to

Other Conditions Congenital Heart Disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George A Palmer

Address Johns Hopkins Hosp Date signed 5-22-46

VS 150

G40513 BC# F42654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G40513 Registered No. 170C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2508 Fait Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PATRICK FOSTER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/18/1942

8. AGE: Years	Months	Days	If less than one day
4	4	3	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Stanley Fosters
13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Viola Kozlowske
15. Birthplace Baltimore, Md.

16 (a) Informant Stanley Fosters
(b) Address 2508 Fait Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/46 (month) (day) (year)
(c) Cemetery or crematory Oakelawn Cem.
Location Eastern Ave.

18 (a) Funeral director John J. Duffy
(b) Address 2129 Hillman St.

19 (a) Huntington Washington Williams M.D. (Registrar)

MAY 25 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21, 1946, at 8:30P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractures skull
Avulsion of brain tissue.

Due to

Other Conditions Fracture of femur; multiple bruises.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-21-46 at 4:30 P. M. 1/3
(b) Where did injury occur? In front of 2508 Fait Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury: Pedestrian struck by auto.

23. Signature Howard M. Weidein M.D.
Medical Examiner.

Date signed 5-22-46

G40514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G40514

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 7
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 523 N. Bond St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Thompson.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10 - 10 - 20

8. AGE: Years 25 | Months 7 | Days 12 | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Joseph Tompson
13. Birthplace Md

MOTHER 14. Maiden Name Mary Curtis
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 / 25 / 46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Pikesville

18 (a) Funeral director Elroy O. Watson
(b) Address 1000 Bright Lane

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 23 1946

Hunting for Hillsborough

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 22 1946 at 1:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from May - 21 1946 to May 22 1946 and that I last saw h[illegible] alive on May - 22 1946.

Immediate cause of death: LOBAR PNEUMONIA — Duration 2 days
CAUSE NOT DETERMINED
Due to
Due to
Other Conditions: Rheumatic HEART DISEASE
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Philip A Turnbull M.D.
Address Johns Hopkins Hosp signed May

X

G40515 G40515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 407 N. Dallas St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lolarance Ames.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-4-1905

8. AGE: Years	Months	Days	If less than one day
40	10	16	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Ames.
13. Birthplace Va.

MOTHER
14. Maiden Name Wesley
15. Birthplace Md.

16 (a) Informant Relative
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 5/24/46
(Burial, cremation, or removal) (Month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Edmondson Ave

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 20 1946 at 1255 M

21. I certify that death occurred on the date above stated; that I attended deceased from May - 19 1946 to May - 20 1946 and that I last saw him alive on May - 20 1946.

Immediate cause of death Cerebral hemorrhage, Terminal Pulmonary edema — Duration 5 hrs.
Due to Hypertension
Due to
Other Conditions Treated syphilis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian M.D.
Address Johns Hopkins Hosp Date signed 27 May 46

VS 150

G40516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G40516 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1603 W. Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1508 W. Lafayette Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marinia Alston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Col
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Henry Alston
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1886

8. AGE: Years 59 | Months 9 | Days 5 | If less than one day: hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Andrew Smith
13. Birthplace N. C.

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant James Alston
(b) Address 625 S. Baylis St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23, 1946 (month, day, year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) (Date rec'd by registrar) (b) (Registrar)

VS MAY 23 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1946, at 10:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1945 to May 20 1946, and that I last saw alive on May 20 1946.

Immediate cause of death: Cardiac Insufficiency — Duration: 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Watts M. D.
Address 154 Linden Ave Date signed 5/23/46

X

G40547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G40547 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 628 Stockton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mrs Henry Wilson

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife Lillie Wilson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4 1888

8. AGE: Years	Months	Days	If less than one day
58 yrs	1	18	hr. min.

9. Birthplace Dayton, Ohio
(town, county, and state)

10. Usual Occupation Elevator Operator

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Lillie Wilson
(b) Address 628 N. Stockton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26, 1946 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) (Date rec'd by registrar) (b) Washington Nov 1946

MAY 31 23 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1946, at 11 35 AM

21. I certify that I took charge of the remains described above, held an Autopsy + Inquest thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiac - Uremia

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mulder M.D.
Medical Examiner
Date signed May 22 46

X

640318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

640318 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 828 W. Franklin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits write RURAL and give town)
(d) Street No. 828 W. Franklin St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Johnson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col.	Widow

6 (b) Name of husband or wife Thomas Johnson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 9, 1870

8. AGE: Years	Months	Days	If less than one day
76	8	11	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Mariah Marshall
15. Birthplace Md

16 (a) Informant Lillie Jenkins
(b) Address 828 W. Franklin St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem.
Location
18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.
19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MAY 23 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-20 1946, at 6:30 M
21. I certify that death occurred on the date above stated; that I attended deceased from 5-1 1946 to 5-20 1946, and that I last saw him alive on 5-19 1946.

Immediate cause of death: Chronic Cardio Vascular Renal Disease — Duration 6 mos
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Jackson M. D.
Address 600 Washington Blvd Signed 5/23/46

BC# 630219 D 47482

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 630219

161Q

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs. - 20 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore - 13,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1652 Normal Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Buby - Curran

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-23-46

8. AGE: Years	Months	Days	If less than one day
			4 hr. 20 min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Edward Patrick Curran
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary Christine Widefeld
15. Birthplace Baltimore Md.

16 (a) Informant Hospital Records
(b) Address Bellmd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-46 (month) (day) (year)
(c) Cemetery or crematory New Lakeland
Location Baltimore

18 (a) Funeral director Stewart & Mowatt,
(b) Address 1050 N Monroe St.

19 (a) (Date rec'd by registrar) (b) Registrar
MAY 23 1946 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/23/46 19 at 2 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-23 1946, to 5-23 1946, and that I last saw her alive on 5-23 1946,

Immediate cause of death Pulmonary Atalectasis.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Address Date signed

G40520

BC# G47479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G40520

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7hrs.-45min.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore - 23,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 207 S. Gilmor St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Terzich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/22/46

8. AGE: Years | Months | Days | If less than one day 7 hr. 45 min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph B. Terzich
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary Catherine Gill
15. Birthplace Baltimore Md.

16 (a) Informant Joseph B. Terzich
(b) Address 207 S. Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23-1946 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location City Pat Av & B.M. Waters
Prad & Stricker Sts

18 (a) Funeral director
(b) Address

19 (a) (b) Registrar

MAY 23 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22-46 - 9:45 A.M. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death prematurity 3rd mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J.B. Solomon M. D.
Address Bon Secour Hospital Date signed 5/24/46

X

G40521 BALTIMORE CITY HEALTH DEPARTMENT G40521

CERTIFICATE OF DEATH 479

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1007 Roland Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ?
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 Roland Heights Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph F. Brunner.

3 (b) If veteran, name war: 1st WW
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nora Brunner
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 12, 1894

8. AGE: Years 51 | Months 10 | Days 9 | If less than one day: hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Tank Operator.

11. Industry or business

FATHER
12. Name Henry Brunner
13. Birthplace Maryland.

MOTHER
14. Maiden Name Catherine Summers
15. Birthplace Maryland

16 (a) Informant Nora Brunner
(b) Address 1007 Roland Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24/46 (Month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road.

18 (a) Funeral director Thompson & Donovan
(b) Address 3615-17 Eastern Ave.

19 (a) MAY 23 1946 (b) Registrar Huntington Woodside, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21, 1946, at 9 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 8 1946 to May 21 1946 and that I last saw him alive on May 20 1946.

Immediate cause of death	Duration
Carcinoma of brain	?
Due to Carcinoma of lung	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm N. McFaul Jr. M. D.
Address 1800 N. Charles St. Date signed 5/23/46

X

G40522 — BALTIMORE CITY HEALTH DEPARTMENT — G40522 Registered No.

CERTIFICATE OF DEATH 194a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 734 S. Robinson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 734 S. Robinson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ALOYSIUS LEE GODDARD

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War I	218-07-2192

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Carrie L. Goddard
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Dec. 3, 1897

8. AGE: Years	Months	Days	If less than one day
48	5	18	hr. min.

9. Birthplace St. Mary's Co., Md. (Town, county, and state)
10. Usual Occupation Sheet Metal Worker
11. Industry or business General Oil Burner Co.

FATHER
12. Name John L. Goddard
13. Birthplace St. Mary's Co., Md.

MOTHER
14. Maiden Name Catherine McGill
15. Birthplace St. Mary's Co., Md.

16 (a) Informant Carrie L. Goddard (Wife)
(b) Address 734 S. Robinson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25, 1946 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem. Balto.
Location 6115 O'Donnell St.

18 (a) Funeral director Charles S. Zeiler
(b) Address 3605 Fait Ave

19 (a) MAY 28 1946 (b) [illegible] Hunting for Wilkinson Md

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21st 1946, at 11:50 M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-11 1946, to 5-21 1946, and that I last saw h[illegible] alive on 5-21-1946.

Immediate cause of death — Duration
Acute Bronchial asthma — 5-11-46
Acute Coronary Thrombosis — 5-21-46
Due to Acute Coronary Occlusion — 5-21-46

Due to None

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address 842 E Eutaw Date signed 5-22-46 M. D.

G40583 G40583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 944 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2323 W. North Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 65 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2323 W. North Ave.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL P. RAFFEL.

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-7819

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Flora R. Raffel.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 25, 1876

8. AGE: Years	Months	Days	If less than one day
70		26	hr. min.

9. Birthplace Conn.
(Town, county, and state)
10. Usual Occupation Salesman: Ladies' Wear
11. Industry or business

FATHER
12. Name Isaac Raffel,
13. Birthplace Russia.

MOTHER
14. Maiden Name Gertrude Samuels,
15. Birthplace Russia.

16 (a) Informant Mrs. Flora Rose Raffel,
(b) Address 2323 W. North Ave.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5.23.46. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral dir. Harriet Lomasney - Son
(b) Address 1902 Eutaw Place.

19 (a) (Date rec'd by registrar) (b) Registrar
MAY 23 1946 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21st. 1946 at PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1945 19 to May 1946.
and that I last saw him alive on 5/19 1946.

Immediate cause of death Coronary sclerosis — Duration ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature
Address 2904 Reisterstown Rd. Date signed 5/24/46

X

G40524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1131B

Registered No. G40524

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edward & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1717 N. Port St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Roddy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of ~~husband or~~ wife Mae Roddy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 11th 1904

8. AGE: Years	Months	Days	If less than one day
41	7	10	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Bill Clerk
11. Industry or business Gas & Electric Co

FATHER
12. Name James Roddy
13. Birthplace Md

MOTHER
14. Maiden Name Annie Sinauer
15. Birthplace Md

16 (a) Informant Mrs Mae Roddy
(b) Address 1717 N Port St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23rd 1946 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Lee G. Crook
(b) Address 1701-03 N Pattenson Park

19 (a) ~~MAY 23 1946~~ MAY 23 1946 (b) Huntington Nellis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1946, at 5:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1946, to May 21 1946, and that I last saw h~~im~~ alive on May 21 1946.

Immediate cause of death Kidney Failure — Duration

Due to Uremia

Due to Chronic Glomerulonephritis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard J. Crowe M. D.
Address University Hosp Date signed May 21, 1946

VS 150

G40.525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

√122 B Registered No.

G40.525

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood + Green St.

(c) Hospital or institution: Univ of Maryland Hosp. 17

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3/4 da.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 603 N. Paca st (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Widowed

6 (b) Name of husband or wife unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-20-1888

8. AGE: Years	Months	Days	If less than one day
57	8	1	hr. min.

9. Birthplace unknown (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER 12. Name unknown

13. Birthplace

MOTHER 14. Maiden Name unknown

15. Birthplace

16 (a) Informant Jessie Albright

(b) Address 603 N. Paca st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-20-46 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem

Location Baltimore Md

18 (a) Funeral director Williams A. Jackson

(b) Address 916 Pennsylvania ave

19 (a) (b)

(Entered by registrar) Registrar

MAY 23 1946

VS 150

Washington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1946, at 7:05 p M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21, 1946, to May 21 1946 and that I last saw him alive on May 21, 1946.

Immediate cause of death Intestinal Obstruction

Due to Volvulus of Sigmoid.

Due to

Other Conditions Hypertension, Esscatic

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations: —

of autopsy: Gangrene lung + mediastinal

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J B Gray M. D.

Address Union Hosp Date signed 5-23-46

X

G40526

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 33B

G40526 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 540 N. Carrollton
(c) Hospital or institution: —
18
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 540 N. Carrollton Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Margaret B Blake

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Jeannette Blake (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 4-3-1891

8. AGE: Years	Months	Days	If less than one day
55	1	16	hr. min.

9. Birthplace Oconee Co SC
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER — 12. Name	James Blakely
FATHER — 13. Birthplace	Oconee Co. SC
MOTHER — 14. Maiden Name	Margaret Myers
MOTHER — 15. Birthplace	Oconee Co. SC

16 (a) Informant Jeannette Blake
(b) Address 640 N. Carrollton Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balt. Md.
18 (a) Funeral director Geo. E. Holland
(b) Address 1631 Druid Hill Ave
19 (a) — (Date rec'd by registrar) (b) Huntington Williamsport, Md

MAY 23 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1946, at 4:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-7 1946, to 5-19 1946, and that I last saw h[illegible] alive on 5-19 1946.

Immediate cause of death Cardiac Decompensation — Duration 2 wks
Due to Hypertension
Due to —
Other Conditions La-grippe
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature C. M. Pifer
Address 536 W Lanvale St. Date signed 5-23-46

X

G40527 G40527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution: Lanvale & Calvert Sts. Balt.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town New York (If outside city or town limits, write RURAL and give town)
(d) Street No. 218 East 4th Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Ildephonse Grobauer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17 - 1873

8. AGE: Years	Months	Days	If less than one day
72	8	6	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Teacher

11. Industry or business

FATHER
12. Name Charles Grobauer
13. Birthplace Germany

MOTHER
14. Maiden Name Teresa Zellner
15. Birthplace Germany

16 (a) Informant Mother Philomene
(b) Address 901 Aisquith Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25-'46 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Lot

18 (a) Funeral director Geo. M. Troy & Son
(b) Address 611 W Wolfe St

19 (a) (To be filled in by registrar) (b) Lucy Worthington Hutchinson Registrar

MAY 29 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1946, at 2:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1946 to May 23 1946, and that I last saw h.e.r alive on May 23 1946.

Immediate cause of death Ileus Intestinal Obstruction — Duration

Due to Carcinoma of descending Colon.

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation None.

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas R. Turner M. D.
Address Mercy Hospital Date signed 5-23-46

X

G40528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G40528 Registered No.

MARGIN RESERVED FOR BINDING.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2319 W Lafayette ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2319 W Lafayette ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bateman A. Gillespie

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife —

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) NOV 30 - 1904

8. AGE: Years 41 | Months 42 | Days 5 | If less than one day: hr. 22 min.

9. Birthplace N. C (Town, county, and state)

10. Usual Occupation Restaurantuer

11. Industry or business Restaurant

FATHER
12. Name John Gillespie
13. Birthplace N C

MOTHER
14. Maiden Name Mattie Hardy
15. Birthplace Va

16 (a) Informant Mrs. Gillespie (Brother)
(b) Address 48 Boston Ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/23/46 (month) (day) (year)

(c) Cemetery or crematory
Location Chester Springs Pa

18 (a) Funeral director Geo E. Bright Jr
(b) Address 1512 Hollins St

19 (a) MAY 23 1946 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/22/1946, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/1 1935 to 5/21 1946 and that I last saw h alive on 19

Immediate cause of death: Acute cardiac dilatation — Duration: 2 hrs.

Due to: Chronic bronchitis — 6 yrs.

Due to: Asthma.

Other Conditions: Chronic myocarditis.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A Calas.
Address 47 Fulton Date signed 5-23-46

VS 150

G40529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

G40529 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2904 Oakhill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2904 Oakhill Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles H. Weber

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-6221

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Mary K. Weber
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15 1883

8. AGE: Years	Months	Days	If less than one day
62	7	8	hr. min.

9. Birthplace Staunton Va
(Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business National Enc Co

FATHER
12. Name Charles Henry Weber
13. Birthplace England

MOTHER
14. Maiden Name Elizabeth Harmon
15. Birthplace Staunton Va

16 (a) Informant Ann Fickling
(b) Address 3105 Ferndale Ave

17 (a) Burial (b) Date thereof May 25 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Harry N. Arnicoot
(b) Address 4204 Ridgewood Ave

19 (a) (b) Registrar
(Date rec'd by registrar)

MAY 23 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/23 1946, at 8:25 A.M.

21. I certify that I took charge of the remains described above, held an Inquest thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. L. Sulenstein M.D.
Medical Examiner.
Date signed 5/23/46

G40530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G40530 Registered No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3021 N. Calvert St.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3021 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Mary W. Wartman

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Harry P. Wartman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1878

8. AGE: Years	Months	Days	If less than one day
67	8	18	hr. min.

9. Birthplace Anne Arundel County, Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name George Jacobs
13. Birthplace Anne Arundel Co., Md.

MOTHER
14. Maiden Name Inez Williams
15. Birthplace Anne Arundel Co., Md.

16 (a) Informant George R. H. Gilmour
(b) Address 3021 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/46 (month) (day) (year)
(c) Cemetery Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) (b)

MAY 23 1946

VS 150

Huntington for Wilbur

M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1946, at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11th 1946 to May 22nd 1946, and that I last saw her alive on May 22nd 1946

Immediate cause of death	Duration
Pulmonic Edema	
Due to Hypertensive Heart disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry H. Bix M. D.
Address 2516 Linden Ave. Date signed

X

G40531 Howdershelt

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓163H

G40531 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mt. Sinai Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-O-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 745 W. North Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ada Howdershelt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1921

8. AGE: Years	Months	Days	If less than one day
25			hr. min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Balto City Morgue
(b) Address Sails + Flint.

17 (a) Burial (b) Date thereof May 25-46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Terra alta - W. Va.

18 (a) Funeral director Odell Funeral Home Inc.
(b) Address 4644 York Rd. #12.

19 (a) MAY 23 1946 (b) Huntington Williamson W.Va.
(Date received by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22- 1946, at 12 30 P.M.

21. I certify that I took charge of the remains described above, held an Inquest - Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to last death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Asphyxiation
Due to Illuminating Gas
Other Conditions Steinhart's alcohol content .29%
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-22- at 1 A.M.
(b) Where did injury occur? 745 W. North Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Inhaled gas from gas, kitchen range

23. Signature Howard J. Claussen M.D.
Medical Examiner.
Date signed 5-22-46

G40532

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G40532
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Redwood & Jones
(b) Street address University Hospital
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Stemmers Run Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. Route 16, Box 104, Balti-4
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Lucy W Bierman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Mr Albert Bierman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-11-93

8. AGE: Years	Months	Days	If less than one day
53	1	11	hr. min.

9. Birthplace Baltimore County
(Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name Thomas Brady
13. Birthplace Balto Co Md

MOTHER
14. Maiden Name Mary E Eckard
15. Birthplace Balto Co Md

16 (a) Informant Mr A L Bierman
(b) Address Stemmers Run

17 (a) Burial (b) Date thereof 5/25/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Md

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Rd

19 (a) MAY 23 1946 (b) Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1946 at 11 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1946 to May 22 1946 and that I last saw her alive on May 22 1946

Immediate cause of death	Duration
Pulmonary edema	
Cardiogenic Shock	
Due to Hypertensive Cardio-vascular Renal Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Mary Dorcas Clark
Address University Hospital Date signed 5-23-46 M. D.

VS 150

X

BC# G43775

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G40533 / G40533

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3016 Rayner ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3016 Rayner ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Raymond J. Myer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22 1946

8. AGE: Years	Months	Days	If less than one day
	2	1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Ruth Myer
15. Birthplace Baltimore, Md.

16 (a) Informant Church Mission Help
(b) Address 105 Monument St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/46 (month) (day) (year)
(c) Cemetery or crematory St. Peters
Location Baltimore, Md.

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pennsylvania Aves

19 (a) Date received by Registrar MAY 24 1946 Huntington for Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1946 at 9:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Intracranial Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-23-46 at 8-9 A.M.
(b) Where did injury occur? 3016 Rayner ave
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Head caught between bars of crib

23. Signature Howard J. Adams M.D. Medical Examiner.
Date signed 5-23-46

G40.534 G40.534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St.
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt. City (County)
(c) City or town Baltimore 12 (If outside city or town limits, write RURAL and give town)
(d) Street No. 617 Murdock Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mar. C MARY CRULLMAN SWEANY

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife B. Wheeler Sweany
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 27 1874

8. AGE: Years	Months	Days	If less than one day
72	2	26	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Mr. Frederick Rullman
13. Birthplace Md. (Balto.)

MOTHER
14. Maiden Name Alice Elliott
15. Birthplace Md. (Balto.)

16 (a) Informant Miss Edna E. Rullman
(b) Address 4501 Ridge Ave., Balto. 27

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1946, at 12:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1946 to May 23 1946, and that I last saw h.e.r alive on May 22 1946.

Immediate cause of death	Duration
Coronary Thrombosis	6 da.
Due to Arteriosclerotic Heart Disease	?
Due to	
Other Conditions Hypertension	?

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward H. Jones Jr.
Address Union Mem. Hosp. Date signed 5/25/46

VS 150 MAY 24 1946 Huntington Williams, M.D.

640.535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

640.535 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5507 Craig Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5507 Craig Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME AIDA C. KING

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Frank M. King
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1878

8. AGE: Years	Months	Days	If less than one day
68	2	11	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Watson Lyon
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Carrie Schmalz
15. Birthplace Balto., Md.

16 (a) Informant Mr. Frank M. King
(b) Address 5507 Craig Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/46 (month) (day) (year)
(c) Cemetery or crematory Balto. Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

MAY 24 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22, 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 8 1945 to My 22 1946. and that I last saw h alive on My 22 1946.

Immediate cause of death
Chron Myocarditis
Ch Ad Nephritis

Duration
1 yr
1 yr

Due to

Due to

Other Conditions Arteriosclerosis 1 yr

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. W. Bishop M. D.
Address 503 Shrader Date signed My 23 46

VS 150

X

G40536 G40536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. _____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2665 Pennsylvania Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-3
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2665 Pennsylvania Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME ELDRIDGE TROTT

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Married

6 (b) Name of husband or wife Viola E. Trott
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1892

8. AGE: Years	Months	Days	If less than one day
54	0	5	hr. min.

9. Birthplace Annapolis, Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Balto. City

FATHER
12. Name Elliott Trott
13. Birthplace Md.

MOTHER
14. Maiden Name Rose Crutchley
15. Birthplace Md.

16 (a) Informant Mrs. Viola E. Trott
(b) Address 2665 Pennsylvania Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAY 24 1946 (Date rec'd by registrar) (b) Hunting Town Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22, 1946 at 7.45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 7- 1945 to May 22 1946. and that I last saw h. alive on May 17 1946.

Immediate cause of death

Coronary Thrombosis — Duration 5 yrs/46

Due to Ch. myocarditis — 1941

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Brown, M.D.
Address 1663 N. Mont E. Date signed 5/23/46

VS 150

G40537

G40537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G40537

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County –
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 313 N. Carrollton ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
~~Male~~ Female	Black	Single

6 (b) Name of husband or wife –
6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) May 18, 1946

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Newborn
11. Industry or business –

FATHER
12. Name Mario Watson
13. Birthplace Unknown

MOTHER
14. Maiden Name Dora Brown
15. Birthplace Baltimore

16 (a) Informant Laura Brown
(b) Address 313 N. Carrollton ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 22 1946
18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 24 1946 (Signature of Registrar) Hortense Thiemille, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 19 46, at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 19 46, to May 19 19 46, and that I last saw her alive on May 19 19 46.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature John A. Harley M. D.
Address Univ. Hosp. Date signed 5-20-46

VS 150

3517

X

640538

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640538

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 Eutaw Pl. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby "Boy" Hill

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/16/46

8. AGE: Years	Months	Days	If less than one day
			9 hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Rosetta Hill
15. Birthplace

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School MAY 22 1946
Commissioner of Health

18 (a) Funeral director
(b) Address

19 MAY 24 1946 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-16 1946 at 2 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-16 1946 to 5-16 1946 and that I last saw h[illegible] alive on 5-16 1946.

Immediate cause of death: Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Raymond M. D.
Address Johns Hopkins Hosp Date signed 5-17-46

VS 150

3516

X

G40539 BC# G46142 ✓ G40539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 11-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 427 Manse Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Patricia Ann Vance

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26, 1946

8. AGE: Years | Months | Days: 14 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James R. Vance
13. Birthplace Maryland

MOTHER
14. Maiden Name Lorraine Gordon
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School MAY 24 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 24 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 10 1946, at 9:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 26 1946 to May 10 1946, and that I last saw her alive on May 10 1946.

Immediate cause of death Asphyxia

Due to Aspiration

Due to

Other Conditions Prematurity.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gilbert J. Vanbuskirk
Address Johns Hopkins Hospital Date signed 5-11-46 M. D.

3515 X

G40540

null

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1579

Registered No. G40540

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address John St & Lafayette Ave.
(c) Hospital or institution: Women's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 8 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Women's Hospital (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country 602 Parkwyth Ave

3 (a) FULL NAME Baby Boy Eberwein

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: NEWBORN
6 (b) Name of husband or wife: NONE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-19-46

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day 7 hr. 55 min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation New born
11. Industry or business

FATHER
12. Name Bernard C. Eberwein
13. Birthplace Baltimore Maryland.

MOTHER
14. Maiden Name Charlotte E. Bair
15. Birthplace Baltimore Maryland.

16 (a) Informant Mother
(b) Address 602, Parkwyth Ave. Balto. 18

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 22 1946 Commissioner of Health

18 (a) Funeral director
(b) Address

19 MAY 24 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19th 1946, at 10:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19th 1946, to May 19th 1946, and that I last saw him alive on May 16th 1946.

Immediate cause of death: Respiratory failure — Duration: 8 hrs.

Due to Prolapse or Diaphragm from Polycystic kidneys. Also atelectasis — Duration: 8 hrs

Other Conditions: Patent ductus and atresia of Sigmoid & Rectum — Duration: 8 hrs.
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: As above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify yes or no)
(e) Means of injury

23. Signature M. D.
Address Women's Hospital Date signed 5-19-46

VS 150

3514

X

640541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 98

Registered No. 640541

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1218 N. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1218 N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Guldensmith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Jacob

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Guldensmith
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Guldensmith
15. Birthplace Poland

16 (a) Informant Jacob Guldensmith
(b) Address 1218 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-46 (month) (day) (year)
(c) Cemetery or crematory Loudale
Location

18 (a) Funeral director Jacob Deuss Inc.
(b) Address 1439 E. Baltimore St

19 MAY 24 1946 Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22-46 19 , at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 10, 1946, to 5-22-46 19 46 and that I last saw her alive on 5-22-46 19

Immediate cause of death Uremia

Due to Gangrene of Lower extremities

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
8 days
a
1 year.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury

23. Signature Isaac Levin, M.D.
Address 1601 N. Broadway Date signed 5-23-46

VS 150

G40542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G40542 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument St

(c) Hospital or institution: Sinai

(d) Length of stay in hospital or inst. (yrs., mos., or days): 15

(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3924 Norfolk Ave

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME DORA COHEN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Isaac

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 69 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home Work

11. Industry or business

FATHER 12. Name Harry Lavenshy

13. Birthplace Russia

MOTHER 14. Maiden Name Jennie

15. Birthplace Russia

16 (a) Informant Mrs Reiser

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-46 (month) (day) (year)

(c) Cemetery or crematory Herring Run

Location Park Rd & Hradleys Lane

18 (a) Funeral director Jack Levy Inc

(b) Address 1439 E. Balto St

19 MAY 24 1946 (Date rec'd by registrar) Huntington for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 23 1946 at 7.50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/22 1946 to 5/23 1946.

and that I last saw her alive on 5/23 1946.

Immediate cause of death	Duration
Peritonitis, acute	
Due to Ulceration & perforation of sigmoid colon	
Due to Carcinoma of sigmoid colon	
Other Conditions Coronary heart disease (old)	

(Include pregnancy within 3 months of death)

Date of operation 5/22/46

Major findings of operation: as above

of autopsy: as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Daniel Hamburger

Address Sinai Hospital Date signed 5/28/46

VS 150

G40.543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 477

Registered No. G40.543

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4618 Keswick Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4618 Keswick Road (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Alvin Alonzo Ray

3 (b) If veteran, name war —
3 (c) Social Security Account No. 217-07-9625

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Phebe A. Ray
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 16-1877
8. AGE: Years 68 | Months 8 | Days 6 | If less than one day: hr. min.
9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Gateman
11. Industry or business Poole Foundry & Machine Co.

FATHER
12. Name John Ray
13. Birthplace Maryland

MOTHER
14. Maiden Name Emma Belt
15. Birthplace Maryland

16 (a) Informant Mrs. Phebe A. Ray
(b) Address 4618 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25-1946 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Baltimore Co. Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3621 Falls Road

(Date received) (b) [illegible] Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22- 1946, at 1:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1946 to May 22 1946 and that I last saw [illegible] alive on May 21 1946.

Immediate cause of death: Pneumonia of Lung — Duration 8 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D.
Address 546 W 36th St — Date signed 5/29/46

VS 150

G40544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126

Registered No. G40544

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 442 E. 23rd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 442 E 23rd St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary M. Heet

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col.	Widow

6 (b) Name of husband or wife William W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 85

8. AGE: Years	Months	Days	If less than one day
70	11	7	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Mitchell
13. Birthplace Va.

MOTHER
14. Maiden Name Martha Banks
15. Birthplace Va.

16 (a) Informant Martha
(b) Address 442 E 23rd St.

17 (a) Burial (b) Date thereof May 25 '46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Balto. County Md.

18 (a) Funeral director McGuire & Kirkwood
(b) Address 1297 Carlton St.
(c) Huntington Williams, Mgr.

19 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1946, at 4:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1 1943 to May 22 1946, and that I last saw h— alive on May 20 1946.

Immediate cause of death: Uremia

Due to: Gall Stones

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul A. Williams M. D.
Address 2329 Gerard Date signed

VS 150

X

JL - 6341.545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G40.545 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 - 8 - 5 19-3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 117 S. Calhoun St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alice Nally

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife George (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1 (1870) 1869

8. AGE: Years	Months	Days	If less than one day
(75) 76	7	20	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name William Sedley
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Mantz
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24/46 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 380 Frederick Rd

18 (a) Funeral director Harry H. Wilhelm
(b) Address 4101 Edmondson Ave.

19 (a) MAY 24 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 19 46 2:20A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 16 19 43 to May 21 19 46. and that I last saw h er alive on May 21 19 46.

Immediate cause of death: Circulatory Failure — Duration
Due to Cerebral Thrombosis
Due to
Other Conditions Diabetes Mellitus (Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy None desired

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. K. Heartwright M.D.
Address Balto. City Hosp. Date signed 5-21-46

VS 150

838

G40546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G40546 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DO NOT WRITE IN SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Hudson Ave
(c) Hospital or institution: Maryland General Hospital 8 5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 North Bond St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grace Morrison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Francis J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-5-1860

8. AGE: Years	Months	Days	If less than one day
85	7	18	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Elmer E. Hewitt
13. Birthplace Md.

MOTHER
14. Maiden Name Amelia
15. Birthplace Md.

16 (a) Informant Mr. Howard Morrison, Son
(b) Address 4609 Elwood ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto.

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd.

19 (a) (Date rec'd by registrar) Huntington Williamson Registrar

MAY 24 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1946, at 12 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1946 to May 23 1946, and that I last saw h[illegible] alive on May 23 1946.

Immediate cause of death Ventricular fibrillation — Duration: 3 days

Due to Left Ventricular (Antecedent) C.V. Disease with Generalized arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C.E. Gonzales M.D.
Address Maryland General Hospital Date signed 5/23/46

X

G40347

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 558

G40347 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland EIERMAN
(b) Street address 4129 Eiermen Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4129 Eiermen Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John S. Nicora

3 (b) If veteran, name war | 3 (c) Social Security Account No. 216-10-9456

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Mary L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1888

8. AGE: Years	Months	Days	If less than one day
58	2	14	hr. min.

9. Birthplace Austria Hungary
(Town, county, and state)
10. Usual Occupation Eng.
11. Industry or business Allen L Martin

FATHER
12. Name Juan Nicora
13. Birthplace Hungary

MOTHER
14. Maiden Name Mary Frome
15. Birthplace Hungary

16 (a) Informant Mrs Mary L Nicora
(b) Address 4129 Eiermen Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-46 (month) (day) (year)
(c) Cemetery or crematory Nat. Cem.
Location Baltimore Md.

18 (a) Funeral director H. L. Ryck
(b) Address 5305 Harford Rd.

19 (a) (Date rec'd by registrar) (b)

Contingent for Physicians Use

VS MAY 24 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1946, to May 22 1946 and that I last saw h/14 alive on May 22 1946

Immediate cause of death: Lymphosarcoma — Right side of neck.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Roger A Anderson M. D.
Address 3001 Hammonds Ln Date signed May 23-46

G40548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87E

G40548 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Drury Sts.
(c) Hospital or institution: Union Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Sparrows Point (If outside city or town limits, write RURAL and give town)
(d) Street No. 510-D-St- (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Towson (THOMAS WALTON TOWSON)
3 (b) If veteran, name war None
3 (c) Social Security Account No. 213-07-0177
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Cordelia A. Towson
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Sept 14 1881
8. AGE Years 64 Months 8 Days 9 If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Asst Supt.
11. Industry or business Bethlehem Steel Co.
12. FATHER Name Charles E. Towson
13. Birthplace Baltimore Md
14. MOTHER Maiden Name Frances E. Towson
15. Birthplace Perryville Md.
16 (a) Informant Charles E. Towson (Son)
(b) Address 510-D-St-Sparrows Pt.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-46 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore
18 (a) Funeral director Stewart & Mann Co.
(b) Address 1024 N. Howard St.
19 (a) Embalmer for Williams, M.D.
(b) Date of embalming (Month) (day) (year) Embalmer for Williams, M.D.
MAY 24 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1946, at 7:15 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1946 to May 23 1946 and that I last saw h[illegible] alive on May 23 1946.

	Duration
Immediate cause of death Respiratory failure	
Due to Unrecognized intracranial pressure	
Due to following VIII C.N. section	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation May 21, 1946
Major findings of operation: Normal appearing brain
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Chas R. Holmes M. D.
Address Date signed

VS 150

G40549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G40549

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5248 Condelia
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore Condelia (If outside city or town limits, write RURAL and give town)
(d) Street No. 5248 Condelia (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LAWRENCE B. ANDERSON

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-16-9352

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Goldie M.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 4, 1868

8. AGE: Years	Months	Days	If less than one day
78	—	18	hr. min.

9. Birthplace Balto. Co., Md. (Town, county, and state)
10. Usual Occupation Retired Carpenter
11. Industry or business

FATHER
12. Name Samuel Merriman Anderson
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden Name Anna Bosley
15. Birthplace Balto. Co., Md.

16 (a) Informant Mrs. Goldie M. Anderson
(b) Address 5248 Condelia Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Lorenz Bayer
(b) Address 5205 Park Heights Ave.

19 (b) MAY 24 1946 (Date filed by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/22/46 19 , at 7:30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R Davis M.D. Medical Examiner.
Date signed 5/23/46

VS 151

G40.550 ✓ G40.550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 163 H

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3707 8th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3707 8th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John W. Evans

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
no	219-10-7355	M	W	married

6 (b) Name of husband or wife Katheleen Salter Evans
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5, 1908

8. AGE: Years	Months	Days	If less than one day
37	6	17	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name Edmund Manley Evans
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary Muldoon
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Mary Muldoon Evans Md.
(b) Address 3707 8th st. Brooklyn A.A.

17 (a) Burial (b) Date thereof 5/25/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. L. Evans & Son Inc.
(b) Address 113 W. Mt. Royal Ave

MAY 24 1946 (b) Huntington Williams M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/22/46 19 , at M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Carbon Monoxide Poisoning

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5/22/46 M.
(b) Where did injury occur? Home
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Turned on gas burners

23. Signature John L Davis M.D.
Medical Examiner.
Date signed 5/23/46

VS 151

G40551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G40551 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1408 Marshall Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1408 Marshall Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES HENRY THOMPSON

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Idella F. Bangs
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1870

8. AGE: Years	Months	Days	If less than one day
76	3	15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Charles Thompson
13. Birthplace Norway

MOTHER
14. Maiden Name Annie ?
15. Birthplace ?

16 (a) Informant Family
(b) Address 1408 Marshall Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director James L. McCauley
(b) Address 130 E. Fort Ave.

19 (a) MAY 24 1946 (b) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-23 1946, at 12:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1, 1944, to 5-23 1946, and that I last saw him alive on 5-22 1946.

Immediate cause of death	Duration
Chronic Myocardial Degeneration	2 yrs.
Due to Arteriosclerosis	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Hellard M. D.
Address 207 E. Fort Ave Date signed 5-24-46

X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

640552 — Registered No. 640552

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 421 N. Glover
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 421 N. Glover St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Bartholomew (Blase)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Seperated
6 (b) Name of husband or wife Mat Blase
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 16-1869
8. AGE: Years 77 | Months 3 | Days 6 | If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Lewis Miller
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mr Wm Miller
(b) Address 8050 Liberty Rd.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 25 46 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore
18 (a) Funeral director Philip Herwig Sons
(b) Address 2524 Orleans St
19 (a) (b) Huntington Williamsport Md.

MAY 24 1946

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/22/46 19 , at 6.00 P M

21. I certify that I took charge of the remains described above, held an Inspection Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to HAR death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Davis M.D.
Medical Examiner.
Date signed 5/23/46

G40553 ✓ G40553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Provident Hospital
(c) Hospital or institution: 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 30yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 503 N. Carrollton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marion A. Poole

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife: Robert (Deceased)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/15/1899

8. AGE: Years	Months	Days	If less than one day
46	9	6	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Anderson Henry
13. Birthplace Va.

MOTHER
14. Maiden Name Milinda Roberts
15. Birthplace Va.

16 (a) Informant Albert Wallace (Son)
(b) Address 503 N. Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/1946 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem'l. Pk.
Location Balto. County, Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 510-512 Carrollton Ave.

19 (a) MAY 24 1946 Huntington Md. (b) Address

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/21/46 19 at 1:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/20 1946 to 5/21 1946 and that I last saw her alive on 5/21 1946

Immediate cause of death	Duration
Acute Intestinal Obstruction (mechanical)	
Due to	
Due to	
Other Conditions Pedal Stricture	

(Include pregnancy within 3 months of death)
Date of operation 5/20/46
Major findings of operation Acute intestinal obstruction mechanical
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Wallace M. D.
Address 131 Harlem Ave Date signed 5/23/46

VS 150

G40.554 ✓ G40.554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 5-1B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 206 N. Linwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 206 N. Linwood Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FREDERICK BERKLEY

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1877

8. AGE: Years	Months	Days	If less than one day
69	4	2	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Bentley- Shriver Co.

FATHER
12. Name Charles F. Berkley
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Louisa Heim
15. Birthplace Baltimore, Maryland

16 (a) Informant Miss Mae C. Berkley
(b) Address 206 N. Linwood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-46 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) 5-24-1946 (Date received by registrar) (b) Registrar Huntington Williams, MD

MEDICAL CERTIFICATION P. M.

20. DATE OF DEATH May 21 19 46 at 11.50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/1/46 19 to 5/24/46 19; and that I last saw h alive on 5-21-46 19 46.

Immediate cause of death	Duration
Carcinoma Prostate	6 mos
Due to	
Due to	
Other Conditions Diabetes Mellitus	3 mos

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 1710 E. 33 Date signed 5/24/46

VS 150

X

G40555 BC# B36353 BALTIMORE CITY HEALTH DEPARTMENT ✓ G40555
CERTIFICATE OF DEATH 122 B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 773 W Lexington ST.
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 773 W. Lexington St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Derral Wayon Turner
3 (b) If veteran, name war —
3 (c) Social Security Account No. —
4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife Noah
6 (c) If alive, give age 56 years
7. Birth date of deceased (mo., day, yr.) 10-16-46
8. AGE: Years | Months 7 mo | Days 1 | If less than one day hr. min.
9. Birthplace Balto, Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Noah Adam Turner
13. Birthplace Hardy County, West Va

MOTHER
14. Maiden Name Nellie Jane Hose
15. Birthplace Hardy County West Va

16 (a) Informant Noah A. Turner
(b) Address 773 W. Lexington ST Balto Md.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25-46 (month) (day) (year)
(c) Cemetery or crematory Pere
Location Hardy Co W. Va
18 (a) Funeral director E. Wallace Lamoreaux
(b) Address 1083 W Baltimore St.
MAY 24 1946 (Date received by Registrar) (b) Huntington Williamson, W. Va

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-23 1946, at 9:13 P M
21. I certify that death occurred on the date above stated; that I attended deceased from D.O.A. 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death	Duration
possible shock	
Due to Intussusception	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: recent intussusception, pneumonia
of autopsy: dehydration, malnutrition

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Robert E. Barnes M. D.
Address Univ. Hospital Date signed 5-24-46

VS 150

for Dr. Barnes Hereunto
Howard J. Worden, M.D. X

G40556

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 134a

G40556 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1517 Hanover St
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1036 W. Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Pearl Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 1901

8. AGE: Years 44 | Months 11 | Days | If less than one day: hr. min.

9. Birthplace: Princeton, N. C. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Berry Richardson
13. Birthplace: N. C.

MOTHER
14. Maiden Name: Lillian Rowe
15. Birthplace: N C

16 (a) Informant: Charles Thomas
(b) Address: 1036 W. Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 25, 1946 (month) (day) (year)
(c) Cemetery or crematory: Arbutus Memorial
Location

18 (a) Funeral director: Mrs Katie R Gilligan
(b) Address: 922 N. Schroeder St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MAY 24 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-22 1946 at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-27 1946 to 5-22 1946 and that I last saw h[illegible] alive on 5-22 1946.

Immediate cause of death: Pyelonephrosis — Duration: 2 months
Due to: Ureteral Calculus
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Pyelonephrosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Rodman Rogers M. D.
Address: President Hospital Date signed

G40557 ✓ G40557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2903 Arlington Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cassidy James Ryan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 8 - 1925

8. AGE: Years 21 | Months 1 | Days 16 | less than one day ... hr. ... min.

9. Birthplace Balto - Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John M. Ryan
13. Birthplace Md.

MOTHER 14. Maiden Name Katherine Van Dover
15. Birthplace Md

16 (a) Informant Mrs. John Ryan
(b) Address 2903 Arlington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (month) | 21 (day) | 46 (year)

(c) Cemetery or crematory Cathedral
Location Balto

18 (a) Funeral director J. J. Ryck
(b) Address 530 S Stanford Rd.

19 (a) [illegible] Huntington Williams, Registrar

MAY 24 1946

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24, 1946, at 12 50 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured skull

Due to

Other Conditions Multiple lacerations, bruises and abrasions
(Include pregnancy within 3 months of death)
Fractured left ulna

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-24-46 at 12:06 A.M. Balto. Co.
(b) Where did injury occur? 2100 blk. of Taylor Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Auto vs telegraph pole

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 5/24/46

G40558 ✓ G40558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2112 N Howard st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2112 N Howard st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Reuben Faunsh

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-05-4690

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	colored	married

6 (b) Name of husband or wife Willie Faunsh
6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) 1912

8. AGE: Years	Months	Days	If less than one day
34			hr. min.

9. Birthplace Lexington Ga. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER — 12. Name	Ret Faust
FATHER — 13. Birthplace	Lexington Ga.
MOTHER — 14. Maiden Name	Ida Bouldin
MOTHER — 15. Birthplace	Lexington Ga.

16 (a) Informant Willie Faunsh (wife)
(b) Address 2112 N. Howard st.

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof May 26/46 (month) (day) (year)
(c) Cemetery or crematory Lexington, Gaunt.
Location Lexington Ga.

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 E. Jefferson st.

19 (a) Huntington Williams, M.D. Registrar (Date rec'd by registrar)

23 1946
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May, 23 1946, at 2:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 15 1946 to May 23 1946, and that I last saw him alive on May 20 1946.

Immediate cause of death: Adenocarcinoma of Body of Pancreas & metastasis — Duration: 7

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation March 30, 1946

Major findings of operation: Adenocarcinoma Body of Pancreas & extensive metastasis

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Comerow R. Julian
Address 434 E. 23rd St Date signed 5/24/46 M.D.

X

2 640.559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45B

640.559 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1913 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3307 Elmley Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Abel S. Cowell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Mary Cowell nee Stein 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 30 - 1878

8. AGE: Years	Months	Days	If less than one day
67	6	23	hr. min.

9. Birthplace Conn. West Haven (Town, county, and state)
10. Usual Occupation Bookkeeper
11. Industry or business H. D. Dwyer.

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs Mary Cowell
(b) Address 3307 Elmley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/46 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location Taylor Ave.

18 (a) Funeral director John J Connelly
(b) Address 418 Eastern Ave. Balto Md

19 (a) (Signature of registrar) Huntington Williams, M.D.

MAY 24 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1946, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1945 to May 22 1946, and that I last saw him alive on May 22 1946.

Immediate cause of death Carcinoma of Tongue — Duration 1 yr

Due to Jaw & tongue

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas L. Todd M.D.
Address 2108 St Paul St Date signed 5/23/46

X

G40,560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8 3a

G40,560
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3601 Hillsdale Road
(c) Hospital or institution: Anderson Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3405 Mondawmin Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Maude Yeakle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Samuel W. Yeakle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 4, 1877

8. AGE: Years	Months	Days	If less than one day
68	6	20	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name George W. Abrams
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ida M. MacCoubray
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. H. Elmer Yeakle
(b) Address 2908 N.Hills Drive, N.E., Atlanta Ga.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27, 1946 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn, Md.

18 (a) Funeral director Theodore Lamonaco
(b) Address 4510 Liberty Heights Ave.

19 (a) (Date received) MAY 24 1946 (b) Registrar for Williams, M.D. 44 W. Biddle St.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1946, at 1.50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 14 May 1946 to 24 May 1946 and that I last saw her alive on May 23 1946.

Immediate cause of death	Duration
Pulmonary edema	48 hrs
Due to Cardiac failure	7 days
Due to Cerebral hemorrhage	21 days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W.K. Mansfield M. D.
Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40561

BALTIMORE CITY HEALTH DEPARTMENT ✓ G40561
CERTIFICATE OF DEATH 50
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3605 Hillsdale Road
(c) Hospital or institution:
Anderson Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3323 Alto Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Naomi Wiggins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1886

8. AGE: Years	Months	Days	If less than one day
59	9	10 13	hr. min.

9. Birthplace Anne Arundel Co., Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John Wiggins
13. Birthplace Kansas

MOTHER
14. Maiden Name Margaret Waters
15. Birthplace Anne Arundel Co., Md.

16 (a) Informant Mrs. Margaret Gorsuch
(b) Address 3323 Alto Road

17 (a) Cremation (b) Date thereof 5/25/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount Ave., Balto. Md.

18 (a) Funeral director Howard A. Dill
(b) Address 19 W. Pennsylvania Ave. Towson, Md.

19 (a) (By whom filed) (b) Date filed
Huntington Williams, M.D.

MAY 21 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1946, at 6.40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1- 1943 to 5-23- 1946, and that I last saw h[illegible] alive on 5-23-1946.

Immediate cause of death
Carcinoma of left breast - 3 yrs.
Due to
Renal Carcinomatosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
3 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard H. Warren M. D.
Address 2407 Garrison Blvd. Date signed 5-24-46

X

G40.562 ✓ G40.562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 a
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 177 N. Exeter st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillie Jackson Andrews

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col.	Married

6 (b) Name of husband or wife Dock Budd Andrews
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-1-1910

8. AGE: Years	Months	Days	If less than one day
35	11	21	hr. min.

9. Birthplace Magnolia, N. C.
(Town, county, and state)

10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Dock Andrews
(b) Address 177 N. Exeter st.

17 (a) Burial (b) Date thereof 5/27/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Elroy A. Wilson
(b) Address 1000 Braddish Ave

19 (a) MAY 25 1946 (b) Huntington Williams
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1946 at 3 15 P. M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
(Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fatty liver.

per

Due to

Other Conditions Acute pulmonary congestion + dilatation of heart.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Greenia M.D.
Medical Examiner.
Date signed 5-23-46

cor

VS 151

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40.563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G40.563

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Bel Air Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FIRST NAME Nick Jennings

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace M. D. (Town, county, and state)

10. Usual Occupation Retired Farmer

11. Industry or business

FATHER
12. Name Solomon Jennings
13. Birthplace M. D.

MOTHER
14. Maiden Name Catherine Coleman
15. Birthplace M. D.

16 (a) Informant Mrs Mamie Jennings
(b) Address Bel Air Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26/46 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Forest Green

18 (a) Funeral director Dean & Sons
(b) Address Bel Air, Md

19 MAY 25 1946 (b) [illegible] Harford Co. Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1946, at 2:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1946 to May 24 1946, and that I last saw h[illegible] alive on May 24 1946.

Immediate cause of death Cardiac Failure — Duration

Due to Myocardial Infarction

Due to Coronary occlusion

Other Conditions Hypertension C.V. Disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard J. Cron M. D.
Address University Hosp Date signed 3/24/46

VS 150

640.564 DONOHUE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 640.564

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 121 S. Gilmor St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 121 S. Gilmor St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James J. Donoghue

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	widower

6 (b) Name of husband or wife Catherine Stokes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1863

8. AGE: Years	Months	Days	If less than one day
82	5	5	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired Police Officer

11. Industry or business Balto City Police Dept.

FATHER 12. Name Michael Donoghue

FATHER 13. Birthplace Md

MOTHER 14. Maiden Name —

MOTHER 15. Birthplace —

16 (a) Informant Mrs. Marie D. Swanson

(b) Address 4377 Argos Drive San Diego, Cal.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/46 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location 4300 Old Frederick Rd

18 (a) Funeral director Harry J. Wittle

(b) Address 4016 Edmondson Ave

19 MAY 25 1946 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23/46, 19, at 12:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 21 JAN 1946 to 23 May 1946 and that I last saw h. him alive on 15 May 1946

Immediate cause of death: coronary occlusion — Duration 30 Minutes

Due to Arterio sclerotic heart disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Ransom

Address 206 S. Gilmor St Date signed 5-24-46

VS 150

X

G40565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 ✓

Registered No. G40565

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be careful... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1532 Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Leon A. Wilson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24th 1885

8. AGE: Years 60 | Months 10 | Days 29 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business Self

FATHER
12. Name (Not Known) Fitzberger
13. Birthplace "

MOTHER
14. Maiden Name Agnes L. Cole
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Virginia Brown
(b) Address 1532 Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 MAY 25 1946 Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1946, at 10.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1946 to May 23, 1946, and that I last saw h[illegible] alive on May 23, 1946.

Immediate cause of death	Duration
Carcinomatosis (metastatic)	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 1944

Major findings of operation: Carcinoma of right breast amputated

Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John L. Levy
Address 3 W Eutaw Pl Date signed 5/24/46

X

640.566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47a

640.566 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 17
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 103 E. 33rd St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur E. James

3 (b) If veteran, name war: W. W. #1

3 (c) Social Security Account No. 057-16-2894

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of ~~husband or~~ wife Pamela

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 25 1877

8. AGE: Years	Months	Days	If less than one day
68	7	27	hr. min.

9. Birthplace Allentown Pa. (Town, county, and state)
10. Usual Occupation Editor
11. Industry or business News - Post

FATHER
12. Name John Sexton James
13. Birthplace Pa.

MOTHER
14. Maiden Name Anna Hakes
15. Birthplace Unknown

16 (a) Informant Margaret Moore
N. Easterick Rd. - Abington Pa.

17 (a) Cremation (b) Date thereof 6/25/46 (month) (day) (year)
~~Burial~~, cremation, ~~or removal~~
(c) Cemetery ~~or crematory~~ Green Mount
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) MAY 25 1946 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22, 1946 at 2:15 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy / Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Carcinoma of larynx.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard A. Mueller M.D. Medical Examiner.
Date signed 5-23-46

VS 151

X

G10.567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G10.567

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1309 Cookie st.
(c) Hospital or institution: 24

(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 Cookie st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jay B. MacDonald

3 (b) If veteran, name war: W.W. #2

3 (c) Social Security Account No. 278-16-3152

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife: Rose K. McDonald
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 19th 1898

8. AGE: Years	Months	Days	If less than one day
47	8	4	hr. min.

9. Birthplace Chicago Ill (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Calvert News Co

FATHER	12. Name Franklin E. McDonald
	13. Birthplace Unknown
MOTHER	14. Maiden Name (Emma) -
	15. Birthplace -

16 (a) Informant Rose K. McDonald
(b) Address 1309 Cookie St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/46 (month) (day) (year)
(c) Cemetery ~~or crematory~~ U.S. National
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) MAY 25 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23. 1946 at 7:30 A.M.

21. I certify that I took charge of the remains described above, held an ..... Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Disease

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Thomsen M.D. Medical Examiner.
Date signed 5-23-46

CORRECTIONS, WHITE-OUTS, OR ERASURES, WITH OVERWRITING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40568 ✓

FL - 91585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G40568

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 -4- ?
(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 245 N. Exeter St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Rumsey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1862

8. AGE: Years	Months	Days	If less than one day
84 ?	?	?	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Old Age Pension

11. Industry or business

FATHER
12. Name John Rumsey
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Neal
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 24 1946
18 (a) Funeral director Commissioner of Health
(b) Address
MAY 25 1946 Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1946, at 3:50pm

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13 1945, to May 19 1946, and that I last saw h im alive on May 19 19 46

Immediate cause of death: Cardiac failure

Due to arteriosclerotic cardio-vascular disease

Due to

Other Conditions Lobar pneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edwin C. Evans M. D.
Address Balto. City Hospital Date signed May 22, 1946

VS 150

F 3518

937

G40569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G40569 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3-
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Found: 1072 Granby St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Lewis

3 (b) If veteran, name war ?

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. ?

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 63 | Months | Days | If less than one day hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant ?
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 24 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 25 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17, 1946 at M

21. I certify that I took charge of the remains described above, held an Insp + Inq Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Andersen M.D. Medical Examiner.
Date signed 5-24-46

VS 151

3519

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

640570 Registered No.

Every item of information should be carefully written, WITH UNFADING INK. Be sure that the information is correct and complete. Every question must be answered. Where the word "None" is correct are is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hosp 41
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dott
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 670 W Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Smith

3 (b) If veteran, name war ?
3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	?

6 (b) Name of husband or wife ?
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
86			hr. min.

9. Birthplace ? (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant ?
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 24 1946
18 (a) Funeral director Commissioner of Health
(b) Address
19 MAY 25 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 16 May 1946, at 5-45 P M

21. I certify that I took charge of the remains described above, held an Autopsy & Inq thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio
Vascular Disease

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature W. M. Gelfrich M.D. Medical Examiner.
Date signed 16 May 46

VS 151

3520

X

G10.71 170c

working from Lehr's Florist - R.F.D. 9 Hammonds Lane

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH Balto. Co. Md. Registered No. G10.71

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D #1 Hammonds Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Plato Sawyer

3 (b) If veteran, name war —

3 (c) Social Security Account No. ?

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. ?

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 44 | Months | Days | If less than one day hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation ?

11. Industry or business ?

FATHER 12. Name

13. Birthplace ?

MOTHER 14. Maiden Name ?

15. Birthplace ?

16 (a) Informant ?

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location University Medical School MAY 24 1946 Commissioner of Health

18 (a) Funeral director

(b) Address

19 (a) MAY 25 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-30- 1946, at 2 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Shock

Multiple fractures

Due to Hemorrhage

Lacerations, contusions

Other Conditions abrasions & bruised bruises

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: a.a. Ret.

(a) Date of injury 4-27- at 8.20 P. M.

(b) Where did injury occur? Hammonds Rd & Rittase Lane

(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No

(d) Means of injury Pedestrian, struck by automobile

23. Signature Howard J. Walden Medical Examiner. M.D.

Date signed 5-1-46

VS 151

3521

X

630.572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 630.572

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospital 2 - 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 minutes
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 162 S Shakespeare St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Shakespeare St

3 (a) FULL NAME John D Jordan

3 (b) If veteran, name war ?
3 (c) Social Security Account No. ?

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. ?

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 59 | Months | Days | If less than one day hr. min.

9. Birthplace ?
(Town, county, and state)

10. Usual Occupation ?
11. Industry or business ?

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant ?
(b) Address ?

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 24 1946
Commissioner of Health

18 (a) Funeral director
(b) Address

19 MAY 25 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 May 46 19 at 12 20 P M

21. I certify that I took charge of the remains described above, held an Inspection Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William S Kelly M.D.
Medical Examiner
Date signed 12 May 46

3522

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 640573

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Friendly Inn- 309 Sharp St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14, 1897

8. AGE: Years	Months	Days	If less than one day
49	2	8	hr. min.

9. Birthplace Florida (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace Wash.

MOTHER
14. Maiden Name Mary Low Tissue
15. Birthplace Fla.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto City

18 (a) Funeral director Isaiah L. Brown
(b) Address 1014 W Montgomery St

19 (a) (Filed by registrar) (b) Huntington Williams, M.D. Registrar

MAY 25 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22, 1946 at 11:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1946 to May 22 1946, and that I last saw him alive on May 22 1946.

Immediate cause of death: Myocardial Insufficiency — Duration

Due to: Luetic aortitis

Due to: Luetic valvular disease (aortic insuff)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund G Beacham M. D.
Address Balto City, Md. Date signed 24 May 46

X

G40.574 MB-161433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G40.574 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 23
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3days
(e) Length of stay in Baltimore (yrs., mos., or days) 7yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 114 Ropewalk Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Richard Blake

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March ?-?-? (60?

8. AGE: Years	Months	Days	If less than one day
60?	2?	?	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Jim Blake (D
13. Birthplace Md.

MOTHER
14. Maiden Name Angelina Green-or-Angeline Green (D
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals Record
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co., Md

18 (a) Funeral director Josiah L Brown & Son
(b) Address 109 W Montgomery St

19 (a) MAY 27 1946 (Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23- 1946, at 5.55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-20- 1946 to 5-23- 1946 and that I last saw h im alive on 5-23- 1946.

Immediate cause of death Respiratory failure

Due to Terminal bronchopneumonia.

Due to

Other Conditions Arteriosclerotic heart disease.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Terminal bronchopneumonia

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Doyle Waldron M. D.
Address B. C. H. Date signed May 27/46

Huntington Williams, MD

X

G40575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G40575 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: Maryland University Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1411 McCulloh St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Lawson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Peter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1909

8. AGE: Years 36 | Months 9 | Days 19 | If less than one day: hr. min.

9. Birthplace Lancaster Co. Va
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Peters
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Johnson
15. Birthplace Va

16 (a) Informant Dorothy Hilliamy
(b) Address 1418 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25 1946 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Geo. W. Hyland
(b) Address 1631 Druid Hill Ave

19 (a) (b) Huntington Williams M.D.
Registrar

MAY 25 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1946, at 4:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1946, to May 21 1946, and that I last saw h[illegible] alive on May 21 1946.

Immediate cause of death Cancerous of Colon which caused intestinal obstruction

Duration

Due to

Due to

Other Conditions Operation + immediate

(Include pregnancy within 3 months of death)

Date of operation May 21, 1946

Major findings of operations Cancerous of transverse Colon

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Bragg M. D.
Address University Hospital Date signed 5/22/46

640576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1920

640576 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 816 N. Calhoun
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 816 N. Calhoun St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Georgiana Thomas
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Female
5. Color or race Colored
6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Williams
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 21, 1885
8. AGE: Years 61 Months 3 Days 1 If less than one day hr. min.
9. Birthplace Queen Anne Co. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Isaiah Meredith
13. Birthplace Queen Anne Co. Md.

MOTHER
14. Maiden Name Laura Green
15. Birthplace Queen Anne Co. Md.

16 (a) Informant Henrietta Thomas
(b) Address 816 N. Calhoun St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25 1946 (month) (day) (year)
(c) Cemetery or crematory Gilmore Mem. Pk. Location Baltimore Co. Md.
18 (a) Funeral director Wm. George A. Hall & Son
(b) Address 1631 Madison Ave.
19 (a) (Date rec'd by registrar) (b) Registrar

VS MAY 25 1946

Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1946 at 3 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1946 to May 25 1946 and that I last saw h alive on May 1 1946
Immediate cause of death Aortic Regurgitation
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

Duration: 5 m

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. N. Williams
Address 1 W Preston Date signed May 25 1946 D.

G10.2.7

AB-101486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 48a

Registered No. G10042

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 411 Pine St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Viola Cheetham

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?-? (60?

8. AGE: Years	Months	Days	If less than one day
60?	?	?	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Unable to obtain further information

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name 0
15. Birthplace

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. George W. Holland
(b) Address 1631 Druid Hill Ave

19 (a) MAY 25 1946 (Date rec'd by registrar) Registrar
Huntington Hollands, M.D.

VS 150

MEDICAL CERTIFICATION Pm 25

20. DATE OF DEATH May 23- 1946, at 12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-23- 1946, to 5-23- 1946, and that I last saw her alive on 5-23- 1946.

Immediate cause of death Respiratory failure

Due to Possible mediastinal tumor

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: —

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature W. Doyle Waldron M. D.

Address B. C. H. Date signed May 24 1946

G40578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G40578 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3129 E Chestnut Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert H. Woods

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-0390

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Gertrude M. Wood
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) June 28 1901

8. AGE: Years	Months	Days	If less than one day
44	10	26	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Soda Fountain Mech.
11. Industry or business Self.

FATHER
12. Name Wm F Wood
13. Birthplace Md

MOTHER
14. Maiden Name Mary E. Eyler
15. Birthplace Md

16 (a) Informant Gertrude M. Wood
(b) Address 3129 E Chestnut Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28/1946 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Schumacher & Donovan
(b) Address 3615-17 Chestnut Ave

19 (a) MAY 25 1946 (b) Registrar Washington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1946, at 8 40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1946, to May 24 1946, and that I last saw h[illegible] alive on May 24 1946

Immediate cause of death Heart failure

Due to Coronary artery thrombosis

Due to Rupture of aorta -

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert E. McCurdy M. D.
Address University Hosp. Date signed May 25 46

VS 150

X

C40579

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

186a

Registered No. C40579

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Gordon
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3106 Gwynns Falls Pkwy. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles V. Weber

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Icy T. Weber
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1870

8. AGE: Years	Months	Days	If less than one day
75	8	13	hr. min.

9. Birthplace Berkley Springs, W. Va. (Town, county, and state)
10. Usual Occupation Retired Coal Dealer
11. Industry or business

FATHER
12. Name Gotlieb Weber
13. Birthplace West Virginia

MOTHER
14. Maiden Name Susan Grove
15. Birthplace West Va.

16 (a) Informant Mrs. Icy T. Weber
(b) Address 3106 Gwynns Falls Pkwy.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 25 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1946, at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1946, to May 23 1946, and that I last saw him alive on May 22 1946.

Immediate cause of death Bronchopneumonia (Terminal) Exhibition — Duration

Due to Duodenal ulcer

Due to Fractured right femoral neck

Other Conditions Parkinsonism, Hypertrophy of prostate

(Include pregnancy within 3 months of death)

Date of operation 3-11-46

Major findings of operation: Appx. & well bag splint

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 15/7
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 3-7-46 at 7 A M
(c) Where did injury occur? Baltimore (City or town) (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Fell out of bed

23. Signature C. M. Campbell M. D.
Address Maryland Gen. Hosp. Date signed 5-25-46

for O. B. Zuttnicki by Howard A. Macklin M. D.

3 640350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164 D

640350 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts.,
(c) Hospital or institution:
University Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32hrs
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 Poplar Grove St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Stump

3 (b) If veteran, name war -----

3 (c) Social Security Account No. none

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of ~~husband~~ or wife B. Celeste Stump

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1879

8. AGE: Years 67 | Months 0 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Produce Dealer.

11. Industry or business

FATHER
12. Name Conrad Stump
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mrs. B. Celeste Stump
(b) Address 920 Poplar Grove St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director S. Howard Strong
(b) Address 3207 W. North Ave.,

19 (a) MAY 25 1946 (Date rec'd by registrar) Huntington Nolan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/24 1946 at 8:00 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to h.s death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Stab wound of head

Due to

Other Conditions Despondency

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5/24/46 about noon P.M.
(b) Where did injury occur? 920 Poplar Grove St
(c) Did injury occur at home, on farm, industrial place, in public place? at hire While at work? No
(d) Means of injury Stabbed self c Ice pick

23. Signature G. L. Salvemini M.D. Medical Examiner.
Date signed 5/24/46

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G40581 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1422 Covington St.
(c) Hospital or institution:

24 - 2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1422 Covington St.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura Amelia Blanchard

3 (b) If veteran, name war --

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Wm. H. Blanchard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22, 1877

8. AGE: Years	Months	Days	If less than one day
68	10	0	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Mr. Wm. H. Blanchard
(b) Address 1422 Covington St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-46 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brookly, A.A.Co., Md.

18 (a) Funeral director G. Howard Strong
(b) Address 3207 W. North Ave.

19 (a) MAY 25 1946 (b) Registrar Huntington Millington, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22, 1946 at 10.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 3, 19 46 to May 22, 19 46, and that I last saw h[illegible] alive on May 22, 19 46.

Immediate cause of death Cerebral hemorrhage.

Due to Hypertension Cardiovascular Disease,

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. I. Friedman, M.D.
Address 1319 Light St. Date signed 5/23/46

VS 150

X

G40582

AB-98112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 123

G40582 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4mos 27days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2212 Harford Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alexander Hamilton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13- 1876

8. AGE: Years	Months	Days	If less than one day
70	0	11	hr. min.

9. Birthplace Scotland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John.Hamilton
13. Birthplace Scotland

MOTHER
14. Maiden Name Kathleen Risk
15. Birthplace Scotland

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto.. Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Penna Aves.

MAY 25 1946 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 19 46 at 2.35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12m27m 1945 to 5m24m 1946 and that I last saw h 1m alive on 5m24m 1946.

Immediate cause of death Bronchopneumonia, Peritonitis, & intestinal obstruction abscess

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5m22-46

Major findings of operation: Walled intestinal perforation & gangrene of abdominal wall. Gen. peritonitis & pneumonia

At autopsy

Duration
2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maximin M. Lacy M. D.
Address 4940 Eastern Ave. Baltimore City Hospitals Date signed 5-24-46
Baltimore, Md.

VS 150

G40583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1186a

Registered No. G40583

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Temporary residence
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No Arlington Hotel - 422 S. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas O St. Germaine

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1400

8. AGE: Years	Months	Days	If less than one day
46 45			hr. min.

9. Birthplace Texas (Town, county, and state)
10. Usual Occupation Seaman
11. Industry or business

FATHER	12. Name Henry St. Germaine
	13. Birthplace New Orleans
MOTHER	14. Maiden Name Sarah Cross
	15. Birthplace New Orleans

16 (a) Informant Mrs Paul Shaver
(b) Address 910 W Lombard St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/46. (month) (day) (year)
(c) Cemetery or crematory Mem Cathedral
Location 4300 Old Frederick Rd
18 (a) Funeral director John J Conway & Son
(b) Address 901-03 Gallows St.
19 MAY 25 1946 (Date received by Local Registrar) Huntington Williams M.D. (Signature of Local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1946, at 1:25 A.M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Shock
Fractured 12th Thoracic vertebra.
Due to Fractured femur

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-22-46 at 2/2 9 P.M.
(b) Where did injury occur? 422 S. Broadway
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Fell from 4th floor window

23. Signature Howard J. Cleveland M.D. (Medical Examiner)
Date signed 5-23-46

VS 151

Correct age is especially important. Physicians; please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

G40584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G40584 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CAROLINE ST
(c) Hospital or institution: Stvos Hosp 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 41 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. 306 JOHN ST (If rural give location) 306 ?
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM J. CALLENDER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M.

6 (b) Name of husband or wife Hilda R. Callender
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 23, 1902

8. AGE: Years	Months	Days	If less than one day
43	9	0	hr. min.

9. Birthplace NEW YORK. (Town, county, and state)
10. Usual Occupation OPERATOR ST. OIL
11. Industry or business

FATHER
12. Name Wm. C. Callender
13. Birthplace Brooklyn N. Y.

MOTHER
14. Maiden Name Mary Wolsey
15. Birthplace Brooklyn N. Y.

16 (a) Informant Wm. C Callender
(b) Address 432 Cloris St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/46 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Colgate Md.

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St

MAY 25 1946 (Date rec'd by local registrar) (b) Huntington Williams Md. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 25 1946 at 1205 M

21. I certify that death occurred on the date above stated, that I attended deceased from 5-22 1946 to 5-25 1946 and that I last saw him alive on 5-25 1946

Immediate cause of death RESP CAR. CORONARY OCCLUSION — Duration

Due to CARDIO VASCULAR DISEASE

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John B. Wells
Address St. Joseph Hosp Date signed 5-25-46

VS 150

G40585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √131a

G40585 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 704 N. Duncan St.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 704 N. Duncan St.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Thomas Warthen

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1884

8. AGE: Years	Months	Days	If less than one day
62	2	15	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Produce dealer
11. Industry or business

FATHER
12. Name Henry R. Warthen
13. Birthplace On shipboard, U.S. Waters

MOTHER
14. Maiden Name Isabella Galloway
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. George Slagle
(b) Address 457 S. Hornel St..--24

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27, 1946 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Colgate, Md.

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St.,

19 (a) MAY 25 1946 (Date rec'd by registrar) (b) Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1946 at 1:23P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1946 to 5/23/1946 and that I last saw h[illegible] alive on 5-3-1946.

	Duration
Immediate cause of death Coronary Thrombosis	4 hr.
Due to Arteriosclerosis	3 mo
Due to Cardiac Hypertrophy	5 yr.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos. H. Magruder M. D.
Address 14. E Read St Date signed 5/27/46

VS 150

G10586 COLEMAN

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G10586

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 773 Dover st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 773 Dover st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William J Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1881

8. AGE: Years 65 | Months 4 | Days | If less than one day hr. min.

9. Birthplace Cambridge Md (Town, county and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Pottie Coleman

13. Birthplace Cambridge Md

MOTHER 14. Maiden Name Maria Connor

15. Birthplace Cambridge Md

16 (a) Informant Lillian White

(b) Address 773 Dover st

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof May 26 46 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem

Location

18 (a) Funeral director Mr Kate R. Williams

(b) Address 329 N. Schroeder St.

19 MAY 25 1946 (Date rec'd by registrar) (b) Huntington Nitkewicz Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/22 1946, at 10:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/19 1946 to 5/22 1946, and that I last saw him alive on 5/22 1946.

Immediate cause of death Chronic myocarditis

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm J Saunders M. D.

Address 1111 W Lee Date signed 5/24/46

VS 150

G40587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G40587

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2313 Longwood St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-9
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2313 Longwood St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE R. MERRICK

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widow

6 (b) Name of husband or wife: Laura S. Merrick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24, 1864

8. AGE: Years	Months	Days	If less than one day
82	1	29	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Engineer - retired 6 yrs.
11. Industry or business Elks Club

FATHER
12. Name James H. Merrick
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Ellen Clark
15. Birthplace Maryland

16 (a) Informant Mr. Lawrence hiteside
(b) Address 2313 Longwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/46 (month) (day) (year)
(c) Cemetery or crematory Meadow Branch Cem. Location Westminster, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 MAY 25 1946 (b) (Date rec'd by registrar) Huntington Williams, M.D. Address 1202 St Paul St Date signed May 24/46

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1946, at 5:15A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1946 to May 23 1946, and that I last saw him alive on May 23 1946.

Immediate cause of death Cardiac Asthma — Duration 2 hrs

Due to C.P.C. Heart - Lung & Kidneys

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr E Williams

VS 150

G40588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G40588

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2910 Chelsea Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2910 Chelsea Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM W. STOCKSDALE

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elsa Stocksdale (Renno)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18, 1872

8. AGE: Years	Months	Days	If less than one day
74	2	5	hr. min.

9. Birthplace Reisterstown, Md.
(Town, county, and state)
10. Usual Occupation Insurance Business
11. Industry or business Self

FATHER
12. Name George W. Stocksdale
13. Birthplace Md.

MOTHER
14. Maiden Name Clayanna Hoover
15. Birthplace Md.

16 (a) Informant Mrs. Elsa Stocksdale
(b) Address 2910 Chelsea Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/25/46 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAY 25 1946 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1946, at 8 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 13 May 1946 to 23 May 1946, and that I last saw him alive on May 23 1946.

Immediate cause of death	Duration
Coronary Thrombosis	2 days
Due to	
Due to	
Other Conditions Cerebral hemorrhage	6 mo.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. K. Mansfield M. D.
Address 44 W. Biddle St Balto. 1, Md. Date signed 25 May 46

VS 180

HEALTH DEPARTMENT—CITY OF BALTIMORE

G40589 G40589

CERTIFICATE OF DEATH 1946

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 N. Streeper St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Salvatore Valenziano

If U. S. Veteran specify WAR

(a) Residence: No. 604 N. Streeper St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Angia DiFrancesco

6. DATE OF BIRTH (month, day, year) May 22, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
93	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Carmel Valenziano

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Messina

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Joseph Valenziano

(Address) 2917 E. Monument ST.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 27, 1946

19. UNDERTAKER Frank V. Pipitone

(Address) 2818 E. Baltimore St

FILED MAY 26 1946, 19 Registrar. Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1946

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1946 to May 23, 1946

I last saw him alive on May 23, 1946 Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myo-Cardetis	?
Other contributory causes of importance: Senile arteriosclerosis (age 93)	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph L. Valentine M. D.

(Address)

X

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AB-98231 C40,590 BALTIMORE CITY HEALTH DEPARTMENT C40,590
CERTIFICATE OF DEATH 13B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4mos- 22days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 or 12yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Ward

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Ada
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14- 1909

8. AGE: Years	Months	Days	If less than one day
37	0	10	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Ranson or Ransom Ward
13. Birthplace N.C.

MOTHER
14. Maiden Name Thompson
15. Birthplace N.C.

16 (a) Informant Baltimore City Hospitals Record
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. County

18 (a) Funeral director Rayner Bantum
(b) Address 1412 E. Preston Street

26 1946 (Date rec'd) by registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION AM

20. DATE OF DEATH May 24- 1946, at 10.20

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2- 1946 to 5-24 1946, and that I last saw h im alive on 5-24 1946.

Immediate cause of death Respiratory Failure — Duration
Due to Pulmonary Tuberculosis, Far Advanced
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. R. Leatherock M.D.
Address Balto. City Hosp. Date signed 5-24-46

G40591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G40591

Registered No. 494141 / 109B

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1017 Edmondson Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Carroll

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	married

6 (b) Name of husband or wife Jessie
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) 2-16-13

8. AGE: Years	Months	Days	If less than one day
33	3	8	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation machinist
11. Industry or business

FATHER
12. Name Lacy Carroll
13. Birthplace Va.

MOTHER
14. Maiden Name Pinkey Bateman
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Shipped (b) Date thereof 5 26 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Goldsboro N C

18 (a) Funeral director Raynes Sanders
(b) Address 1112 E Preston St

19. (a) 26 May 1946 (b) Huntington Williams, M.D. Registrar
(Filed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1946 at 10.10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1946 to May 24 1946, and that I last saw him alive on May 24 1946.

Immediate cause of death	Duration
Uremia due to cardiac failure	
Due to Acute nephritis	
Due to Sulfa diazine	over
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation Same
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Aughtum
Address Johns Hopkins Hosp. Date signed 26 May 46 M.D.

VS 150

G40592

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G40592 Registered No. 13B

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1308 W Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 1308 W Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis M Wharry

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-5472

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
M	W	Married

6 (b) Name of ~~husband or~~ wife Mary Wharry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25 1893

8. AGE: Years	Months	Days	If less than one day
52	11	0	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Paper Hanger
11. Industry or business Self

FATHER
12. Name Geo. W. Wharry
13. Birthplace Md.

MOTHER
14. Maiden Name Maggie Bell
15. Birthplace Md.

16 (a) Informant Geo. W. Wharry
(b) Address 315 S. Norris St.

17 (a) Burial (b) Date thereof 5/28/46
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 E. Paul St.

26 1946 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 25 May 1946, at 4:40 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy Inquest thereon and from the evidence obtained by ~~said~~ Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pulmonary Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William F Helfrich M.D.
Medical Examiner.
Date signed 25 May 46

G40593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E

G40593 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Typ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2907 Guilford Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2907 Guilford Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALICE BARBARA STAHL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widowed

6 (b) Name of husband or wife Walter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1871

8. AGE: Years	Months	Days	If less than one day
74	7	14	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Augustus F. Dames
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Postliff
15. Birthplace England

16 (a) Informant Walter D. Stahl
(b) Address 2907 Guilford Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/46 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Maryland

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul Street

19 (a) 26 1946 Harrington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24, 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1946 to May 24 46
and that I last saw alive on May 24 46

Immediate cause of death: Cerebral Hemorrhage — Duration 3 days

Due to General Arteriosclerosis — Duration about 1 yr

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation

of autopsy Nil

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. D. Stahl
Address 2907 Guilford Ave signed 5-26-46

VS 150

G40594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registration No. G40594

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 934 Wilmot Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 934 Wilmot Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Bellue

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Harry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/20/1883

8. AGE: Years 63 Months 7 Days 6 If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Louis
13. Birthplace Russia

MOTHER
14. Maiden Name Dorg
15. Birthplace Russia

16 (a) Informant Family Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof V-26-46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Memorial Park
Location Long

18 (a) Funeral director Jack Levy Son
(b) Address 1439 E. Baltimore St

19 (a) V-26 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH V-26- 1946 at 1A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1946 to May 24 1946 and that I last saw alive on May 24 1946.

Immediate cause of death Chronic Myocarditis — Duration 11 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Saml Sugar M.D.
Address 1634 E. Baltimore St Date signed V-26-46

VS 150

(over)

G40595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1370

G40595 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 N. Smallwood St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) **FULL NAME** David Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Jennie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Jacob

13. Birthplace Russia

MOTHER 14. Maiden Name Not Known

15. Birthplace Russia

16 (a) Informant Wife Rebecca

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof V-26-46 (month) (day) (year)

(c) Cemetery or crematory Mishkon Israel Location Southern Ave

18 (a) Funeral director Paul Lewis Inc

(b) Address 1429 E. Baltimore St

19 MAY 26 1946 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1946 at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/20 1946 to 5/24 1946 and that I last saw him alive on 5/24 1946

Immediate cause of death Cardiac Failure

Due to Coronary Thrombosis

Due to

Other Conditions Benign Hypertrophy Prostate

(Include pregnancy within 3 months of death)

Date of operation 5/24/46

Major findings of operation: Benign hypertrophy prostate

of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis H. Jaffe M. D.

Address Sinai Hospital Date signed 5-26-46

G40596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/26

G40596 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2719 Oswego Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 5/12
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2719 Oswego Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

3 (a) FULL NAME Freida Leah Zwagil

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Rev. Louis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 76 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Ephraim Kaplan
13. Birthplace Russia

MOTHER
14. Maiden Name Hinda
15. Birthplace Russia

16 (a) Informant Hilda Zwalsky
(b) Address 2719 Oswego Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-46 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Hamilton Ave & Philadelphia Rd

18 (a) Funeral director Jack Leroy Inc
(b) Address 859 E Balto St.

19 (a) [illegible] (b) Signature rec'd by registrar Livingston Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-24- 1946, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/10 1946, to 5/24 1946, and that I last saw her alive on 5/24 1946.

	Duration
Immediate cause of death: Bronchopneumonia (terminal)	2 days
Due to: Cholelithiasis with Obstructive Jaundice	12 days
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Israel S. Zinberg M. D.
Address 2240 Eutaw Pl. Date signed 5/27/46.

Israel S. Zinberg

G40597 BALTIMORE CITY HEALTH DEPARTMENT G40597
Registered No.

CERTIFICATE OF DEATH V94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3444 Virginia Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3444 Virginia Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David H Kaplan

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-7448

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Millie Nee Davis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years 60 | Months — | Days — | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business Tailor

FATHER
12. Name Isaac Kaplan
13. Birthplace Russia

MOTHER
14. Maiden Name Leah Hurst
15. Birthplace Russia

16 (a) Informant Milton Kaplan
(b) Address 3444 Virginia Ave

17 (a) Burial (b) Date thereof May 26 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Rondale Cemetery
Location Hamilton cave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 (a) MAY 26 1946 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 8.30

20. DATE OF DEATH May 25 1946, at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 46 to May 25 1946 and that I last saw h— alive on May 25 1946.

Immediate cause of death Coronary Thrombosis — Duration 1 Day

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Manuel Kaplan M.D.
Address 4818 Reisterstown Date signed May 27th 1946

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.

G40598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 589

G40598 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The next age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 13
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2401 Brookfield
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles G. Gordon ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-1480

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lottie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-1-08

8. AGE: Years	Months	Days	If less than one day
38	4	24	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Motion Picture
11. Industry or business

FATHER
12. Name Abraham Gordon
13. Birthplace Ger -

MOTHER
14. Maiden Name Pauline Harris
15. Birthplace Eng.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27 46 (month) (day) (year)
(c) Cemetery or crematory Balto Hebrew Cemetery
Location Belair Road -

18 (a) Funeral director Sol Levinson + Bro
(b) Address 1124-26 W Nathan

19 (a) MAY 27 1946 (Date rec'd by registrar) (b) Huntington Willis Burial Permit

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25, 1946 19 at 10:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1946 to May 25 1946, and that I last saw h[illegible] alive on May 25 1946.

Immediate cause of death CARDIAC FAILURE — Duration

Due to Auricular fibrillation

Due to Rheumatic heart disease

Other Conditions Bilateral Femoral artery Emboli

(Include pregnancy within 3 months of death)

Date of operation May 24, 1946

Major findings of operation: Bilateral femoral Emboli.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hunterwilliams Willis M.D.
Address Johns Hopkins Hospital Date signed May 29 46

X

G40599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137a

G40599 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Monument & Rutland Ave
(c) Hospital or institution: Sinai Hospital. 12
(d) Length of stay in hospital or inst. (yrs., mos., or days): 6 days
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 3502 Chestnut Ave 11th (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country:

3 (a) FULL NAME: Samuel Baron

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Minnie

6 (c) If alive, give age: yedrs

7. Birth date of deceased (mo., day, yr.): 1877

8. AGE: Years: 69 | Months: | Days: | If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation:

11. Industry or business: Tailor

FATHER
12. Name: Unkown
13. Birthplace: Russia

MOTHER
14. Maiden Name: Unkown
15. Birthplace: Russia

16 (a) Informant: Minnie Baron
(b) Address: 3502 Chestnut Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 26, 1946 (month) (day) (year)
(c) Cemetery or crematory: Hebrew Rosedale Cem
Location: Philadelphia Road

18 (a) Funeral director: Sol Levinson & Bros
(b) Address: 1124-1126 W North Ave

19 (a) 1946 (b) Received by registrar Huntington Williams M.D. Registrar

26

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5/25/46 19 , at 3050 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/20 1946 to 5/25 1946, and that I last saw h[illegible] alive on 5/25 1946.

Immediate cause of death: Pulmonary Embolism — Duration:

Due to: Arteriosclerotic Cardio vascular disease

Due to: Post Operative

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: Benign Nodular Hyperplasia

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Louis H. Jaffe M. D. TANKIN

Address: Sinai Hospital Date signed: 5/25/46

G40600 X ✓ G40600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 44B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6420 Bridgeland Rd

(c) Hospital or institution: Monat Hope Retreat

(d) Length of stay in hospital or inst. (yrs., mos., or days) 44 yrs 5 mo 19 da.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)

(d) Street No. Wade Avenue (If rural give location)

(e) Citizen of foreign country? — No — (Yes or No)

If yes, name country

3 (a) FULL NAME Paul Lucey

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Abbey Lucey

6 (c) If alive, give age —?— years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 76 | Months | Days | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name unknown

13. Birthplace unknown

MOTHER 14. Maiden Name unknown

15. Birthplace unknown

16 (a) Informant Hospital Records

(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27/46 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore

18 (a) Funeral director Sherwood Mason Co.

(b) Address 108 W Mt Royal

19 (a) MAY 26 1946 (Date received by registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1946, at 1:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1936 to May 24 1946, and that I last saw h.i.m. alive on May 24 1946.

Immediate cause of death Hodgkins Disease — Duration 6 mos.

Due to

Due to

Other Conditions Schizophrenia 45 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Damon P. Magin

Address 336 Bridgeland Rd Date signed 5/24/46

X

G40601 B Ct # F5553 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 10 G40601 Registered No. (Vol)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Garrard Road & Herring Run
(c) Hospital or institution Sydenham
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3yrs 9 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 813½ W. Lombard St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Frank Walter Klein

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1942

8. AGE: Years	Months	Days	If less than one day hr.	min.
3	9	19		

9. Birthplace Baltimore, Baltimore Co., Md. (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Elmer Klein
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Lillian Coleman
15. Birthplace Baltimore Md.

16 (a) Informant Parents
(b) Address 813½ W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/46 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Ritchie Highway

18 (a) Funeral director J. Otho Sies
(b) Address 130 N. Light St.

19 (a) MAY 27 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1946 at 10 90 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1946 to May 26 1946, and that I last saw him alive on May 25 1946.

Immediate cause of death	Duration
Heart failure	
Due to Myocarditis	13 days
Due to Diphtheria	
Other Conditions Uremia & renal failure; Tracheotomy	

(Include pregnancy within 3 months of death)
Date of operation Tracheotomy May 21 1946
Major findings of operation Laryngeal diphtheria
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mary Allen Eagle M. D.
Address Sydenham Hosp. Date signed 5-25-46

VS 150

A41732

G40502

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 157E

Registered No. G40502

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 7805 H. Foote Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Phyllis Ann Scholl

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1943

8. AGE: Years	Months	Days	If less than one day
2	7		hr. min.

9. Birthplace D. C. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Scholl
13. Birthplace

MOTHER
14. Maiden Name Henrietta
15. Birthplace

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof MAY-26-1946 (month) (day) (year)
(c) Cemetery or crematory
Location Wash. D.C.

18 (a) Funeral director W. W. Chambers Co
(b) Address Washington, D.C.

MAY 27 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1946, at 11 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 5-25- 1946 and that I last saw her alive on 5-25- 1946.

Immediate cause of death: Heart failure — Duration
Due to: Pneumonia — Duration
Due to: Congenital heart disease — Duration
Other Conditions — Duration
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harrison Clark Spencer M. D.
Address Johns Hopkins Hosp Date signed 5-26

VS 150

G40603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G40603 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street and number Monument & Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City ~~or town~~ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Sinai Aged Home (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) **FULL NAME** Rebecca Sacks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Isaac Sacks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14 1859

8. AGE: Years	Months	Days	If less than one day
87	3	11	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Joseph Marcuse,
13. Birthplace Germany

MOTHER 14. Maiden Name Tina ?
15. Birthplace Germany

16 (a) Informant Mrs. Bertha Rader (Daughter)
(b) Address Waverwalk Lombard & Broadway

17 (a) Disposition Cremation (Burial, cremation, or removal) (b) Date thereof 5/27/46 (month) (day) (year)
(c) Cemetery or crematory Adelphi Suburb Crematory
Location Baltimore Md.

18 (a) Funeral director Leonard Jonathan & Son
(b) Address 1902 Eutaw Place

MAY 27 1946 (Date Rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1946, at 4:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 26 1937 to May 25 1946 and that I last saw h er alive on May 25 1946

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions Arteriosclerosis & myocarditis (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bertha Rader
Address Sinai Hosp Date signed M/D 6/24/46

VS 150

107

G40504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 8/a ✓

Registered No. G40504

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: SYDENHAM HOSPITAL ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hour
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town BALTIMORE ✓
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3609 NORTHERN PARKWAY
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME LEROY S. BONNEY

3 (b) If veteran, name war —

3 (c) Social Security Account No. 041-07-0577

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife MARY SLINEY
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) MARCH 2, 1900

8. AGE: Years	Months	Days	If less than one day
46	2	22	hr. min.

9. Birthplace MARSHFIELD, MASS.
(Town, county, and state)
10. Usual Occupation TACK MAKER
11. Industry or business

FATHER
12. Name WILFRED BONNEY
13. Birthplace MASS.

MOTHER
14. Maiden Name ETTA FOSTER
15. Birthplace NOVA SCOTIA

16 (a) Informant WIFE
(b) Address 3609 NORTHERN PARKWAY

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-46 (month) (day) (year)
(c) Cemetery or crematory Moreland Pk.
Location Baltimore Md

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd

MAY 27 1946 (Date rec'd by registrar) (b) Huntington Nottingham M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 24 MAY 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 24 MAY 1946, to 24 MAY 1946, and that I last saw him alive on 24 MAY 1946.

Immediate cause of death	Duration
MENINGITIS, Type ?	24 hours
Due to ?	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul H. Hinty M. D.
Address Sydenham Hospital Date signed 5/24/46

VS 150

X

G40505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

468

G40505 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~2600 Windsor Rd~~
(c) Hospital or institution: Univ. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36
(e) Length of stay in Baltimore (yrs., mos., or days) 63

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2612 Windsor Rd (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Henry A. Spangler

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Marion Spangler
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1-28-1883

8. AGE: Years	Months	Days	If less than one day
63	3	26	hr. — min.

9. Birthplace Md (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Black & Decker

FATHER
12. Name Lawrence Spangler
13. Birthplace Pa

MOTHER
14. Maiden Name Marion
15. Birthplace Md

16 (a) Informant Mrs. Marion Spangler
(b) Address 2612 Windsor Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/46 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Leonard J. Keefe
(b) Address 5205 Harford Road

MAY 27 1946 (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/24 1946, at 8P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/19 1946 to 5/25 1946 and that I last saw h alive on 5/25 1946

Immediate cause of death Carcinomatosis
Gastric - gastrectomy

Duration

Due to —

Due to —

Other Conditions Peptic ulcer

(Include pregnancy within 3 months of death)
Date of operation 4/24/46
Major findings of operation: Carcinomatosis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Pomeroy Nichols M. D.
Address Univ. Hosp Date signed 5/25/46

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

040506 *pwk* BALTIMORE CITY HEALTH DEPARTMENT ✓ Registered No. 040506

CERTIFICATE OF DEATH 160a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga and Calvert Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2502 Gibbons Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Feebly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21 1946

8. AGE: Years	Months	Days	If less than one day
		4 days	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Francis Feebly
13. Birthplace Delaware

MOTHER
14. Maiden Name Teresa Wood
15. Birthplace Maryland

16 (a) Informant Franklin Feebly
(b) Address 2502 Gibbons Ave.

17 (a) Burial (b) Date thereof 5-27-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cath.
Location Baltimore, Md.

18 (a) Funeral director L. J. Kirby
(b) Address 5305 Harford Rd.

MAY 27 1946 (b) Huntington Hill, Baltimore, Md.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1946, at 1:53 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1946 to May 30 1946, and that I last saw h alive on

Immediate cause of death: Cerebral hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Clarence E. McWilliams M. D.
Address Mercy Hospital Date signed 5-25-46

VS 150

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

640507 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4318 Springwood Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4318 Springwood Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AMALIE H. KLECKNER

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Divorced
6 (b) Name of husband or wife: George H
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1876

8. AGE: Years 69 | Months 6 | Days 4 | If less than one day hr. min.

9. Birthplace Denmark (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own Home

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name " "
15. Birthplace "

16 (a) Informant Mr. W. H. Kleckner
(b) Address Williamsburg, Virginia

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof May 27, 1946 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Maryland

18 (a) Funeral director William Cook, Inc.,
(b) Address 1217 St. Paul Street

19 MAY 27 1946 (Date received by reg.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25, 1946, at 5:07 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1945 to May 25 1946 and that I last saw h[illegible] alive on May 24 1946.

Immediate cause of death: Acute Pulmonary Edema — Duration: 2 days
Due to: Chronic myocardial disease — Duration: 5 yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Lee Shadrick, M.D.
Address 4116 Northern Parkway Date signed 5/26/46

VS 150

X

G40508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. G40508

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 38 E. Poultney St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ARTHUR M. GARDNER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ wife Atlantic Gardner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9th 1877

8. AGE: Years	Months	Days	If less than one day
68	11	17	hr. min.

9. Birthplace Washington D.C.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Sawyer

FATHER
12. Name (Unknown) Gardner
13. Birthplace "

MOTHER
14. Maiden Name Susie A. Fenhagen
15. Birthplace Unknown

16 (a) Informant Atlantic Gardner
(b) Address 38 E. Poultney St

17 (a) Burial (b) Date thereof 5/30/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 E. Fayette St

MAY 27 1946
(Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1946, at 11 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1946 to May 26 1946, and that I last saw h~~e~~ alive on May 26 1946.

Immediate cause of death	Duration
Cardio-Respiratory Failure	
Due to Pulmonary Tbc, confluens, Bronchi-pleural fistula,	
Due to Chronic Cardiac failure, & Pulmonary Edema	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: See above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Hirschman M. D.
Address Sinai Hospital Date signed 5/28/46

X HITSCHMAN

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G40609

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Kelwood & Broene
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town 2002 Wilson Pt Rd
(If outside city or town limits, write RURAL and give town)
Middle River, Md
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James E Mann

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Virginia Lee

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 20 1860

8. AGE: Years 86 | Months 9 | Days 3 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name James Mann
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Bond
15. Birthplace Balto. Md.

16 (a) Informant James B. Mann
(b) Address 4506 Walther Bldg.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/46 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave

18 (a) Funeral director John D. Judson
(b) Address 3002 E Balto St

(a) 27 1946 (Local registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-25 1946, at 4:37 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-13 1946, to 5-25 1946 and that I last saw him alive on 5-25 1946.

Immediate cause of death
Due to Cardia - Thrombosis Coronal
Due to Decubitus & Decompensation

Other Conditions Mas-Left Abdominal
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Mary Dorcas Clark
Address University Hosp Date signed 5-25-46

VS 150

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. 10510

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Maryland Gen Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 313 E. Lake Av
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Laura Wilhelm

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 21-1873

8. AGE: Years: 72 | Months: 11 | Days: 3 | If less than one day: hr. min.

9. Birthplace: York Pa.
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: John J. Hammell
13. Birthplace: York Pa

MOTHER
14. Maiden Name: Hattie Carter
15. Birthplace: York Pa

16 (a) Informant: Edith H. Wilhelm
(b) Address: 313 E. Lake Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/27/46 (month) (day) (year)

(c) Cemetery or crematory: Parkwood Cem
Location: Taylor Av

18 (a) Funeral director: John A. Thoran
(b) Address: 3046 E. Baltimore St

19 MAY 27 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 27 1946, at 8:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1946 to May 27 1946, and that I last saw h[illegible] alive on May 27 1946

Immediate cause of death	Duration
Uremia & Cachexia	
Due to Renal failure & Carcinoma of sigmoid	
Due to Colon resulting perforation & carcinomatosis	
Other Conditions Bronchopneumonia & Hypostasis	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. M. Caudill M. D.
Address Maryland Gen Hosp. Date signed 5-27-46

X

G40611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. G40611

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1212 Division St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1212 Division St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace Md.
(Town, county and state)

10. Usual Occupation unemployed.

11. Industry or business

FATHER
12. Name Philip Crawford
13. Birthplace Md.

MOTHER
14. Maiden Name Emma Crawford
15. Birthplace Md.

16 (a) Informant Marie Johnson
(b) Address 526 Dolphin St.

17 (a) Burial (b) Date thereof 5/27/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Bloomingdale Ave

19 (a) Filed [illegible] 1946 (b) Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1946, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1946 to May 23 1946, and that I last saw h[illegible] alive on May 23 1946.

Immediate cause of death	Duration
Broncho Pneumonia	1 wk
Due to	
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation

of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

Signature E B Stughes M.D.
Address 1413 Druid Hill Ave Date signed May 25/46

VS 150

A death certificate, WITH ONE ENTRY IN INK, for every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124B

G40612 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution: US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 days
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 423 W. Henrietta St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Jackson, Paul

3 (b) If veteran, name war WW 2

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1910

8. AGE: Years	Months	Days	If less than one day
36	3	19	hr. min.

9. Birthplace Atlanta, Ga. (Town, county, and state)
10. Usual Occupation Seaman
11. Industry or business Seafarer

FATHER
12. Name George Jackson
13. Birthplace Atlanta, Ga.

MOTHER
14. Maiden Name Mattie Rainwater
15. Birthplace Ga.

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-46 (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location Balto., Md.

18 (a) Funeral director Charles R. Law
(b) Address 80 N. Madison Ave.

19 (a) (b) (Registrar)

MAY 27 1946 Huntington Williams Mill

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1946, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 22 1946 to May 23 1946, and that I last saw him alive on May 23 1946.

Immediate cause of death Cirrhosis of liver. — Duration UNKNOWN

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis S. Santomieri, Asst. Surgn. U.S.N.
Address US Marine Hospital Balto, Md. Date signed 5/24/46

G40613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52B

Registered No. G40613

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Hospital 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 87 days
(e) Length of stay in Baltimore (yrs., mos., or days) 80 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1341 Mount Royal Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. William E. Dubell

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Married

6 (b) Name of ~~husband or~~ wife Mrs. Mary Dubell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 31, 1866

8. AGE: Years	Months	Days	If less than one day
79	4	24	hr. min.

9. Birthplace Baltimore Maryland
(Town, county and state)
10. Usual Occupation Retired Insurance Man
11. Industry or business

FATHER
12. Name James Dubell
13. Birthplace Germany

MOTHER
14. Maiden Name Rose Whitman
15. Birthplace Maryland

16 (a) Informant Mrs. Mary Dubell - wife
(b) Address 1341 Mount Royal Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John O. Mitchell
(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH 24 May 1946 at 12-25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 18 April 1946 to 24 May 1946 and that I last saw him alive on 24 May 1946.

Immediate cause of death	Duration
Carcinoma of bladder & metastases	
Due to Hydronephrosis Hydrometer	
Due to	
Other Conditions Bronchopneumonia	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: Ca of bladder - metastases Hydronephrosis hydrometer -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Rossi M.D.
Address Church Home + Hosp. Date signed 24 May 46

VS 150 MAY 27 1946 Registrar

X

G40614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G40614

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 443 Little Mount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 443 Little Mount Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles H. Stanley

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age 1945 years

7. Birth date of deceased (mo., day, yr.) Oct. 29 (1901)

8. AGE: Years	Months	Days	If less than one day
30	6	24	hr. min.

9. Birthplace Baltimore, Md.
(Town, county and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name Thomas Stanley
13. Birthplace Centerville, Md.

MOTHER
14. Maiden Name Hattie Stanley
15. Birthplace Centerville, Md

16 (a) Informant Hattie Hill
(b) Address 622 Fagan St.

17 (a) Burial (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Baltimore, Md.

18 (a) Funeral director Wm. Geo. A. Stanley
(b) Address 1631 Druid Hill Ave

19 (a) MAY 27 1946 Huntington Williams M.D.
(Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1946, at 10:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1946 to May 22 1946. and that I last saw h[illegible] alive on May 21 1946.

Immediate cause of death Lobar Pneumonia — Duration 7 days

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. C. Petterson M. D.
Address 817 Hamilton Ave Date signed May 27 46

X

G40615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G40615

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1016 Stoddard Ct.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1016 Stoddard Ct. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Richard F. Sheppard

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Laura
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15 1868

8. AGE: Years	Months	Days	If less than one day
77	6	7	hr. min.

9. Birthplace Howard Co. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Allen ? ? ?
15. Birthplace

16 (a) Informant Laura Sheppard
(b) Address 1016 Stoddard Ct.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27 1946 (Month) (Day) (Year)
(c) Cemetery or crematory Family Lot
Location Howard Co. Md.

18 (a) Funeral director Wm. George H. Hyde
(b) Address 1631 N. Fulton Ave.

19 (a) MAY 29 1946 Date received by local registrar (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1946, at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1946 to May 23 1946 and that I last saw him alive on May 26 1946.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions Multiple Uterine Fibroids

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. C. Bittelman M. D.
Address 817 Hamilton Ave. Date signed May 29 1946

X

G40616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. G40616

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard Co.
(c) City or town Ellicott City
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Donald Lewis

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-29-46.

8. AGE: Years	Months	Days	If less than one day
		27	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Clifton Lewis
13. Birthplace Md.

MOTHER
14. Maiden Name Cecilia Matthews
15. Birthplace Md.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-46 (month) (day) (year)
(c) Cemetery or crematory Glenwood
Location Elkridge Md

18 (a) Funeral director H. E. Hug Sub Station
(b) Address Ellicott City Md.

MAY 27 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-26 1946 at 7 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-21 1946 to 5-26 1946 and that I last saw him alive on 5-26 1946.

Immediate cause of death Respiratory failure

Due to Atelectasis RUL
Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harrison Clark Spencer M. D.
Address Johns Hopkins Hosp Date signed 5-26

G40617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

Registered No. G40617

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [illegible]
(c) Hospital or institution: W. B. & A. H.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2da
(e) Length of stay in Baltimore (yrs., mos., or days) 2da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5004 Belair Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Douglas Allard Knorr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23, 1946

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace West Balt. Gen'l. Hosp.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ernest A. Knorr
13. Birthplace Balt Md

MOTHER
14. Maiden Name Bernadine Maltus
15. Birthplace Balt Md

16 (a) Informant: Ernest Knorr
(b) Address 5004 Belair Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Milton Ave & Rose St.

18 (a) Funeral director Howard N. Bligh Jr
(b) Address 4914 Belair Road

19 (a) (Date received by registrar) (b) Huntington Nilliques, M.D. Registrar

MAY 27 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1946, at 9:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1946 to May 25 1946 and that I last saw [illegible] alive on May 25 1946

Immediate cause of death: Atelectasis — Duration

Due to: Prematurity

Due to:

Other Conditions: Prematurity
Intra-uterine Asphyxia
(Include pregnancy within 3 months of death)

Date of operation 5-25-46

Major findings of operations:

of autopsy: Atelectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Lachman M. D.
Address 732 Calhoun Ave Date signed May 25, 1946

G40618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 4 6B

Registered No. G40618

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 504 Sanford Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 Sanford Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John N. Howard

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-4377

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Lula B. Howard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 19, 1884

8. AGE: Years	Months	Days	If less than one day
62	1	6	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business Southern Hotel

FATHER
12. Name Jacob R. Howard
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah E. Smith
15. Birthplace Md.

16 (a) Informant Lula B. Howard (wife)
(b) Address 504 Sanford Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director John M. Johnson
(b) Address 1700 Druid Hill Ave.

MAY 27 1946 Harrington-Williams, Inc.
(Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25, 1946, at 12:40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/12 1946 to 5/25 1946 and that I last saw him alive on 5/24 1946.

Immediate cause of death: CACHEXIA

Due to CARCINOMA of stomach — Duration: 1½ yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Raymer Browne M. D.
Address 1500 E. Madison Date signed 5/27/46

VS 150

Raymer Browne X

3 trans. G40619

WALTERHOFER

BALTIMORE CITY HEALTH DEPARTMENT ✓ G40619

CERTIFICATE OF DEATH 124B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Fayette St.
(c) Hospital or institution:
Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4126 Edmondson Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rolandus K. Walterhofer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	married

6 (b) Name of husband or wife Harry C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 26. 1891

8. AGE: Years	Months	Days	If less than one day: hr.	min.
54	9			

9. Birthplace Md (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name William Weigman
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Anna M. Haeffner
15. Birthplace Md

16 (a) Informant Mr. Harry C. Walterhofer
(b) Address 4126 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Ave

18 (a) Funeral director Harry H. Wittle
(b) Address 4101 Edmondson Ave

19 MAY 27 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26, 1946, at 1:10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1946, to May 26 1946, and that I last saw h[illegible] alive on May 26 1946.

Immediate cause of death: congestive heart failure — Duration:
Due to: myocardial degeneration, arteriosclerosis
Due to: Coronary occlusion
Cirrhosis of the liver
Other Conditions

(Include pregnancy within 3 months of death)

Date of operation ✓
Major findings of operation: ✓

of autopsy: May 26, 1946

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? ✓ (Specify type of place)
(e) Means of injury ✓

23. Signature H. H. Solomon

Address Bon Secours Hospital Date signed 5/26/46 M. D.

VS 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40620

493781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46D

G40620
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 735 Pennington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lewis Luther
3 (b) If veteran, name war W
3 (c) Social Security Account No. 215-22-3729
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband or wife Blanche
6 (c) If alive, give age 52 years
7. Birth date of deceased (mo., day, yr.) 4-6-88
8. AGE: Years 58 Months 1 Days 20 If less than one day hr. min.
9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Luther Jr
13. Birthplace Unknown

MOTHER
14. Maiden Name Nancy Ruebury
15. Birthplace Unknown

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof 5-27-46 (month) (day) (year)
(c) Cemetery or crematory Wheelersburg
Location Wheelersburg, Ohio

18 (a) Funeral director Williams Corbett Co
(b) Address 2470 Frankford Ave, Baltimore, Md

19 MAY 27 1946 (Date rec'd by registrar) (b) Huntington for Williams, Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 26 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May - 17 1946 to May - 26 1946 and that I last saw him alive on May - 26 1946

Immediate cause of death Intestinal Obstruction — Duration three months

Due to Recurrent and Metastatic ca. of rectum

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 4-30-46

Major findings of operation: Metastatic ca. of rectum

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Huggins M.D.
Address Johns Hopkins Hosp. Date signed 26 May 46

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

G40621
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3 Grotto & Calvert Sts Mercy Hospital

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 3206 E. Baltimore St
(If rural give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Catherine Albers

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14 1882

8. AGE: Years	Months	Days	If less than one day
64	3	26	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name Conrad Martin
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs. anna C Albers

(b) Address 220 Riverview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29/46 (month, day) (year)

(c) Cemetery or crematory Oak Lawn

Location Balto Co Md

18 (a) Funeral director Wm. J. Fennell Home

(b) Address 2008 Orleans St

MAY 27 1946 (Date received by Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1946 at 1:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1946 to May 26 1946 and that I last saw h alive on 19

Immediate cause of death Uremia

Due to Toxic Nephritis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Lawrence J. Knox M. D.

Address Mercy Hosp. Date signed 5-26

VS 150

640622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

894 Registered No. 640622

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2220 Harford Ave - #18
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Emma Kaiss

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, (married), widowed, or divorced.

6 (b) Name of husband or wife John Kaiss
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 21 - 1877

8. AGE: Years 68 | Months 5 | Days 4 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name Charles Kindervatter

13. Birthplace Germany

MOTHER 14. Maiden Name Josephine Wolf

15. Birthplace Pa

16 (a) Informant John Kaiss
(b) Address 2220 Harford Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29/46 (month) (day) (year)
(c) Cemetery or crematory Loraine
Location Balto Co Md

18 (a) Funeral director Wilmot Funeral Home
(b) Address 2008 Orleans St

19 (a) MAY 27 1946 (Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 25 1946, at 4 35 M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1946 to Dec 25 1946, and that I last saw her alive on May 25 1946.

Immediate cause of death	Duration
Meningitis	
Due to Ruptured brain abscess consecutive to otitis media	
Due to	
Other Conditions Septicemia	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John F. Noguera M.D.
Address Md Gen Hosp Date signed 5/25/46

640523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 640523

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Data as to age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eutaw Redwood
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town Middleburg.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles H. Jenkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10 1860

8. AGE: Years	Months	Days	If less than one day
85 8 6-	11	16	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Jenkins.
13. Birthplace Va.

MOTHER
14. Maiden Name Nancy Jenkins
15. Birthplace Va.

16 (a) Informant Susie Jenkins
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5 28 46 (month) (day) (year)
(c) Cemetery or crematory Memorial Gardens
Location Middleburg Va

18 (a) Funeral director James J. Brydenbaugh
(b) Address 1407 Eastern Ave

19 (a) 1946 (Date filed by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1946, at 8:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1946, to May 26 1946, and that I last saw him alive on May 26 46.

Immediate cause of death Respiratory failure

Due to Arteriosclerosis

Due to Old age & Diabetes Mellitus

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. F. Roach M. D.
Address University Hospital Date signed 5-26-46

VS 150

0624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G40624

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Linden & Madison Ave

(c) Hospital or institution: Maryland General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 612 S. Luzerne Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John T. Hutson

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-3225

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Lillian M. Parlett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1885

8. AGE: Years	Months	Days	If less than one day
61	0	22	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER

12. Name Joseph M. Hutson

13. Birthplace Baltimore

MOTHER

14. Maiden Name Not Known

15. Birthplace Baltimore

16 (a) Informant Wife

(b) Address 612 S. Luzerne Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/46 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location O'Donnell St.

18 (a) Funeral director Clarence F. Hoffmann

(b) Address 1639 N. Broadway

(c) [illegible] (d) Huntington Williams, M.D.

MAY 27 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23rd 1946 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1946 to May 23 1946, and that I last saw him alive on May 23 1946

Immediate cause of death Respiratory failure — Duration

Due to Right cerebral hemorrhage — 2 days.

Due to Arteriosclerosis

Other Conditions Generalized arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C. E. Jones M.D.

Address Maryland Gen. Hosp. Date signed 5/23/46

VS 150

G40625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47C

G40625 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1127 S.Clinton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 6/11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1127 S.Clinton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arnold E.Ramia

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife C.Margaret Deuchler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7,1880

8. AGE: Years	Months	Days	If less than one day
65	10	18	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Mch. Retired
11. Industry or business

FATHER
12. Name Albert Ramia
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Seibert
15. Birthplace Baltimore

16 (a) Informant Wife
(b) Address 1127 S.Clinton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/46 (month) (day) (year)
(c) Cemetery or crematory Maryland Mem. Park
Location Dayton ave.

18 (a) Funeral director Clarence F.Hoffmann
(b) Address 1639 N.Broadway

19 (a) MAY 27 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1946, at 7:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 8 1945 to May 25 1946 and that I last saw h-er alive on May 23 1946.

Immediate cause of death: Bronchogenic Carcinoma — Duration: 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Clarence W. LeGrand, M.D.
Address 601 S. Howard St. Date signed 5/27/46

VS 150

X

G40626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94 Q

Registered No. G40626

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address D. I. A.
(c) Hospital or institution: South Balt. General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) D. O. A.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A.
(c) City or town Pasadena Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 S. Beechwood Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edgar R. Stant

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 20, 1895

8. AGE: Years	Months	Days	If less than one day
51	2	6	hr. min.

9. Birthplace Crisfield, Md. (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business Self

FATHER
12. Name Alexander Stant
13. Birthplace Crisfield, Md.

MOTHER
14. Maiden Name Myra Powell
15. Birthplace Pocomoke, Md.

16 (a) Informant Mr. Samuel W. Stant
(b) Address 9 S. Beechwood Rd. Pasadena, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Penna Aves. Balto. 17

19 (a) 5/27/46 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/26 1946, at 2:44 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. P. Sulick M.D. Medical Examiner.
Date signed 6/26/46

X

G10627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G10627

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 MOS.
(e) Length of stay in Baltimore (yrs., mos., or days) 54 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County BALTIMORE
(c) City or town STEVENSON
(If outside city or town limits, write RURAL and give town)
(d) Street No. Candlewick Rd. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME John T. Woods Jr.

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	Married.

6 (b) Name of husband or wife Catherine S. Woods
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 28, 1891

8. AGE: Years	Months	Days	If less than one day
54	6	28	hr. min.

9. Birthplace BALTIMORE, Md. (Town, county, and state)
10. Usual Occupation ~~Bookkeeper~~ C. P. A
11. Industry or business Ernest C. Guth, Inc.

FATHER
12. Name John T. Woods
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Emma M. Guard
15. Birthplace Baltimore

16 (a) Informant Mrs. Catherine Woods
(b) Address 1307 Gorsuch Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc,
(b) Address North & Penna. Aves. Balto 17

19 (a) 5/29/46 (b) Signature of registrar Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1946, at 11:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 28 1946 to May 26 1946 and that I last saw him alive on May 26 1946

Immediate cause of death ACUTE PULMONARY EDEMA — Duration

Due to ARTERIOSCLEROTIC HYPERTENSIVE CARDIO

Due to VASCULAR Disease.

Other Conditions Broncho-pneumonia R.L. Base.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul B. Tome, M. D.
Address Union Memorial Hosp. Date signed 5/26/46

G40628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 931

G40628 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 213 W. 29th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County --
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 W. 29th St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Diana Albers

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Anton D. Albers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1863

8. AGE: Years	Months	Days	If less than one day
82	7	1	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward Lupus
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia ?
15. Birthplace Germany

16 (a) Informant Mr. Anton D. Albers
(b) Address 213 W. 29th St.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 5/28/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Penna. Aves. Balto. 17

19 (a) (Date rec'd by registrar) **(b)** Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1946, at 11:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1946 to May 26 1946 and that I last saw her alive on May 25 1946.

Immediate cause of death Congestive heart failure — Duration 2 days

Due to Arterio-sclerotic myocardial disease — Duration 3 years

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. A. Judd M. D.
Address Date signed

VS 150

G40629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

G40629 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 25
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3022 Ascension Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Stella B. James

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	W

6 (b) Name of husband or wife Thomas James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 23 Sept. 1877

8. AGE: Years	Months	Days	If less than one day
68	7	30	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward Bruce James
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Scott
15. Birthplace Md.

16 (a) Informant Agnes Christo
(b) Address 3038 Ascension Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/46 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Md.

18 (a) Funeral director Geo. U. Kelly
(b) Address 1303 Preston St.

19 (a) MAY 27 1946 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 24 May 1946 at 4:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6 May 1946 to 24 May 1946, and that I last saw her alive on 24 May 1946

Immediate cause of death Hemorrhage of Uterus Fairbanks

Duration

Due to Post-operative shock

Due to Operative manipulation

Other Conditions Operation under local due to poor condition of pt. (Include pregnancy within 3 months of death)

Date of operation 21 May 1946

Major findings of operation: Chronic salpingitis, ? multiple pin holes of autopsy Chronic salpingitis abscess

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature James O'Shaw M. D.
Address Mercy Hosp. Date signed 5-27-46

VS 150

X

G40630 ✓ G40630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 138

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 96 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Loyola Rectory, Calvert & Madison (If rural give location)
(e) Citizen of foreign country? ---------- (Yes or No)
If yes, name country ----------

3 (a) FULL NAME Rev. Francis H. Kreis, S. J.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed or divorced~~
M	W	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1870

8. AGE: Years	Months	Days	If less than one day
75	10	11	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Roman Catholic Priest
11. Industry or business

FATHER
12. Name Joseph W. Kreis
13. Birthplace Unknown

MOTHER
14. Maiden Name Flavilla A. Shaw
15. Birthplace Unknown

16 (a) Informant Records St. Ignatius' Church
(b) Address Calvert & Madison Sts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28, 46 (month) (day) (year)
(c) Cemetery or crematory Woodstock
Location Woodstock, Md.

18 (a) Funeral director H. W. Meares and Son
(b) Address 805 N. Calvert Street

19 (a) MAY 27 1946 (Date rec'd by registrar) (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1946, at 0030

21. I certify that death occurred on the date above stated; that I attended deceased from 5/2/46 to 5/25/46. and that I last saw h[illegible] alive on 5/24/46

Immediate cause of death

Due to Miliary Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 1400 N. Caroline St. Date signed 5/25/46

X

G40631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G40631 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 715 S Stockton (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years 45 | Months 44 SM1 | Days | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Major Smith
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Baltimore Md

16 (a) Informant Bessie M. Owens
(b) Address 814 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24, 1946 (month) (day) (year)
(c) Cemetery or crematory W.F. Auburn Cem.
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St.

27 (a) 1946 (Date received by registrar) Hamilton Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 22 May 1946, at 4:30 A M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~to~~ death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

25. Signature Wm E Helfrich M.D.
Medical Examiner.
Date signed 22 May 46

VS 151

G40532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

✓ G40632 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4703 Hampnett Avenue
(c) Hospital or institution: Pine Ridge Nursing Home ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 340 E. 22ND St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNIE ELLEN O'BRIEN

3 (b) If veteran, name war ----
3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Michael O'Brien
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace County Rosecommon, Ireland (Town, county, and state)
10. Usual Occupation Athome
11. Industry or business

FATHER
12. Name Martin McCormack
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Mrs. Marie O'Brien Martin
(b) Address 2202 Barclay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location City

18 (a) Funeral director WIEDEFELD AND SON
(b) Address Greenmount Ave & 22nd St.

19 (a) (b)
(Date received by registrar) Registrar

MAY 27 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/24/46 19 at 2:00P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/15 1946 to 5/24 1946 and that I last saw h alive on 5/24 1946.

Immediate cause of death Hypostatic Pneumonia
Cardiac Vascular Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Kelly M. D.
Address 5703 Harford Rd Signed 5/27/46

X

G40633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83B

G40633 Registered No.

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3922 Park Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 4715 Park Heights Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elsie (Alice) B. Frampton

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife R. Aydelotte Frampton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1871

8. AGE: Years	Months	Days	If less than one day
75	0	0	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Samuel Barrett
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Moore
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Mary Hanby
(b) Address 4715 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-46 (month) (day) (year)
(c) Cemetery or crematory Spring Hill
Location Easton, Maryland

18 (a) Funeral director Spring Grove
(b) Address 5005 Park Heights Ave

19 MAY 29 1946 (Date rec'd by registrar) (b) Registrar

VS 190

1547 Huntington Ave Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1946, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1945 to May 25 1946, and that I last saw her alive on May 25 1946.

Immediate cause of death: Cerebral embolism — Duration: 2 days
Due to
Due to
Other Conditions Carcinoma - Uremia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Fred L. DeBaker M. D.
Address 4723 Park Heights Ave Date signed 5/26/46

X

G40634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G40634 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3116 Belvedere Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3116 Belvedere Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clara A. Lawson

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Geo. F. Lawson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 4 1870

8. AGE: Years	Months	Days	If less than one day
75	7	22	hr. min.

9. Birthplace Balto Co.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jacob Lawson
13. Birthplace Balto Co.

MOTHER
14. Maiden Name Maria Phyllis
15. Birthplace Balto Co

16 (a) Informant Mrs Ramsburg
(b) Address 3013 Belvedere Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29-46 (month) (day) (year)
(c) Cemetery or crematory All Saints
Location Balto. Co.

18 (a) Funeral director J. F. Cline & Sons
(b) Address Reisterstown Md.

19 (a) [illegible] (Date received by registrar) Washington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/26 1946 at 5:39 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11 1920 to 19
and that I last saw h[illegible] alive on 5/25 1946

Immediate cause of death Coronary Thrombosis
Coronary Insufficiency
Due to Left Ventricular Failure

Due to

Other Conditions Dislocation of Hip
Arthritis deformans

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
3 months
3 weeks
11 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hazel Darnell
Address 902 Fremont Ave Date signed 3/27/46

X Balto 15, Md

VS 150

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40635 BC# G47467 ✓ G40635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1190

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1602 Gilmor
(c) Hospital or institution: Balto Md

(d) Length of stay in hospital or inst. (yrs., mos., or days) [redacted]
(e) Length of stay in Baltimore (yrs., mos., or days) 11 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County Md
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1602 Gilmor
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Infant of Viola Roberts & Marion Roberts ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Negro	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/14 - 46

8. AGE: Years	Months	Days	If less than one day
11 Days			hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Marion Roberts
13. Birthplace Balto Md

MOTHER
14. Maiden Name Viola G Jenifer
15. Birthplace Balto Md

16 (a) Informant [redacted]
(b) Address Marion Roberts Sr

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location University Medical School MAY 27 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 MAY 27 1946 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/25 — 1946, at 1030 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/14 19 to 5/25 1946
and that I last saw h[redacted] alive on 5/24 1946.

Immediate cause of death	Duration
(a) Cent Gastr Enteritis	
Due to (b) Faulty feeding	
Due to	
Other Conditions Acute Bronchitis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [redacted] M. D.
Address 113 S Gilmor Date signed 5/26/46

VS 1

T 3531 X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83 B

G40636 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1415 W. Ostend St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 W. Ostend St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Claude E. Le Boy

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-9856

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sarah E. Le Boy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 7, 1873

8. AGE: Years	Months	Days	If less than one day
72.	6	17	hr. min.

9. Birthplace Baltimore, Md. (Town, county and state)
10. Usual Occupation Janitor
11. Industry or business Koppers Co.

MOTHER / FATHER
12. Name Charles Le Boy
13. Birthplace Baltimore, Md.
14. Maiden Name Susanna Kathers
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Sarah E. Le Boy
(b) Address 1415 W Ostend St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave & Rose St

18 (a) Funeral director John F. Conaway Son
(b) Address 901-03 Wallace Street

19 (a) MAY 27 1946 (Date rec'd by registrar) Huntington Williamson

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1946, at 11 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1946 to May 24 1946, and that I last saw h[illegible] alive on May 24 1946.

Immediate cause of death	Duration
Congestion and edema of lungs	3 hrs.
Due to Cerebral embolism and thrombosis	1 wk.
Due to Arteriosclerosis, generalized.	5 yrs.
Other Conditions Prostatic Hypertrophy	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John P. Ushenka, Jr
Address 1227 Wash Blv'd Date signed May 24 1946 M. D.

VS 150

Information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. G40637

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 417 N. Eutaw St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Vernon L. Merry
3 (b) If veteran, name war
3 (c) Social Security Account No. 212-05-7480

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Myrtle J.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 25, 1896

8. AGE: Years	Months	Days	If less than one day
49	8	0	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business Gas & Electric Co.

FATHER
12. Name Frank Merry.
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Martha Weft
15. Birthplace Baltimore, Md

16 (a) Informant Mrs Myrtle J. Merry
(b) Address 417 N. Eutaw St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd
18 (a) Funeral director John Carmichael
(b) Address 901-03 Baltimore St
19 (a) MAY 27 1946 (Date received) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/25 1946 at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/6 1946 to 5/23 1946 and that I last saw h[illegible] alive on 5/25 1946

	Duration
Immediate cause of death Respiratory paralysis.	
Due to Enlargement of spinal cord by malignant metastasis	17
Due to Primary papillary adeno-carcinoma of the colon	
Other Conditions (Contributing pastejoins colic fistula)	

(Include pregnancy within 3 months of death)
Date of operation 5/9/46 & 5/23/46
Major findings of operation: carcinoma of colon (primary papillary adeno-
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature C. W. Loxton M.D.
Address University Hosp Date signed 5/25/46 M.D.

VS 150

Thurston for Williams, M.D.

X

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40638

491249.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122B

G40638

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town Salisbury.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edmer W. Roach.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Gladys.

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) 5.14.98

8. AGE: Years 47 | Months - | Days 13 | If less than one day ... hr. ... min.

9. Birthplace Texas
(Town, county, and state)

10. Usual Occupation Salesman.

11. Industry or business

FATHER
12. Name Henry Roach
13. Birthplace Ky.

MOTHER
14. Maiden Name Norah Howard
15. Birthplace Texas

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 - 30 - 46 (month) (day) (year)
(c) Cemetery or crematory Parsons Cem.
Location Salisbury - Md.

18 (a) Funeral director Stewart & Mason Co
(b) Address 108 W. North ave.

19 MAY 27 1946 (Date filed by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

A

20. DATE OF DEATH May 27 1946 at 4.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1946, to May 27 1946, and that I last saw him alive on May 27 1946.

Immediate cause of death Peritonitis due to ~~Mechanical Obstruction~~ — Duration

Due to Post Operative Suture Line Leak

Due to

Other Conditions Mechanical Obstruction

(Include pregnancy within 3 months of death)

Date of operation May 19. 1946

Major findings of operation: Duodenal Ulc

of autopsy: Peritonitis, Ac. Diff Obst

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip A. Turnbull, M. D.

Address Johns Hopkins Hospital Signed 27 May 46

VS 150

X

Soldier stationed at Camp Lee, Va.

640639

BALTIMORE CITY HEALTH DEPARTMENT X ✓ 640639 Registered No.

CERTIFICATE OF DEATH 170 C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 DAS.

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town Brooklyn
(If outside city or town limits write RURAL and give town)
(d) Street No. 1890 E. 5th Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Patrick Seymore Galin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	UNKNOWN

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) UNKNOWN

8. AGE: Years	Months	Days	If less than one day
20			hr. min.

9. Birthplace NEW YORK CITY
(Town, county, and state)

10. Usual Occupation SOLDIER

11. Industry or business US. ARMY

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace UNKNOWN

16 (a) Informant US. ARMY
(b) Address CAMP HOLABIRD BALTO. MD.

17 (a) BURIAL (b) Date thereof MAY 28/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory NEW YORK CITY N.Y.
Location NEW YORK

18 (a) Funeral director Leibly & Zeiler Inc.
(b) Address 403 S. WOLFE ST.

19 (a) MAY 27 1946 (b)
(Date received) (Registrar) Huntington Ave. Boston, Mass

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26, 1946 at 4 40 A. M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Broken neck, Intracranial hemorrhage

Due to

Other Conditions Multiple lacerations and brush burns
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: Balto. Co.
(a) Date of injury 5-25-46 at 6:00 A. M.
(b) Where did injury occur? Near FULLERTON ROAD.
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? NO
(d) Means of injury AUTO. INTO POLE. (Mass-Injur)

23. Signature Howard J. Wallace M.D.
Medical Examiner.
Date signed 5-29-46

VS 151

Type or print in permanent black ink—please write the causes of death clearly and legibly

G40640 new

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 Registered No. G40640

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St
(c) Hospital or institution Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Stemmers Run (If outside city or town limits, write RURAL and give town) 21
(d) Street No. Box 37 Route 16 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Bety

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26, 1946

8. AGE: Years	Months	Days	If less than one day
		1	28 hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Lorius Bety
13. Birthplace Balto Co Md.

MOTHER
14. Maiden Name Margaret Hook.
15. Birthplace Balto. Md.

16 (a) Informant Mother - Marg. Bety
(b) Address Route 16 - Box 37 # 21

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 28 46 (month) (day) (year)
(c) Cemetery or crematory Zion Lutheran
Location Balto Co. Md

18 (a) Funeral director Langrall Funeral Home
(b) Address 7401 Belair Rd

19 (a) (Signature of registrar) (b) Registered

MAY 27 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27, 1946, at 9:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5:55 P.M. May 26 1946 to 9:15 P.M. 5/27 1946, and that I last saw h.. alive on May 27 1946.

Immediate cause of death Pulmonary atelectasis & pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Atelectasis, pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sidney Green M. D.
Address Sinai Hospital Date signed May 27 46

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

G40641
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20a
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimire
(If outside city or town limits, write RURAL and give town)
Street No. 1808 North Port Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Leto

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-18-4233

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife –

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24-1927

8. AGE: Years	Months	Days	If less than one day
19	1	-	hr. min.

9. Birthplace East Gulf W. Va.
(Town, county, and state)

10. Usual Occupation Helper Moulder

11. Industry or business Harry Weis Kettle Co.

FATHER
12. Name Sam Leto
13. Birthplace Italy

MOTHER
14. Maiden Name Pauline Pecora
15. Birthplace Italy

16 (a) Informant Mrs Pauline Mar
(b) Address 1808 N. Port St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28-46 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem
Location Belair Rd.

18 (a) Funeral director Milton Schilling
(b) Address 2914 S. Hanover St

19 (a) MAY 27 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24, 1946 at 2 45 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-24-46 at 2 P. M. Bathr. Acc.
(b) Where did injury occur? Roman's Creek, Except.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Drowning

23. Signature Howard J. Waldeis M.D.
Medical Examiner.
Date signed 5-25-46

VS 151

G40642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G40642 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3638 S. Hanover St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 14
(e) Length of stay in Baltimore (yrs., mos., or days) V

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto 25 Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 3638 S. Hanover St (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Charlotte E. Webster

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex female

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Alfred T. Webster

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 7 - 1866

8. AGE: Years 79 | Months 5 | Days 19 | If less than one day hr. min.

9. Birthplace Smiths Island Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name John W. Dize
13. Birthplace Smiths Island Md

MOTHER
14. Maiden Name Margaret Marshall
15. Birthplace Smiths Island Md

16 (a) Informant Mr James M. Webster
(b) Address 3634 S. Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29-46 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Cemetery
Location Glenburnie Md

18 (a) Funeral director Milton Schilling
(b) Address 3914 S. Hanover St

19 (a) 27 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 190

MEDICAL CERTIFICATION 46

20. DATE OF DEATH May 26 1946 at 5.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1946 to May 26 1946 and that I last saw h[illegible] alive on May 26 1945 - 46

Immediate cause of death Cerebral hemorrhage — Duration

Due to

Due to arthritis

Other Conditions diabetes

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Rubin M. D.
Address 203 Cathedral Date signed

830

G40643 BALTIMORE CITY HEALTH DEPARTMENT G40643

CERTIFICATE OF DEATH 67B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution University Hospital
(d) Length of stay in Hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Howard
(c) City or town Jessup
(If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Charles E. Bahn
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Widowed

6 (b) Name of husband or wife Hanna Bahn
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 1, 1868

8. AGE: Years	Months	Days	If less than one day
77	11	27	hr. min.

9. Birthplace Williamsport Pa.
(town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Bahn
13. Birthplace Bonn Germany

MOTHER
14. Maiden Name Ellen Bailey
15. Birthplace Shitty Pa.

16 (a) Informant C. E. Bailey
(b) Address Jessup, Maryland.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29, 1946 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.
18 (a) Funeral director Easton & Sons
(b) Address Ellicott City, Md.

MAY 27 1946 (Date rec'd by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/22 1946, at 9:05 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 5/21 1946 to 5/28 1946 and that I last saw him alive on 5/22 1946.

Immediate cause of death Respiratory failure — Duration

Due to generalized metastasis

Due to Carcinoma of the prostate

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. W. Lynton, Jr. M. D.
Address University Hosp. Date signed 5/27/46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G40644 Registered No.

Type or print with pen and black ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N Hilton St
(c) Hospital or institution:
Ashburton Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 Leslie Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Etta Waller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	widowed

6 (b) Name of husband or wife Georger Waller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14 1880

8. AGE: Years	Months	Days	If less than one day
66	1 2	11	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Edw Phoebus
13. Birthplace Md

MOTHER
14. Maiden Name Mary Tyler
15. Birthplace Md

16 (a) Informant Esther Laumann
(b) Address 412 N Luzerne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28 1946 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St

19 (a) MAY 28 1946 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1945 to May 25 1946 and that I last saw h alive on May 24 1946.

Immediate cause of death

	Duration
Cardiac Vascular Disease	
Due to	
Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 800 N. Port Pl. Date signed

G40645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G40645

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 915 Essex Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Sigrist

3 (b) If veteran, name war: W
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	married

6 (b) Name of husband ~~or wife~~ Jacob Sigrist
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-3-80.

8. AGE: Years	Months	Days	If less than one day: hr.	min.
65	9	24		

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Isaac B. Lloyd
13. Birthplace Md.

MOTHER
14. Maiden Name Johanna Steiner
15. Birthplace Md.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/30/46 (month) (day) (year)
(c) Cemetery or crematory Balto
Location " Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 E. Pratt St

19. (Date received by local registrar) MAY 29 1946 (b) Huntington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-27 1946, at 7:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-19 1946 to 5-27 1946 and that I last saw h~~er~~ alive on 5-27 1946

Immediate cause of death Myocardial Infarction — Duration 14 d.
Due to Coronary Occlusion
Due to Arteriosclerotic heart disease
Other Conditions Diabetes Mellitus Congestive heart failure
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy Apical Myocardial Infarction

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip A. Kennedy M. D.
Address Johns Hopkins Hospital

VS 150

93D 27 May 46

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Baldassaro LoRe

G40646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

Registered No. G40646

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Florida (b) County
(c) City or town Tampa
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baldassaro LoRe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	M.

6 (b) Name of husband or wife Julia LoRe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4th 1890

8. AGE: Years	Months	Days	If less than one day
56	0	23	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Plumber.
11. Industry or business Self

FATHER
12. Name Joseph LoRe
13. Birthplace Sicily Italy

MOTHER
14. Maiden Name Batarina Addamo
15. Birthplace Sicily Italy

16 (a) Informant Mrs. T. A. Castello
(b) Address Tampa Fla

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/28/46 (month) (day) (year)
(c) Cemetery or crematory Tampa
Location Florida

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) MAY 28 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/27 1946, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/6 1946, to 5/27 1946, and that I last saw him alive on 5/27 1946.

Immediate cause of death Respiratory failure

Due to metastatic carcinoma

Due to Ca. of liver stomach (?)

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 5/18/46
Major findings of operation: Metastatic carcinoma (biopsy)
of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. W. Leyton M. D.
Address University Hosp. Date signed 5/27/46

VS 150

Correct name, address, color, sex, AND MARITAL STATUS. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40647 JL - 101446 (dead)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157B

G40647 Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 Battery Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Hayes- Margaret

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21, 1946

8. AGE: Years	Months	Days	If less than one day
		2 /	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Clyde Hayes
13. Birthplace N. C.

MOTHER
14. Maiden Name Margaret Herring
15. Birthplace S. C.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 5-23-46 (month) (day) (year)
(c) Crematory Baltimore City Hospitals
Location 4940 Eastern Ave.

18 (a) Funeral director
(b) Address

19 MAY 28 1946 (Date rec'd by Local Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 1946, at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1946 to May 22 1946, and that I last saw h im alive on May 22 1946

Immediate cause of death Intracranial hemorrhage — Duration

Due to birth injury

Due to

Other Conditions Ruptured cerebellar angioma and spina bifida
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Richard E. Dorman M. D.
Address Balt. City Hosp. Date signed 5/24/46

VS 150

X

G40648

CHK-101357

DC# 47300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

15-9

Registered No. G40648

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ Hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 3½ Hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 122 S. Durham Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy McDonald, (Edna)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17-1946

8. AGE: Years	Months	Days	If less than one day
			3½ hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Leonard McDonald
13. Birthplace West Virginia

MOTHER
14. Maiden Name Edna ??
15. Birthplace West Virginia

16 (a) Informant Records-Balto. City Hospitals
(b) Address 4940 Eastern Avenue

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 5-23-46 (month) (day) (year) 3pm

(c) Cemetery or crematory Baltimore City Hospitals
Location 4940 Eastern Ave.

18 (a) Funeral director

(b) Address

19 MAY 28 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION P

20. DATE OF DEATH May 17 1946 at 6:21 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1946 to May 17 1946, and that I last saw h im alive on May 17 1946

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. E. Dorsett M. D.
Address Balt. City Hosp. Date signed 5/24/46

VS 150

X

The item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

G40649 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 615 Dolphin Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 615 Dolphin Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1873

8. AGE: Years	Months	Days	If less than one day
72	4	15	hr. min.

9. Birthplace Howard Co. Maryland
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Allen Hall
13. Birthplace Howard Co. Maryland

MOTHER 14. Maiden Name Christina Taylor
15. Birthplace Howard Co. Maryland

16 (a) Informant Charles C. Hall
(b) Address 538 Montmore Ct.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Westport, Maryland

18 (a) Funeral director Charles R. Law
(b) Address 802 Madison Avenue

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 28 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-24 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-20 1946 to 5-24 1946 and that I last saw him alive on 5-24 1946

Immediate cause of death Terminal Bronchial pneumonia
Antecedent cause
Due to Cardio vascular Renal disease

Duration
1 year

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 6001 Gelwyn Ave. Date signed 5/27/46

Please write plainly, using pen and ink. Physicians: please write the cause of death clearly and legibly. Information should be carefully supplied. The correct age is especially important.

G40650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

G40650 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 451 E. 23rd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 451 E. 23rd St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4, 1902

8. AGE: Years 43 | Months 8 | Days 20 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Grant Taylor
13. Birthplace Maryland

MOTHER
14. Maiden Name Nattie Snell
15. Birthplace Maryland

16 (a) Informant Nattie Taylor
(b) Address 451 E. 23rd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A. A. County Md

18 (a) Funeral director Ralph Sanders
(b) Address 1412 E. Preston St.

19 (a) (Date received by Registrar) MAY 28 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24, 1946 at 1:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1946 to May 24 1946 and that I last saw h[er] alive on May 23 1946.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ross A. Jackson M. D.
Address 2329 Guilford Ave Date signed May 28 1946

VS 150

Huntingtown Williams, Md

X

PERSONS WHO ATTEND, WITH UNREADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G40651 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1802 Walbrook Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 Walbrook Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Thomas Hunnell

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	Married

6 (b) Name of husband or wife Mary L Hunnell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2 - 1867

8. AGE: Years	Months	Days	If less than one day
78	11	24	hr. min.

9. Birthplace Norfolk Va
(Town, county, and state)
10. Usual Occupation Foreman (Retired)
11. Industry or business Rapid Transit Co

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Henrietta Smith
15. Birthplace Va

16 (a) Informant Mrs Mary L Hunnell
(b) Address 1802 Walbrook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29 1946 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Patterson & Sons
(b) Address 2224 N Charles St

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MAY 28 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26th 1946, at 4:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1942 to May 26 1946
and that I last saw him alive on May 21 1946.

Immediate cause of death: Hypertensive C-V disease
Due to: Chronic nephritis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration
5 yrs
5 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Stranger M.D.
Address 1402 B. Lanvale St Date signed 5-27-46

(OKa) X

G40652 G40652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1110B

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1022 Hollins St

(c) Hospital or institution University Hospital 18

(d) Length of stay in hospital or inst. (~~yrs., mos., or days~~) 1 hr

(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1022 Hollins St
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Shelby Fitzgerald

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 10-42

8. AGE: Years	Months	Days	If less than one day
3	7	16	hr. min.

9. Birthplace Charlottesville Va
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name James S Fitzgerald

13. Birthplace Meanwell Va

MOTHER — 14. Maiden Name Dorothy Gray

15. Birthplace Brunswick Mo

16 (a) Informant James S Fitzgerald

(b) Address 1022 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29-46 (month) (day) (year)

(c) Cemetery or crematory St Peters

Location Morelands ave

18 (a) Funeral director Bernard G Funk

(b) Address 3603 Edmondson Ave, Baltimore, Md

19 (a) MAY 28 1946 (Date filed by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/26/46 19 6:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/24/46 to 5/26 1946.

and that I last saw h[illegible] alive on 5/26 19 46.

Immediate cause of death	Duration
Cardio-respiratory failure	
Due to Pyschical circulatory collapse	
Due to Concussion brain trauma	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Acute Pleural effusion

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

Signature Frank J Fitzgerald Jr. M.D.

Address University Hosp. Date signed 5/26/46

VS 3

G40653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 111B

Registered No. G40653

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 MIN
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 620 South Fremont
(If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRANIC D JONES

3 (b) If veteran, name war No

3 (c) Social Security Account No. 243-20-4690

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Mary (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5, 1896

8. AGE: Years 50 | Months 1 | Days 18 | If less than one day hr. min.

9. Birthplace N. C.
(Town, county, and state)

10. Usual Occupation Brooklyn Brick

11. Industry or business Gen'l Refractor Yard

FATHER
12. Name Sad Jones
13. Birthplace N. C.

MOTHER
14. Maiden Name Lauretta Lanes
15. Birthplace N. C.

16 (a) Informant Mary F. Cherry (S)
(b) Address 620 S. Fremont St

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 5/30/46 (month) (day) (year)
(c) Cemetery or crematory Pipen Place
Location Tarboro, N.C.

18 (a) Funeral director Charles G. Cooper
(b) Address 510-512 Carrollton Ave

19 (a) MAY 28 1946 (Date received by registrar) Hunting for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/23/46 19 , at 10:50 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH acute pulmonary Edema

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Davis M.D.
Medical Examiner
Date signed 5/24/46

VS 151

G40654 — BALTIMORE CITY HEALTH DEPARTMENT — G40654

CERTIFICATE OF DEATH

Registered No. 830

PRINTING WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 624 Bruce st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 624 N. Bruce st (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Williams

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	Widowed

6 (b) Name of husband or wife ?

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 5-7-1896

8. AGE: Years	Months	Days	If less than one day
50	—	17	hr. min.

9. Birthplace Maryland (town, county, and state)
10. Usual Occupation House work
11. Industry or business

FATHER — 12. Name Charles Millburn
13. Birthplace Md

MOTHER — 14. Maiden Name Priscilla Clifford
15. Birthplace Md

16 (a) Informant Rosa Hebron
(b) Address 624 N. Bruce st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

MAY 28 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1946, at 9:28 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1946 to May 24 1946 and that I last saw h[illegible] alive on May 24 1946.

Immediate cause of death: Cerebral Hemorrhage — Duration 7 da.
Due to Hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. D. Pilfoot M. D.
Address 1100 W. Lanvale St Date signed 5-26-46

G40655

CWK-100166

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13 B

G40655 Registered No.

Please WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2- 0-
(e) Length of stay in Baltimore (yrs., mos., or days) 57- 1- 1-

4

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 125 Cheapside Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Schorn

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
Male	White	Separated		years

7. Birth date of deceased (mo., day, yr.) April 25-1889

8. AGE: Years	Months	Days	If less than one day
57	1	1	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Edward Schorn (D)
13. Birthplace Maryland

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records-Balto. City Hospitals
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location [illegible]

18 (a) Funeral director 3801 Pinkney Ave
(b) Address

MAY 28 1946
(Date rec'd by registrar)

19 (a) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1946, at 1:45PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 26 19 46 to May 26 19 46, and that I last saw h im alive on May 26 1946.

Immediate cause of death Pulmonary Tuberculosis 4 yrs & advanced — Duration 4 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alexis L. Hartz M.D.
Address Balto City Hosp Date signed 5/27/46

X

640656

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 47

640656 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3333 Avondale Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3333 Avondale Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard P. Swain

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Elizabeth Swain
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 20 - 1862

8. AGE: Years	Months	Days	If less than one day
83	6	—	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name George Swain.
13. Birthplace Maryland.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mr. Alfred W. Swain
(b) Address 3333 Avondale Ave

17 (a) Burial (b) Date thereof 5/28/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md.

18 (a) Funeral director Mamie C. Sypes
(b) Address 1600 W. North Ave.

19 MAY 28 1946 (b) Huntington Williams M.D.
(Date received by City Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1946, at 4-40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1944 to May 25 1946, and that I last saw him alive on 5-27 1946.

Immediate cause of death Arterio-Sclerosis — Duration 2 yrs

Due to

Due to

Other Conditions Senility
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. B. Enroe M. D.
Address 7201 York Rd Date signed 5-27-46

VS 150

X

Number must be entered in space provided. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

640657
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 122 Oak Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES GASTON

3 (b) If veteran, name war: I

3 (c) Social Security Account No. 147-19-6995

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Odessa Gaston

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 19 1907

8. AGE: Years: 38 | Months: 5 | Days: 3 | If less than one day: hr. min.

9. Birthplace Greenwood S. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Richard Gaston
13. Birthplace Greenwood S C

MOTHER
14. Maiden Name Bessie Perrin
15. Birthplace Newberry S C

16 (a) Informant Odessa Gaston
(b) Address 122 Oak Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28 1946 (mo., day, yr.)
(c) Cemetery or crematory National Cemetery
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

MAY 28 1946 (Date received by local registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/22/46 19 , at 2:45 PM

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Shock
Due to Burns
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-14-46 at M.
(b) Where did injury occur? Route #1, between Woodlawn & Pikesville
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Gasoline tank explosion

23. Signature Huntington Williams M.D.
Medical Examiner.
Date signed 5/23/46

VS 151

G40658 G40658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1370

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 947 N. Gay St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Zelf 5994 ZEIF

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Miriam

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years 59 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (City, county, and state)

10. Usual Occupation Homemaker

11. Industry or business

FATHER 12. Name Morris

13. Birthplace Poland

MOTHER 14. Maiden Name Roz

15. Birthplace Poland

16 (a) Informant Wife Decased

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-46 (month) (day) (year)

(c) Cemetery or crematory Greenlawn
Location Old Rd + Hamilton Ave

18 (a) Funeral director Jack Levy Inc

(b) Address 1438 E. Baltimore St

MAY 29 1946 (Date rec'd by Registrar) (b) Registrar

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

28. DATE OF DEATH May 27th 1946, at 5:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1946 to May 27 1946, and that I last saw h[illegible] alive on May 27 1946

Immediate cause of death: Pulmonary embolism (a) — Duration: 3 hrs.

Due to: Operation for benign prostatic hypertrophy

Due to:

Other Conditions: Hypertension Cardio vascular disease

(Include pregnancy within 3 months of death)

Date of operation May 26, 1946

Major findings of operation: BPH

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph H. Mendelson M. D.

Address Sinai Hospital Date signed 5/27/46

J. Mendelson

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G40659

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2432 Keyworth Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give county)
(d) Street No. 2432 Keyworth Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Morris David Snyder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Simon
13. Birthplace Russia

MOTHER
14. Maiden Name Fannie
15. Birthplace Russia

16 (a) Informant Benjamin Snyder
(b) Address 2432 Keyworth Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof V-28-46 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philadelphia Rd & Hamilton Ave

18 (a) Funeral director Jacob Lewis Inc
(b) Address 1424 E Balto St

19 (a) (Date received by registrar) (b) Huntington Williams Registrar

MAY 28 1946

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH V-28- 1946 at 12 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/27 1946 to 5/27 1946 and that I last saw h alive on 5/27 1946.

Immediate cause of death
Acute coronary Thrombosis
Due to Chr myocarditis
Due to Acute Heart Block,
Other Conditions Senile arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Hornstein
Address 733 August St Date signed 5/28/46

Correct age is especially important. Physicians; please write the cause of death clearly and legibly. Any item of information should be carefully supplied. The

G40660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G40660

The information requested on this certificate is necessary for the registration of the death. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4143 Falls Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 9 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Severna Park
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sprigg Harwood

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Martha V. Harwood
6 (c) If alien, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22-1860

8. AGE: Years	Months	Days	If less than one day
85	8	13	hr. min.

9. Birthplace Prince George Co. Maryland (Town, county, and state)
10. Usual Occupation Builder
11. Industry or business Retired

FATHER
12. Name Richard Harwood
13. Birthplace Maryland

MOTHER
14. Maiden Name Kephaline Mayo
15. Birthplace Maryland

16 (a) Informant Mrs. Lillian V. Schoenhaar
(b) Address 4143 Falls Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28-1946 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 28 1946

VS 150

Funeral for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1946, at 1:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 25 1946 to May 25 1946 and that I last saw h[illegible] alive on May 21 1946.

Immediate cause of death Bronchopneumonia — Duration Several Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edw. G. Glassman, M.D.
Address 4017 Falls Rd. Date signed 5/27/46

G40661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G40661 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3715 Howard Park Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3715 Howard Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Leona McCracken

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 4 1871

8. AGE: Years 74 | Months 6 5 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county and state)

10. Usual Occupation Retired - Public School Teacher

11. Industry or business Baltimore City.

FATHER
12. Name Christian Bernard McCracken
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary Bruehl
15. Birthplace Baltimore Md.

16 (a) Informant Miss Bessie McCracken
(b) Address 3715 Howard Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30 1946 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md.

18 (a) Funeral director E. Ellis Lawrence
(b) Address 4510 Liberty Heights Ave

19 (a) (Date rec'd by registrar) MAY 28 1946 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27" 1946, at 4:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1945 to May 27 1946, and that I last saw h[illegible] alive on May 25 1946

Immediate cause of death Coronary occlusion — Duration 2 minutes

Due to Arterio-sclerosis — years

Due to —

Other Conditions Chronic myocarditis — years

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. V. Harper M.D.
Address 5701 Harrison Park Ave Date signed 5/27/46

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1148

G40662 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 512 W. West St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 512 W. West St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie Fletcher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Grover Fletcher
6 (c) If alive, give age: 53 years
7. Birth date of deceased (mo., day, yr.) 12/15/1902
8. AGE: Years 43 | Months 5 | Days 11 | If less than one day: hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Burk
13. Birthplace Md

MOTHER
14. Maiden Name Amelia Hall
15. Birthplace Md

16 (a) Informant Grover Fletcher
(b) Address 512 W. West st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/40 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Bruce St
(c) (Signature of undertaker or agent) Huntington Middlemiss

MAY 28 1940

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/26/40 19 2:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1940 to May 26 1940 and that I last saw her alive on May 25 1940.

Immediate cause of death: Pulmonary Abscess — Duration: about 2 mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John W. Gaines M.D.
Address 502 W. Hamburg St Date signed 5/27/40

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓93D

Registered No. G40663

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution:
St. Joseph's Hospital ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 14,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2710 Bauernwood Avenue
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine A. Rybicki.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John F. Rybicki
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/16/96

8. AGE: Years	Months	Days	If less than one day
49	7	11	hr. min.

9. Birthplace Philadelphia, Pennsylvania
(Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business At home.

FATHER
12. Name Julius Rozankowski
13. Birthplace Poland

MOTHER
14. Maiden Name Anna ✓
15. Birthplace Poland

16 (a) Informant Mr. John F. Rybicki
(b) Address 2710 Bauernwood
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/46 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Balto.
18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd.
MAY 28 1946 (Date received) (Registrar) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/27/46 19 , at 8:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/26/46 19 to 5/27/46 19 , and that I last saw her alive on 5/26/46 19

Immediate cause of death	Duration
Cardio Resp. Failure	
Due to Cerebral Apoplexy, Hypertensive C.V.D.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John B. Wilt
Address 1400 N. Caroline St. Date signed 5/27/46 M.D.

X

G40664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G40664

1. PLACE OF DEATH:
(a) Baltimore City, Maryland D. of A.
(b) Street address 4 N. Glover St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6'
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4 N. Glover St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josie Vincent

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed~~, or ~~divorced~~
F	W.	Widowed

6 (b) Name of husband or wife Henry H. Vincent
6 (c) If ~~wife~~, give age years

7. Birth date of deceased (mo., day, yr.) June 10 1894

8. AGE: Years	Months	Days	If less than one day
51 52	11	15/16	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Thomas Glover
13. Birthplace Baltimore

MOTHER 14. Maiden Name Annie Glover
15. Birthplace Unknown

16 (a) Informant Milton Vincent
(b) Address 106 N Rose St

17 (a) Burial (b) Date thereof 5/29/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location O'Donnell Road

18 (a) Funeral director John C Moran
(b) Address 3800 E Baltimore St

MAY 28 1946
(Date rec'd by registrar) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/26 1946, at 9 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Chronic Myocardial Degeneration
Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. J. Subinski M.D.
Medical Examiner.
Date signed 5/26/46

4-Transcripts

G40665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G40665

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5324 Hamlin Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5324 Hamlin Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles W. Barnett.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Laura V. Barnett.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): May 19 1873
8. AGE: Years 73 | Months 0 | Days 8 | If less than one day: hr. min.
9. Birthplace: Howard Co. Md.
(Town, county, and state)
10. Usual Occupation: Retired
11. Industry or business: Balto Trans Co.

FATHER
12. Name: Chas. T. Barnett.
13. Birthplace: Howard Co. Md.

MOTHER
14. Maiden Name: Margaret Marshall.
15. Birthplace: Howard Co. Md.

16 (a) Informant: Mrs. Howard Hoffmayer
(b) Address 5340 Maple Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-46 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Balto. Md

18 (a) Funeral director Forrest Byers.
(b) Address 5005 Pk Heights Ave.

19 MAY 28 1946 (Date received by City Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 27 19 46, at 7 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from MAY-27 19 46 to 19, and that I last saw him alive on MAY-27 19 46

Immediate cause of death	Duration
CARDIAC FAILURE	1 HOUR
Due to ARTERIOSCLEROTIC	
Due to HEART DISEASE	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stuart D. Seidel M.D.
Address 201 E. 33rd. St. Date signed MAY-28

For D. C. J. Fabunmi
Howard T. McLean, M.D.

VS 130

Please answer all questions, write carefully and legibly. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G40666

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 213 X Bruce St
(c) Hospital or institution:
14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 213 X Bruce St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Samuel Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 187X

8. AGE: Years 72 | Months | Days | If less than one day: hr. min.

9. Birthplace St Marys Co Md
(Town, county, and state)

10. Usual Occupation: Domestic

11. Industry or business

FATHER
12. Name: William Hurley
13. Birthplace: Md.

MOTHER
14. Maiden Name: Johnson
15. Birthplace: Md.

16 (a) Informant: Mary Johnson Daughter
(b) Address: 213 X Bruce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/46 (month) (day) (year)
(c) Cemetery or crematory: Ft Peters
Location: Md

18 (a) Funeral director: Geo. H. Kelson
(b) Address: 1303 Pressman St

19 (a) (1) [illegible] (2) [illegible] (b) Huntington Williams, M.D. Registrar

MAY 28 1946

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1946, at 4:44 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1X 1946, to May 26 19X6, and that I last saw her alive on May 15 19X6.

Immediate cause of death	Duration
Cardiac Dilatation	1 yr
Due to Pneumonia	1 wk
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: William Frey

Address: 1928 Ashe Date signed 5/28/46 (M. D.)

X

40667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G40667

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3203 N. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3203 N. Charles St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME NORA D. PEPPLER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	none	Female	White	Married

6 (b) Name of husband or wife Caryl L. Peppler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18, 1886

8. AGE: Years	Months	Days	If less than one day
60	1	9	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Bartholomew McAndrews
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Sheehan
15. Birthplace New York

16 (a) Informant Mr. Caryl L. Peppler
(b) Address 3203 N. Charles St., Apt. 101

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.
18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) MAY 28 1946 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27, 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1946 to May 27 1946 and that I last saw him alive on May 26 1946.

Immediate cause of death
Bronchial Pneumonia — Duration 2 days
Due to Cerebral Accident — Duration 3 days
Due to Arterio Sclerosis — Duration 9
Other Conditions

(Include pregnancy within 3 months of death.)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. L. Keefer M. D.
Address 1 W. Mt. Vernon Pl. Date signed May 27 1946

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40668 BALTIMORE CITY HEALTH DEPARTMENT G40668

CERTIFICATE OF DEATH √1910 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 112 N. Durham, St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 N. Durham, St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mary Ann Humes
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Carroll Humes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/5/1884

8. AGE: Years	Months	Days	If less than one day
62	3	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Joseph Kaptaon
13. Birthplace Germany

MOTHER
14. Maiden Name Unkwn
15. Birthplace

16 (a) Informant Ruth Trotta
(b) Address Daughter

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29 46 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Horner Lane Balt. Md.

18 (a) Funeral director Lilly & Zeiler, Inc.
(b) Address 403 S. Wolfe, St. Balto. Md.

19 (Date received by registrar) MAY 28 1946

Huntington Whitehurst M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1946, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to May 26 1946 and that I last saw her alive on May 26 1946

Immediate cause of death: Acute Coronary Occlusion — Duration 1 Hour
Due to: Hypertension Cardio-vascular Renal disease — 5 years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Israel Rosen M. D.
Address 2413E Monument St Date signed 5/27/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40669 BC# B43948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/2

Registered No. G40669

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1211 Light St.
(c) Hospital or institution:
So. Balto. General Hosp. 21
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 916 Ridgley St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Housand. ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No.	No.	M	W.	S.

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/22/46.

8. AGE: Years	Months	Days	If less than one day
	2	4	hr. min.

9. Birthplace Balto
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Elwood Housand.
13. Birthplace Baltimore

MOTHER
14. Maiden Name Eileen Lewis
15. Birthplace Baltimore

16 (a) Informant John E. Housand
(b) Address 916 Ridgley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-46 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 W. Lombard St.

19 (a) (Date rec'd by registrar) (b) Certificate for Allowance, MAY 28 1946

VR MAY 28 1946 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-26. 1946 at 2:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-24 1946 to 5-26 1946 and that I last saw h[illegible] alive on 5-26 1946.

Immediate cause of death	Duration
Tetanus.	
Due to Acute Bronchiolitis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 5-26-46

1211 Light St. X

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 93D

Registered No. G40670

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
or City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 741 Cator Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George W. Koch

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Emily Koch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 7. 1860

8. AGE: Years	Months	Days	If less than one day
85 86	5	19	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired Engraver
11. Industry or business Parker Metal

FATHER
12. Name Geo. Koch
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Florence Koch
(b) Address 3007 Overland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29 1946 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Mr. Mrs. John W. Teufel & Son
(b) Address 801 W. Fayette St.

MAY 28 1946 (Date received) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1946, at 12 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 15, 1946 to May 26, 1946 and that I last saw him alive on May 25, 1946

Immediate cause of death: Congestive Heart Failure — Duration: 1 day

Due to: Arteriosclerosis — Unknown
Myocarditis — Unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Christos Antiguan, M.D.
Address 2942 E. Fayette St. Date signed 5/27/46

X

A CERTIFIED COPY OF THIS CERTIFICATE, WITH ONE ADDITIONAL ITEM OF INFORMATION should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G40671 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3304 Harford Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel Kollar

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary M. Kollar
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1867

8. AGE: Years	Months	Days	If less than one day
78	5	26	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Telegraph operator
11. Industry or business Penna R. R. Co.

FATHER
12. Name Samuel Koller
13. Birthplace Penna

MOTHER
14. Maiden Name –
15. Birthplace Penna

16 (a) Informant Mrs Mary M. Koller
(b) Address 3304 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29, 1946 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Ulman Funeral Home
(b) Address 2004 Orleans St.

MAY 28 1946 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1946 at 8 10 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Shock
due to Multiple Fractures
Due to Internal injuries

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-26-46 7:45 P. M.
(b) Where did injury occur? Harford Rd & Maxfield Avenue
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian struck by an auto

23. Signature Howard A. Lindeman M.D.
Medical Examiner.
Date signed 5-27-46

VS 151

G40672

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 183

G40672
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Balto md
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2817 Belmont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Bailey
3 (b) If veteran, name war
3 (c) Social Security Account No. 214-24-9348

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 8 1928

8. AGE: Years	Months	Days	If less than one day
17	8.	19	hr. min.

9. Birthplace Princess Anne Somerset Md (Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business Glass Factory

FATHER
12. Name Geo A. Bailey
13. Birthplace Mt Vernon Md

MOTHER
14. Maiden Name Mary Bailey
15. Birthplace Salisbury Md

16 (a) Informant Geo Bailey
(b) Address Princess Anne Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30 46 (Month) (day) (Year)
(c) Cemetery or crematory Grace Protestant Epis
Location Mt Vernon Md.

18 (a) Funeral director Chas Dashiell.
(b) Address Princess Anne Md.

28 1946 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1946 at 8:35 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5/27/46 at 4:35 P.M. 25/2
(b) Where did injury occur? Lake - 2400 blk Brehms Ln
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury drowned while swimming

23. Signature Horace J. Mullis M.D. Medical Examiner.
Date signed 5/28/46

VS 151

G40673 BALTIMORE CITY HEALTH DEPARTMENT G40673

CERTIFICATE OF DEATH 940 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 505 N. Linwood Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 505 N. Linwood Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bertha Elizabeth Schramm

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John F. Schramm
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9th., 1866

8. AGE: Years	Months	Days	If less than one day
80	2	17	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Mr. Moehler
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant John F. Schramm
(b) Address 505 N. Linwood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Frederick D Miller, Inc
(b) Address 3019 E. Monument Street

19 (a) (Registrar) (b) (Registrar)

MAY 28 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1946, at 7:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 to May 26 1946, and that I last saw h ER alive on May 25 46.

Immediate cause of death Arteriosclerosis - generalized coronary artery disease — Duration 2 yrs.
Due to intracerebral
Due to
Other Conditions Embolism at Preabrd 1 day

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James F. Kleinus M. D.
Address 2623 E. Monument St Date signed 5/27/46

G10574 JL - 100073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G10574

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 67 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Veronica Ave. Edgemere
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Spicer

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
W	NONE	F	W	Married

6 (b) Name of husband or wife Charles H. Spicer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18, 1881

8. AGE: Years	Months	Days	If less than one day
64	10	9	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Francis Hossefrice
13. Birthplace France

MOTHER
14. Maiden Name Elizabeth Mylan
15. Birthplace S. C.

16 (a) Informant B. C. H. Records
(b) Address 49 40 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/46 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Balto Md

18 (a) Funeral director Tylhorn & Son
(b) Address 1210 E Pratt St

19 (c) MAY 28 1946 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1946 at 2:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 21 1946, to May 27 1946, and that I last saw h or alive on May 27 1946.

Immediate cause of death Bronchopneumonia — Duration 1 day

Due to

Due to

Other Conditions Generalized arteriosclerosis
Cerebral C-V accident 1944
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herman Boettcher M. D.
Address Balto Md Date signed 28 May 46

VS 150

(over)

X

Warning: Penalty, with imprisonment, for making false statements or withholding information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40575

JL - 79905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 93D

Registered No. G40575

Please write plainly with pen or pencil. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 - 3- 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3130 Elliott St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Kunnecke

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1879

8. AGE: Years	Months	Days	If less than one day
67 ?	?	?	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Fred Kunnecke
13. Birthplace Germany

MOTHER
14. Maiden Name Mary ?
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Tallyrand Lowe Inc
(b) Address 1211 N. Paul St

19 (d) MAY 28 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1946 at 1:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 18 1943 to May 27 1946 and that I last saw h IB alive on May 27 1946

Immediate cause of death: myocardial insufficiency — Duration: undet

Due to

Due to

Other Conditions Hypertensive CVD Gen. Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund Beasley M.D.
Address Baltimore Md Date signed May 28 1946

VS 150

X

G10576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (937)

Registered No. G10576

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Broadway & Fairmount

(c) Hospital or institution: Church Home + Hospital

(d) Length of stay in hospital or inst. (~~years~~ days) 3

(e) Length of stay in Baltimore (~~yrs.~~ ~~days~~) 73 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1008 N. Charles St.

(If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) FULL NAME Thomas A. Wonder

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of ~~husband or wife~~ Mrs. Nellie Wonder

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1873

8. AGE: Years 73 | Months 0 | Days 3 | If less than one day: Hr. ____ min. ____

9. Birthplace Baltimore, Md.

(Town, county and State)

10. Usual Occupation Accountant

11. Industry or business

FATHER

12. Name William F. Wonder

13. Birthplace Baltimore, Md.

MOTHER

14. Maiden Name Laura Lafferty

15. Birthplace Maryland

16 (a) Informant Mrs. Nellie Wonder

(b) Address 1008 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/30/46 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Walnut Ave.

18 (a) Funeral director Tillman Coffin

(b) Address 1217 St. Paul St.

(b) Huntington, W. Va.

MAY 28 1946 (Date received by Local Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28, 1946, at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-25, 1946 to 5-28, 1946 and that I last saw him alive on 5-27-46.

Immediate cause of death: (a) Pulmonary Embolism

Due to: Heart Failure

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operation: —

of autopsy:

Duration
over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Thomas A. Dooley M.D.

Address Church Home Hosp. Date signed 5-28-46

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 a

G40577 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1512 E. Lanvale Street
(c) Hospital or institution: 8-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 E. Lanvale Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Nennstiel

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mary E. Grasser
6 (c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Sept. 6th, 1875

8. AGE: Years	Months	Days	If less than one day
70	8	19	###### hr. ###### min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)
10. Usual Occupation: Retired
11. Industry or business: Merchant (Store)

FATHER
12. Name: Paulis Nennstiel
13. Birthplace: Germany

MOTHER
14. Maiden Name: Sophia Belschner
15. Birthplace: Germany

16 (a) Informant: Mary E. Nennstiel (Wife)
(b) Address: 1512 E. Lanvale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/46 (month) (day) (year)
(c) Cemetery or crematory: Parkwood Cemetery
Location: Taylor Avenue

18 (a) Funeral director: George J. Ruth, Inc.
(b) Address: 1735 Harford Avenue

MAY 28 19[illegible] (Date received by Registrar) (b) Huntington W. Mc[illegible], M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25th 1946, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 23 1946 to May 25 1946, and that I last saw him alive on May 25 1946

Immediate cause of death: Cerebral hemorrhage — Duration: 10 hrs.
Due to: Essential hypertension
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Grasser M. D.
Address 1402 E. Lanvale Date signed 5-27-46

G40578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

15

G40578

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1706 ½ McCulloh St
(c) Hospital or institution:
14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 ½ McCulloh St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lucille Shorter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 7, 1928

8. AGE: Years	Months	Days	If less than one day
18	3	17	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name Harrison Shorter
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Helen Shorter
15. Birthplace Balto. Md.

16 (a) Informant Helen Shorter
(b) Address 1706 ½ McCulloh St.

17 (a) Burial (b) Date thereof May 27, 1946
(Burial, cremation, or removal) (Month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore Md.

18 (a) Funeral Director George W. Hoffman
(b) Address 1631 Edmondson Ave

(a) Date received MAY 28 1946 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 19 46, at 9.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 7 19 46 to May 24 19 46, and that I last saw her alive on May 24 19 46

Immediate cause of death Tuberculosis Peritonitis — Duration 4 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. William Frey M. D.
Address 1928 Penna Ave Date signed 5-27-46

X

Physician, please fill in all items. Entry must be complete and correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 832

Registered No. 640579

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 401 Arisgueth St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Pettiford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Rose Lee Pettiford

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19 1923

8. AGE: Years	Months	Days	If less than one day
23	4	9	hr. min.

9. Birthplace Camden, S. C.
(Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name James Pettiford
13. Birthplace S. C.

MOTHER
14. Maiden Name Sallie Johnson
15. Birthplace S. C.

16 (a) Informant James Pettiford
(b) Address 401 Arisgueth St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/30/26 (month) (day) (year)
(c) Cemetery or crematory
Location Camden, S. C.

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantly Ave.

19 5-28-1926 Registrar Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27, 1926 at 4 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy, Inspection or Inquiry), Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Cerebral Hemorrhage - ventricles, pons & medulla
Due to Spontaneous

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard Thomas M.D.
Medical Examiner.
Date signed 5-28-26

G40680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 140c

Registered No. G40680

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 Jefferson st (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maryland Evans

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1922

8. AGE: Years	Months	Days	If less than one day
23	10	23	hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Samuel Evans
13. Birthplace N. C.

MOTHER
14. Maiden Name Catherine Evans
15. Birthplace N. C.

16 (a) Informant Ben Evans
(b) Address 730 N. Fulton St. Phila Pa

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 28/46 (month) (day) (year)

(c) Cemetery or crematory
Location Roxboro N. Carolina

18 (a) Funeral director Mrs Robert A. Roberts Daughter
(b) Address 1819 N. Carolina St.

19 (a) MAY 28 1946 (Date rec'd by registrar) (b) Registrar

VS 151

Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1946 at 1:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Incomplete abortion.
Acute peritonitis.
Due to

Other Conditions General Septicemia.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mercer M.D. Medical Examiner.
Date signed 5-27-46

X

G40681 ✓ G40681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1716 N. Castle St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 13
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4131 Park Heights Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George W. Hartman

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ or wife Catherine Schaefer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1882

8. AGE: Years	Months	Days	If less than one day
63	6	0	hr. min.

9. Birthplace Penna.
(Town, county, and state)
10. Usual Occupation Chief Engineer
11. Industry or business Childrens Hosp. School

FATHER
12. Name Wilson Hartman
13. Birthplace Pa.

MOTHER
14. Maiden Name Bridget McGinnis
15. Birthplace Pa.

16 (a) Informant Mrs. Catherine Hartman
(b) Address 4131 Park Heights Ave.

17 (a) Burial (b) Date thereof 5/29/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto
Location Baltimore Md.

18 (a) Funeral director E. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. (Registrar)

MAY 28 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26th 1946, 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1945 to May 26 1946
and that I last saw h~~e~~ alive on 5/25 1946

Immediate cause of death
Pulmonary Edema
Due to Chronic Endocarditis + Arterial Hypertension
Due to
Other Conditions Appendicitis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 2 days / Aug / 9 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work
(e) Means of injury

23. Signature [signature]
Address 1901 Eutaw Date signed 5/27/46

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G40682 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 300 S Stricker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 300 S Stricker St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edwin C. Clark.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widower

6 (b) Name of husband or wife Winifred
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15, 1863

8. AGE: Years	Months	Days	If less than one day
82.	7.	10.	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Lighthouse keeper
11. Industry or business United R R

FATHER
12. Name Unknown.
13. Birthplace Md

MOTHER
14. Maiden Name Unknown.
15. Birthplace Md.

16 (a) Informant Mr. Samuel Fletcher
(b) Address 146 Franklintown Rd

17 (a) Funeral (burial, cremation, or removal) (b) Date thereof 5/29/46 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location 5608 Harford Road

18 (a) Funeral director John Conway Sons
(b) Address 901-03 Gallows St —

19 (a) Date received MAY 28 1946 Registrar Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/25/1946 at 11-00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1945 to May 25 1946 and that I last saw him alive on May 24 1946.

Immediate cause of death	Duration
Arteriosclerotic Myocarditis	6 mos.
Due to Generalized Arteriosclerosis	?
Due to	
Other Conditions Cerebral Hemorrhage	one month.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. B. Schaefer M. D.
Address 614 S. Fulton Ave - Date signed 5-27-46

Every item of information should be carefully supplied. The street age is especially important. Physicians: please write the causes of death clearly and legibly.

G40683 ✓ G40683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

111a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: Univ. Hosp. Accident Room
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County None
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 S. Schroeder St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert Greeney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown 1905

8. AGE: Years	Months	Days	If less than one day
41	—	—	hr. — min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Mechanic

11. Industry or business — Self

FATHER
12. Name William Greeney
13. Birthplace Ireland

MOTHER
14. Maiden Name Johanna Nelson
15. Birthplace Ireland

16 (a) Informant Mr. Thomas Mc Kenna
(b) Address 2526 Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old York Road

18 (a) Funeral director John J. Gannon & Son
(b) Address 1203 Madison St.

19 (a) (Date rec'd by registrar) (b) Washington Ave. Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 26 May 1946, at 8.15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 26 May 1946, to 26 May 1946, and that I last saw h.i.m. alive on 26 May 1946.

Immediate cause of death	Duration
a Pulmonary embolism	
Due to Mult. ulcers left leg	unk.
Due to trauma	unk.
Other Conditions Chronic alcoholism	years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. O. Dane, Jr. M. D.
Address Univ. Hosp. Date signed 5/26/46

28 1946

VS 150

correct age is especially important. Physicians; please write the cause of death clearly and legibly.

G40684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

G40684 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 A
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore - Newport Dump
(If outside city or town limits, write RURAL and give town)
(d) Street No. Home (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anthony O'Malley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1871

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Waterson
13. Birthplace Ireland

MOTHER
14. Maiden Name Atkinson
15. Birthplace Ireland

16 (a) Informant Mr Frank W. Lydon
(b) Address 1933 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Fred Rd

18 (a) Funeral director John J. Howard & Son
(b) Address 901-03 Gallows St

19 (a) 5-28-1946 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27, 1946 at 12 AM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Anderson M.D.
Date signed 5-28-46 Medical Examiner.

VS 151

G40685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ G40685 Registered No. 186a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland + Rayner Ave
(c) Hospital or institution:
West Baltimore General Hosp'l
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 836 Mt. Holly St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Harold Breidenstein

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-9002

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Edna E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14. 1898

8. AGE: Years	Months	Days	If less than one day: hr.	min.
48.	2	13.		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Insurance.
11. Industry or business Ind. Life Ins Co.

FATHER
12. Name Jacob J.
13. Birthplace Baltimore.

MOTHER
14. Maiden Name Clara E. Monohan.
15. Birthplace Baltimore.

16 (a) Informant Mrs Edna E. Breidenstein
(b) Address 836 Mt Holly St

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof 5/30/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Road

18 (a) Funeral director John J. Ground Son
(b) Address 901-03 Hollins St.

19 (a) Date received by registrar Awaiting for William

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-27 1946 at 9:42 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-1 1946 to 5-27 1946 and that I last saw him alive on 5-27 1946.

Immediate cause of death
Pulmonary Infarction
Due to Pulmonary Embolus
Due to Thrombophlebitis left leg
Other Conditions Fracture of left Femur
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy- Pulmonary Embolus

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 16/8
(a) Accident, suicide, or homicide Accident.
(b) Date of occurrence 5-1-46 at M
(c) Where did injury occur? 836 Mt. Holly St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Ladder painting home — fell from ladder

23. Signature Benjamin Berdinsky M. D.
Address West Balto Genl Hosp Date signed 5-27-46
for G. H. Davis by Holland D. Merrill M. D.

VS 150

107

copies age is especially important. Physicians: please write the causes of death clearly and legibly.

G40686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ G40686

Registered No. 494195 157E

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. Y. (b) County
(c) City or town Ravena (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert R Groom.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male.	White.	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-27-43

8. AGE: Years	Months	Days	If less than one day
3	1	1	hr. min.

9. Birthplace N.Y. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name George Groom
13. Birthplace N.Y.

MOTHER
14. Maiden Name Harriet Rockawood
15. Birthplace N.Y.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-46 (month) (day) (year)
(c) Cemetery or crematory Chestnut Lawn
Location New Scotia, N.Y.

18 (a) Funeral director John C. Miller Jr. Inc.
(b) Address 2435 E. Oliver St

MAY 29 1946 (Date received) Huntington Williams, M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 28 1946 at 12.50 M

21. I certify that death occurred on the date above stated; that I attended deceased from May - 24 1946 to May - 28 1946 and that I last saw him alive on May - 28 46.

Immediate cause of death: Coronal Infarction — Duration 12 hrs.
Due to: Coronal Embolus
Due to: Cardiac Failure Acute
Other Conditions: Patent Ductus Arteriosus.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Ligation of Patent Ductus Arteriosus
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chesterfield Hillman Johns Hopkins Hospital Date signed May 29 46 M.D.

X

Certificate age is especially important. Physicians: please write the causes of death clearly and legibly.

G40687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

Registered No. G40687

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 323 S. Payson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 - 3
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 323 S. Payson St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Annie M. Blankline

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: George B. Blankline
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) August 16, 1862

8. AGE: Years 83 | Months 9 | Days 12 | If less than one day: hr. min.

9. Birthplace: Carroll County Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace:

MOTHER
14. Maiden Name: Unknown
15. Birthplace:

16 (a) Informant: John Edward Blankline
(b) Address: 323 S. Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof [illegible] (Month) (day) 1946 (year)
(c) Cemetery or crematory: Melville Cemetery
Location: Elkridge, Howard County, Md.

18 (a) Funeral director: George E. Jahn
(b) Address: 2101 Frederick Avenue

19 (Date received by registrar) MAY 29 1946 Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28, 1946, at 5:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 ° 1946 to May 28 1946, and that I last saw h[illegible] alive on May 28 1946.

Immediate cause of death: arteriosclerosis
cardiac vascular disease — Duration: 9 yrs
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Benjamin Miller M.D.
Address: 630 Wilkens Ave Date signed: 5/28/46 M. D.

VS 150

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40688 new

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G40688

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 Monument St.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto. - 20 Middle Run
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Central Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Pulliam

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			1 hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Omar Pulliam
13. Birthplace North Carolina

MOTHER 14. Maiden Name Lucille Phelps
15. Birthplace North Carolina

16 (a) Informant Lucille Pulliam
(b) Address 2 Central Ct. -

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31-46 (month) (day) (year)
(c) Cemetery or crematory
Location Newton Salem.

18 (a) Funeral director J. J. Bruchanske
(b) Address 1407 Eastfield Ave.

19 (a) MAY 29 1946 Filed (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1946, at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1946, to May 28 1946 and that I last saw him alive on May 28 1946.

Immediate cause of death Prematurity and pulmonary atelectasis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sidney Green M. D.
Address Sinai Hospital Date signed May 28

VS 2

G40689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G40689

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3518 Parkdale Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3518 Parkdale Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert H. Banks.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-05-0607

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	colored	married

6 (b) Name of husband or wife Elizabeth E. Banks (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Sept 19, 1881

8. AGE: Years	Months	Days	If less than one day
64	8	7	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business Hooper mills.

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Elizabeth E. Banks.
(b) Address 3518 Parkdale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore

18 (a) Funeral director Kenny & Sonman
(b) Address 2615 E Chase Ave.

19 (a) MAY 29 1946 (Date rec'd by registrar) Christington for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26, 1946 at 4 35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1945 to May 26 1946 and that I last saw h. alive on May 23 1946.

Immediate cause of death: Cerebral Hemorrhage — Duration: Several Days
Due to Arteriosclerosis
Due to
Other Conditions Parkinson's Disease (Paralysis Agitans)
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward H. Carpenter
Address 4077 Falls Rd. Date signed 5/27/46

VS 150

G40690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G40690

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3628 Paine St
(c) Hospital or institution: 13
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3628 Paine St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jamie T. Allison

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widower

6 (b) Name of husband or wife Laura B. Allison
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 5, 1877

8. AGE: Years	Months	Days	If less than one day
69	4	22	hr. min.

9. Birthplace Maryland (town, county, and state)
10. Usual Occupation Retired Laborer
11. Industry or business Balto City

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Russell Allison
(b) Address 808 Berry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31/46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Edmund F. Donovan
(b) Address 3615-17 Edmondson Ave

19 (a) MAY 29 1946 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27, 1946, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1946 to May 27 1946 and that I last saw h[illegible] alive on May 27 1946

Immediate cause of death: Obstruction Prostatic hypertrophy. Duration 1 wk
Due to Uremia Acute Pyelitis. 1 wk
Due to Hypertension. 4 yrs
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No.
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury B.A. LILLICH
23. Signature B.A. Lillich M.D.
Address 3615 Falls Rd. Date signed May 29/46

3615 FALLS ROAD

VS 190

G40691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46F

Registered No. G40691

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3409 W. Franklin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3409 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BESSIE L. DAVIS

3 (b) If veteran, name war none

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Charles W. Davis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21, 1878

8. AGE: Years	Months	Days	If less than one day
67	7	6	hr. min.

9. Birthplace Balto. Co., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William R. Hipsley
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden Name Catherine Cronhardt
15. Birthplace Balto. Co., Md.

16 (a) Informant Mr. Kenneth Davis
(b) Address 3413 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/46 (month) (day) (year)
(c) Cemetery or crematory Friendship Cem.
Location Fallston, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) Date received by Local Registrar MAY 29 1946 (b) Registered by Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27, 1946, at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 20, 1946 to May 27, 1946 and that I last saw h er alive on May 26, 1946

Immediate cause of death Carainoma Liver — Duration

Due to

Due to

Other Conditions Myocarditis.

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George E. Shannon M.D. M. D.
Address 820 Medical Arts Bldg Date signed 5/28/46

X

G40692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G40692 Registered No.

The entries on this certificate should be typewritten or printed with ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3322 Lyndale Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3322 Lyndale Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Patrick Gallagher

3 (b) If veteran, name war World War I

3 (c) Social Security Account No. 705-09-1230

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Loretta Thornton

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Mar. 6 1900

8. AGE: Years	Months	Days	If less than one day
46	2	19	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Draftsman

11. Industry or business Balto. & Ohio

FATHER
12. Name John Gallagher
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Ellen Duffy
15. Birthplace Balto. Md.

16 (a) Informant Mrs. L. Gallagher
(b) Address 3322 Lyndale Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29 46 (month) (day) (year)
(c) Cemetery or crematory Mew National
Location Frederick, Md.

18 (a) Funeral director Keane Funeral Home
(b) Address 1216 N. Charles St., Baltimore, Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 25 46 19 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/11/46 19 to 5/25/46 19 46
and that I last saw h alive on 19

Immediate cause of death Coronary thrombosis

Due to Hypertension

Due to Arteriosclerosis

Other Conditions Hypertension 4 years
Coronary thrombosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration
2 min.
4 years

PHYSICIAN
Chas
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Isaac Miller M. D.
Address 12 N. Market St. Date signed

MAY 29 1946

X 5 pm/46

G40693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G40693

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fourteen Madison Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 803 N. Patterson Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Pauline Pretl

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Stephen Pretl
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29, 1892

8. AGE: Years	Months	Days	If less than one day
53 yrs.	10	29	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Albert Hubka
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Anna Zeleny
15. Birthplace Czechoslovakia

16 (a) Informant Albert B. Pretl - son
(b) Address 803 N. Patterson Park Ave.

17 (a) Burial (b) Date thereof 5/31/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore, Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601-03 E. Madison St.

19 (a) MAY 29 1946 Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28th 1946, at 4 15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17th 1946, to May 28th 1946, and that I last saw h[illegible] alive on May 28th 1946

Immediate cause of death	Duration
Terminal pneumonia	
Due to Right cerebral hemorrhage	9 days.
Due to H.C.D. Disease	
Other Conditions Pulmonary infarct	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at [illegible]?
(Specify type of place)
(e) Means of injury

23. Signature C. E. Lorizak, M.D.
Address Maryland General Hospital Date signed 5/29/46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 123

Registered No. G40694

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Kenwood & Dunbland St
(c) Hospital or institution: East Balto Gen Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTO.
(c) City or town DUNDALK MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6724 RAILWAY AVE.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Esther Schneck

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	WHITE	MARRIED

6 (b) Name of husband or wife ANTON J. SCHNECK
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APR. 22 1901

8. AGE: Years	Months	Days	If less than one day
45	1	4	hr. min.

9. Birthplace WIS.
(Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name LINCOLN RANDALL
13. Birthplace CANADA

MOTHER
14. Maiden Name JESSICA PAQWEN
15. Birthplace WIS.

16 (a) Informant ANTON J. SCHNECK (HUS.)
(b) Address 6724 RAILWAY AVE. DUNK.

17 (a) BURIAL (b) Date thereof MAY 30/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Tilly & Geiler inc
(b) Address 403 S. WOLFE ST.

19 (a) Date received MAY 29 1946 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 27 May 1946 at 9:47 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 27 May 1946 to 27 May 1946 and that I last saw her alive on 27 May 1946

Immediate cause of death Ventricular Flutter
Due to Shock
Due to Generalized hemorrhage into the lumen and mucosal tissue of the stomach small intestine and most of the large intestine
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 27 May 46
Major findings of operation: Vaginoplasty
of autopsy: as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Theo G. Shaw M.D.
Address 3 Theo Bach Dun Hosp Date signed 5/28/46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40695 ✓ G40695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 915 S. CLINTON ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-11
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 915 S. CLINTON ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LAURA MARIE STEVENS

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife CHARLES R. STEVENS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 2 1906

8. AGE: Years	Months	Days	If less than one day
40	2	24	hr. min.

9. Birthplace PENNA. (Town, county, and state)
10. Usual Occupation SUB. SCHOOL TEACHER
11. Industry or business PUBLIC SCHOOLS

FATHER
12. Name DANIEL BAILEY
13. Birthplace PENNA.

MOTHER
14. Maiden Name ALICE WARTZ
15. Birthplace PENNA.

16 (a) Informant CHARLES R. STEVENS (HUS.)
(b) Address 915 S. CLINTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 29/46 (month) (day) (year)
(c) Cemetery or crematory WOOD LAWN
Location WOOD LAWN MD.

18 (a) Funeral director Lilly & Geiler inc.
(b) Address 403 S. WOLFE ST.

19 (a) MAY 29 1946 (Date filed by registrar) (b) [illegible] Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 26 1946, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 17 1946 to May 26 1946 and that I last saw h alive on May 26 1946.

Immediate cause of death	Duration
Acute Coronary Thrombosis due to	2 days
Complete Coronary Occlusion	5-26-46
Due to	
Due to	
Other Conditions None.	

(Include pregnancy within 3 months of death)
Date of operation None.
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible] M.D.
Address 842 Eutaw Pl. Date signed 5-27-46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 494116 737 G40596

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimor (If outside city or town limits, write RURAL and give town) 3
(d) Street No. 2252 Madison Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rebecca Pyatt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 4-2-19
8. AGE: Years 27 Months 1 Days If less than one day hr. min.
9. Birthplace S. C. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

MOTHER | FATHER
12. Name William Pyatt
13. Birthplace S. C.
14. Maiden Name Patsy Knox
15. Birthplace S. C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-30-46 (month) (day) (year)
(c) Cemetery or crematory
Location Brookgreen S. C.

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Pulaski Hy and
MAY 29 1946 (Date rec'd by Registrar) Huntington Williamsville Md

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1946 at 6.35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1946 to May 28 1946 and that I last saw h. alive on May 28 1946.

Immediate cause of death: Circulatory failure
Due to Post operation shock.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 27 May 46
Major findings of operation: Old infection of gall bladder
of autopsy:

Duration: over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury SWEETSER

23. Signature Edw W Forrester, M.D.
Address H. H. Date signed 28 May 46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40697 G40697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51B Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St
(c) Hospital or institution: DON SECOURS HOSP.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 DYS
(e) Length of stay in Baltimore (yrs., mos., or days) 68 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County —
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. IMMACULATE CONCEPTION RECTORY
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME REV. CARROLL ROSENSTEEL C.M.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	SINGLE

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 28 1877

8. AGE: Years	Months	Days	If less than one day
68	5	0	hr. min.

9. Birthplace BALTO (Town, county, and state)
10. Usual Occupation CLERGYMAN
11. Industry or business R.C. CHURCH

FATHER
12. Name George T. Rosensteel
13. Birthplace Md.

MOTHER
14. Maiden Name Francis McCaffrey
15. Birthplace Md.

16 (a) Informant Rev. Joseph D. Boggot
(b) Address 537 Mosher St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Martin Fahey & Sons
(b) Address 1827 N. North Ave

19 (a) _____ (Date rec'd by registrar) (b) _____ Registrar

MAY 29 1946 Huntington Hillsboro, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 28 1946, at 12:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-24 1946 to 5-28 1946, and that I last saw him alive on 5-27 1946.

Immediate cause of death	Duration
RESPIRATORY FAILURE	
Due to METASTATIC CA	
Due to CA OF PROSTATE	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature J. D. Salmon
Address Bon Secours Hosp. Date signed 5/28/46 M. D.

X

G40598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92D

G40598 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 Pennsylvania Ave (If rural state location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Willbert Boyd.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Hanna.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-29-1899.

8. AGE: Years 47. | Months 1 | Days 29 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Plasterer
11. Industry or business

FATHER
12. Name 2 2
13. Birthplace 2

MOTHER
14. Maiden Name 2 2
15. Birthplace 2

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30, 1946 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location Baltimore Co. Md.

18 (a) Funeral director Wm. George H. Holland
(b) Address 1631 Druid Hill Ave.

19 MAY 29 1946 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

A

20. DATE OF DEATH May 27 1946 at 6.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1946 to May 27 1946 and that I last saw him alive on May 27 1946.

Immediate cause of death: Rupture of aortic valve.
Due to: arteriosclerosis
Due to:
Other Conditions: Pulmonary Edema

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philip A. Kennelly M. D.
Address Johns Hopkins Hospital

X 27 May 46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40699

3 84 696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. G40699

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1330 Druid Hill Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Berry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: black | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-4-70

8. AGE: Years 75 | Months 5 | Days 21 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation domestic

11. Industry or business

FATHER 12. Name Bayce Stansburg
13. Birthplace W. I.

MOTHER 14. Maiden Name Sarah Hayes
15. Birthplace Md.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. George A. Hudson
(b) Address 1631 Druid Hill Ave

MAY 29 1946 (Date received by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 - 1946 at 7:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-21- 1946 to 5-25- 1946 and that I last saw her alive on 5-25- 1946

Immediate cause of death Hemorrhage and shock, post operative | Duration 1 yr.

Due to Radical Mastectomy, R.

Due to Carcinoma of breast

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation May 25, 1946

Major findings of operation: Carcinoma of breast

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bruce J. Fraser M. D.
Address Johns Hopkins Hosp. Date signed 5-26-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

X

HEALTH DEPARTMENT—CITY OF BALTIMORE

G40703 G40700

CERTIFICATE OF DEATH

95c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Myrtle St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Allen

If U. S. Veteran specify WAR

(a) Residence: No. 1213 Myrtle Ave St., 17-2 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Allen

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) Nursing Home 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Worcester Co.
(State or country) Md

FATHER

13. NAME Moses Ford

14. BIRTHPLACE (city or town) Worcester Co.
(State or country) Md

MOTHER

15. MAIDEN NAME Susan Woods

16. BIRTHPLACE (city or town) Worcester Co.
(State or country) Maryland

17. INFORMANT Mrs Daisy Williams

(Address) 418 Mosher St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date May 29. 1946

19. UNDERTAKER Archibald P. Gaddis

(Address) 2161 McCulloh St Baltimore

20. FILED MAY 29 1946 Huntington Williams, M.D. 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1946

22. I HEREBY CERTIFY, That I attended deceased from May 11 1946 to May 25 1946

I last saw him alive on May 25 1946. Death is said to have occurred on the date stated above, at 5-0 p.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Organic Heart Disease	14 days

Other contributory causes of importance:

Was an operation performed? — Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Phys Ex Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. Garland Ahrnsbrak M. D.

(Address) 1534 Druid Hill Ave

OCCUPATION is very important. See instructions on back of certificate.

33 16 G40701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1344

Registered No. G40701

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 -
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 207 Lendlaw Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herman Gartens

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-12-4761

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary Gartens

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28 - 1860

8. AGE: Years	Months	Days	If less than one day
86	1	28	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Daniel Gartens
13. Birthplace Germany

MOTHER
14. Maiden Name Eleanor Gartens
15. Birthplace Germany

16 (a) Informant Rudolph Meckel-Gartens
(b) Address 207 Lendlaw Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30-1946 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Raff & B. M. Walter
(b) Address Pratt & Fulton Sts

19 (a) (Date received by registrar) MAY 29 1946 (Signature) Huntington Williams, Johns Hopkins Hosp. (Date signed) 5-28-46

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1946 at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18 1946 to 5-26 1946 and that I last saw him alive on 5-26 1946

Immediate cause of death Uremia,

Due to Pyelonephritis and renal failure

Due to Renal calculi

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert F. Barnes, M.D. Date signed 5-28-46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55B

G40702 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 427 Maude Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 427 Maude Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary C. Feathers

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife George A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29 1882

8. AGE: Years 64 | Months 1 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Joseph Kirby
13. Birthplace Balto Md

MOTHER
14. Maiden Name Catherine Ministor
15. Birthplace Balto Md

16 (a) Informant Catherine Pannell
(b) Address 427 Maude Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30 1946 (Month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Balto Co Md

18 (a) Funeral director Poff Co & B. M. Walters
(b) Address Pratt Streets

19 (a) MAY 29 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1946, at 5 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1944 19 to May 27 1946 and that I last saw her alive on May 27 1946

Immediate cause of death

Due to myelomatosis

Due to

Other Conditions arthritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Pearlman M. D.
Address 203 Patapsco Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

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640703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a

640703 Registered No.

CWK-100087

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2m 4d 23
(e) Length of stay in Baltimore (yrs., mos., or days) 70y 5m 7d

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 21 E. Heath Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Connelly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 19-1875

8. AGE: Years	Months	Days	If less than one day
70	5	7	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Henry Connelly
13. Birthplace Maryland

MOTHER
14. Maiden Name Susanna Cropper
15. Birthplace Maryland

16 (a) Informant Records-Balto. City Hospitals
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-30-46 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn, Md.

18 (a) Funeral director James L. McConnelly
(b) Address 1120 S. Font Ave

MAY 29 1946 Huntington Williams, M.D. (Date received by Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1946, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 22 1946 to May 26 1946, and that I last saw h im alive on May 26 1946.

Immediate cause of death	Duration
Bronchopneumonia	5 days
Due to	
Due to	
Other Conditions Hypertension and arteriosclerotic Heart disease, Aortic stenosis (Include pregnancy within 3 months of death)	unrel.

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund B. Bradburn M.D.
Address Balto City Hosp Date signed 2-7 May 46

VS 150

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians; please write the causes of death clearly and legibly.

G40704

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G40704

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 78 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2134 N. Wolfe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John M. Kestler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed or divorced

6 (b) Name of husband or wife Fern Norfleet

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/19/69

8. AGE: Years 77 | Months 1 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired Storekeeper

11. Industry or business Poultry Dealer

FATHER 12. Name Not Known

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Mrs. Elsie Kestler

(b) Address 2134 N. Wolfe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/46 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Greenmount Ave.

18 (a) Funeral director B. O. Fahey Co.

(b) Address 801 Light St.

Date received MAY 29 1946 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/27/46 19 6:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/17/46 to 5/27/46 and that I last saw h[illegible] alive on 5/27/46

Immediate cause of death Cardio-respiratory failure — Duration

Due to Toxemia with

Due to Gangrene of Rt. foot

Other Conditions Diabetes, Arteriosclerosis, Myocarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James M. Tiernan M. D.

Address St. Joseph's Hospital Date signed 5/28/46

98.

VS 150

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

G40705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 D

Registered No. G40705

PRINTING WRITE IN CAPITALS, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5106 Liberty Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5106 Liberty Heights Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Brooks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Ida Brooks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 27 1858

8. AGE: Years	Months	Days	If less than one day
87	7	2	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Cigar maker
11. Industry or business Giller Cigar Co

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Frances P. Kersten
(b) Address 5106 Liberty Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31 1946 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Henry A. Hancock
(b) Address 4204 Ridgewood Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MAY 29 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29th 1946, at 6:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1946 to May 29th 1946, and that I last saw h[illegible] alive on May 29th 1946.

Immediate cause of death	Duration
Heart Failure	
Due to Myocarditis	4 years
Due to Senility	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. E. Poulton
Address 3404 Emerson Blvd Date signed May 29/46

VS-150

G40706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G40706 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 805 N Chapel
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 805 N. Chapel (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Kalas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Emma Kalas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 12 1872

8. AGE: Years 74 | Months 2 | Days 15 | If less than one day: hr. min.

9. Birthplace Bohemia (Town, county, and state)

10. Usual Occupation Stone Cutter

11. Industry or business Stonecutting

FATHER
12. Name Joseph Kalas
13. Birthplace Bohemia

MOTHER
14. Maiden Name Not known
15. Birthplace Bohemia

16 (a) Informant Emma Kalas
(b) Address 805 N Chapel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-46 (month) (day) (year)

(c) Cemetery or crematory Oak Hill
Location Salt Md

18 (a) Funeral director Francis Woodson
(b) Address 900 N Eutaw St

19 (a) (Signature of registrar) (b) Huntington Williams, Registrar

MAY 29 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1946

21. I certify that death occurred on the date above stated; that I attended deceased from 5/4/46 to 5/27 1946 and that I last saw him alive on 5/27 1946.

Immediate cause of death: Coronary Thrombosis — Duration: 3 weeks

Due to: Arteriosclerotic Myocarditis ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny
Address 2200 E Madison St Date signed 5/29/46

FILL OUT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

40707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 1a

✓ G40707 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 321 No Allendale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 - 7
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md County
(c) City or town Baltimore (If outside city or town limits write RURAL and give name)
(d) Street No. 321 No Allendale St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dr. Adolph German Freedom

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Leah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years 77 | Months | Days | If less than one day hr. min.

9. Birthplace Lith. (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER 12. Name Zenia Hausman Freedom
13. Birthplace Russia

MOTHER 14. Maiden Name unknown
15. Birthplace Russia

16 (a) Informant Dr Leon Freedom
(b) Address 1031 St Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof V-29-46 (month) (day) (year)
(c) Cemetery or crematory Mt Prego Friendship Cem
Location

18 (a) Funeral director Jack Lewis Inc
(b) Address 1429 E Saltz St

19 MAY 29 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH V-27- 1946 at 11 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1945 to May 27 1946, and that I last saw him alive on May 27 1946

Immediate cause of death: Uremia — Duration 2 mos.

Due to: Hypertensive Cardio-Vascular Renal Disease.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

29. Signature Milton B. Locker
Address University Hospital Date signed 5/28/46.

VS 150

Please write plainly. Any omission or inaccuracy may delay correct age is especially important. Physicians: please write the cause of death clearly and legibly.

640708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

14

640708 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Ridwood & Greene Sts.
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Kilman (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Laverne Lee

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex F | 5. Color or race N | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1925

8. AGE: Years 21 | Months | Days | If less than one day hr. min.

9. Birthplace Virginia (town, county, and state)
10. Usual Occupation School teacher
11. Industry or business Public Schools

FATHER
12. Name Dennis Lee
13. Birthplace Virginia -

MOTHER
14. Maiden Name Grace Jones
15. Birthplace Virginia

16 (a) Informant Mother (temporary address 715 N. Carroll St.)
(b) Address Kilman, Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/29/46 (month) (day) (year)
(c) Cemetery or crematory Kilmarnock, Va
Location Kilmarnock, Va.

18 (a) Funeral director Geo. S. Kilmon
(b) Address 1303 Pennsylvania Ave

19 (a) 5-30-1946 (Date rec'd by Registrar) Wattington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 28 May 1946 at 11:17 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 23 May 1946 to 28 May 1946 and that I last saw her alive on 28 May 1946

Immediate cause of death: Tuberculous Meningitis — Duration: 7 days
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Tuberculous meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James R. Ickes M. D.
Address University Hosp Date signed 28 May 46

VS 150

0709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 630709

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 101 S. Bond Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Johnson
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Male
5. Color or race Colored
6 (a) Single, married, widowed, or divorced. Divorced
6 (b) Name of husband or wife Mildred
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 27 1906
8. AGE: Years 39 Months 7 Days 29 If less than one day hr. min.
9. Birthplace Balto. Md (State, county, and city)
10. Usual Occupation Contractor
11. Industry or business
FATHER 12. Name Frank Johnson
13. Birthplace Md
MOTHER 14. Maiden Name Lyase Lacy
15. Birthplace Md
16 (a) Informant Estelle Briggs
(b) Address 1575 N. Calhoun St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md
18 (a) Funeral director Fred H. Kelson
(b) Address 1303 Druid Park Dr.
MAY 29 1946 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26, 1946 at 7 P. M.
21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:
IMMEDIATE CAUSE OF DEATH Fracture of skull, fracture of ribs
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following: 16-6
(a) Date of injury 5-26-46 at 6.30 P. M.
(b) Where did injury occur? 3300 block Edmondson Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? no
(d) Means of injury Auto. hit pole, jumped
23. Signature Howard J. Madison M.D. Medical Examiner.
Date signed 5-27-46

VS 151

X

G40710 BC# G40710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

D 30236 108

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.,
(c) Hospital or institution:
St. Joseph's Hospital 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 9 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 24,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 515 S. Ponca Street
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Earl D. Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/17/45

8. AGE: Years	Months	Days	If less than one day
	9	10	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER
12. Name Earl C. Davis
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Marcella Conley
15. Birthplace New Boston Ohio.

16 (a) Informant Mr. Earl C. Davis.
(b) Address 1819 Kinship Rd.

17 (a) Burial (b) Date thereof 5/29/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Rd.

18 (a) Funeral director John J. Connelly
(b) Address 408 Eastern Ave. Fenwick

MAY 29 1946 Huntington Williams, M.D.
(Date filed) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27, 1946 19 , at 1:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/27/46 19 , to 5/27/46 19 , and that I last saw him alive on 5/27/46 19 .

Immediate cause of death Cardio Resp. Failure — Duration

Due to Lobar Pneumonia.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John B. Wells, M. D.
Address 1400 N. Carolina St. Date signed 5/27/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G10711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No. G10711

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 280 N. Exeter st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Allen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	Colored	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 26, 1930

8. AGE: Years	Months	Days	If less than one day
15	8	29	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER 12. Name James Allen
13. Birthplace Va.

MOTHER 14. Maiden Name Mattie Young
15. Birthplace Balto. Md.

16 (a) Informant Mattie Young
(b) Address 280 N. Exeter st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29, 1946 (month) (day) (year)
(c) Cemetery or crematory Laurel Cemetery
Location

18 (a) Funeral director Mr Katie R. Williams
(b) Address 322 N Schroeder St.

19 (a) 29 1946 Huntington Williams, Mgr
(Date rec'd by Registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25, 1946 at 5:20 P.M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5/25/46 25/67 M.
(b) Where did injury occur? Harbor: Arundel Sand & Gravel Co. Maryland
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? no
(d) Means of injury Found drowned

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 5-27-46

071.2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93c

G40712 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1313 Light St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) about 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1313 Light St. (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Mary L. Wade

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Plummer R. Wade
6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1874

8. AGE: Years 72 | Months 3 | Days 5 | If less than one day: hr. min.

9. Birthplace Anne Arundel Co., Md.
(Town, county, and state)

10. Usual Occupation Housewife —

11. Industry or business —

FATHER
12. Name Hamilton Elbone
13. Birthplace Md.

MOTHER
14. Maiden Name Betsy (nee?)
15. Birthplace Md.

16 (a) Informant Plummer R. Wade [Husband]
(b) Address 1313 Light St. Balto. 30, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 30, 1946 (month) (day) (year)

(c) Cemetery or crematory Cedarhill Cem.,
Location A. A. Co., Md.

18 (a) Funeral director A. B. Lynch and Bro.
(b) Address 1405 E. Baltimore St. Balto.

19 (a) May 29 1946 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27, 1946 at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/14 1945 to 5/28 1946 (Month, day, year) and that last saw h[illegible] alive on 5/27 1946.

Immediate cause of death: Generalized cerebral arteriosclerosis
Chronic myocarditis

Duration: 1 yr mos.

Due to —

Due to —

Other Conditions: Chronic myocarditis — Hypertension arthritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
(f) Signature [illegible] Harry Lorell M. D.
Address 1726 Hanover St. Date signed 5/29/46

VS 150

G40713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G40713

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Greenway Apartments
(b) Street address Charles & 34th Sts.
(c) Hospital or Institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12

(e) Length of stay in Baltimore (yrs., mos., or days) 38 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Charles & 34th Sts.
(If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country -------

3 (a) FULL NAME Augusta Shriver Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife E. Edgar Thompson
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) July 21, 1873

8. AGE: Years	Months	Days	If less than one day
72	10	6	--hr. --- min.

9. Birthplace Carroll County, Md.
(Town, county, and state)
10. Usual Occupation Manager Greenway
11. Industry or business Dining Room

FATHER
12. Name Augustus Shriver
13. Birthplace Carroll Co., Md.

MOTHER
14. Maiden Name Caroline Haynes
15. Birthplace Carroll County, Md.

16 (a) Informant E. Edgar Thompson, Jr.
(b) Address Lake Station, Ruxton, Md.

17 (a) Burial (b) Date thereof 5/30/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) (b)
(Signature of registrar)

MAY 20 1946

Huntington Williams

VS 159

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/27 1946, at 2:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/24 1945 to 5/27 1946 and that I last saw h-- alive on 5/27 1946.

Immediate cause of death	Duration
(a) Coronary Thrombosis	unknown
Due to (b) Coronary arteriosclerosis	unknown
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles R. Goldsborough, Jr. M. D.
Address 923 St Paul St Date signed 5/28/46

X

G40714 — CWK-101581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183a

G40714 — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 400 N. Pratt Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Foltz

3 (b) If veteran, name war
3 (c) Social Security Account No. 215-10-0965

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	? single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown - 3/26/1885

8. AGE: Years	Months	Days	If less than one day
61 ?	2?	2?	hr. min.

9. Birthplace Unknown - South Bend, Ind. (Town, county, and state)
10. Usual Occupation Bartender
11. Industry or business Bowens Inn

FATHER
12. Name Unknown - Ludwig Foltz
13. Birthplace South Bend, Indiana

MOTHER
14. Maiden Name Unknown - Amelia Kilsaer
15. Birthplace Allentown, Pennsylvania

16 (a) Informant Records-Balto. City Hospitals
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29-46 (month) (day) (year)
(c) Cemetery or crematory Memorial Park
Location Dayton, Ohio

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul Street

19 (a) (b) (Date rec'd by registrar) Huntington Williams M.D.

MAY 29 1946

MEDICAL CERTIFICATION P

20. DATE OF DEATH May 27 1946, at 11:15 A

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1946 to May 27 1946, and that I last saw h in alive on May 27 1946.

Immediate cause of death: Circulatory Failure — Duration
Due to Cerebro-vascular Accident
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. R. Kenborough M.D. M. D.
Address Balto. City Hosp. Date signed 5-29-46

X

Caution: Before signing, make sure that every item of information is correct and complete. Physicians: please write the causes of death clearly and legibly. The cause to which death is especially important.

G40715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

G40715 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2247 Sidney Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 5 1 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2247 Sidney Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Moreberger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Theodore Moreberger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28 1874

8. AGE: Years	Months	Days	If less than one day
72	3	0	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Joseph Dove
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Unknown
15. Birthplace Unknown

16 (a) Informant Emma Buskong
(b) Address 2247 Sidney Ave

17 (a) Burial (b) Date thereof May 30, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director Wm. Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) MAY 29 1946 (b) Lemuel Williams, M.D.
(Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1946, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1946 to May 28 1946.
and that I last saw h[illegible] alive on May 27 1946.

Immediate cause of death: Carcinoma of Liver — Duration: 1 month

Due to —

Due to —

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Schofield
Address 30 1 Ampere Date signed 5/29/46

X

Physician: write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 40716

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 350 r Fairview Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 350 r. Fairview Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roy C. Bousman
3 (b) If veteran, name war None
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Clara L. Bousman
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Dec. 16 1895

8. AGE: Years 50 | Months 5 | Days 17 | If less than one day hr. min.

9. Birthplace Ridgeway Va.
(Town, county, and state)

10. Usual Occupation Salesman
11. Industry or business Electrical Supplies

FATHER
12. Name Alfred H. Bousman
13. Birthplace U.S.A.

MOTHER
14. Maiden Name Lulu Coan
15. Birthplace Va

16 (a) Informant Alfred H. Bousman
(b) Address 350 r Fairview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31 1946 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Baltimore Co. Md.

18 (a) Funeral director E. Willis Lawrence
(b) Address 410 Liberty Heights Ave

19 (a) MAY 29 1946 Huntington Williams, M.D. Address 409 Liberty Heights Ave Date signed May 29 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1946 at 11 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1946 to May 28 1946.
and that I last saw him alive on May 27 1946

Immediate cause of death Toxemia of Pregnancy

Duration 2 months

Due to Hydatidiform Disease of Uterus

Duration 15 months

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. C. Bousman M. D.
Address 409 Liberty Heights Ave Date signed May 29 1946

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓166

Registered No. G40717

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. city Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) ½ hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 763 W. Mulberry St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Earl Hannah (Hammond)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1915

8. AGE: Years	Months	Days	If less than one day
31			hr. min.

9. Birthplace ?
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 29 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 (MAY 29 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18, 1946 at 1:00 A M

21. I certify that I took charge of the remains described above, held an Autopsy Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Gunshot of abdomen & chest injuring liver

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-17-46 at 9:30 P. M.
(b) Where did injury occur? 1239 S. Clinton St.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Shot with revolver

23. Signature Howard J. Walker M.D.
Medical Examiner.
Date signed 5-18-46

VS 151

3538

X

G10718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G10718

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 511 Fonrest Sheet
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(b) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 511 Fonrest St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES KAY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 29 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) MAY 29 1946 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/22/46 19 at 6:15 P M

21. I certify that I took charge of the remains described above, held an Inspection Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R Weers, M.D.
Medical Examiner.
Date signed 5/23/46

VS 151

F3537

G40719 Amer

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G40719 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 118 N. Caitlet (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isaih Williams

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	?

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/3/46

8. AGE: Years	Months	Days	If less than one day
		21	hr. min.

9. Birthplace ? (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant ?
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 29 1946
18 (a) Funeral director Commissioner of Health
(b) Address
19 MAY 29 1946 (Date rec'd by registrar) (Signature) for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1946, at 4.9 M.

21. I certify that I took charge of the remains described above, held an autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bronchopneumonia

Due to Upper Respiratory Infection

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madison M.D. (Medical Examiner.)
Date signed 5-23-46

VS 151

3536

CWK-98714 G10720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G10720 Registered No. 13B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4- 8- 4
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 E. Baltimore Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Aubrey Timberlake

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Marie (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4-1895

8. AGE: Years 50 | Months 8 | Days 25 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Timberlake
13. Birthplace Virginia

MOTHER
14. Maiden Name Gracie Redford
15. Birthplace Virginia

16 (a) Informant Records-Balto. City Hospitals
(b) Address 4940 Eastern Avenue

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof May 29 46 (month) (day) (year)

(c) Cemetery or crematory
Location Richmond Va.

18 (a) Funeral director Wm. J. Tickner & Son
(b) Address 1401 N. Penna Ave Balto

19 (a) MAY 29 1946 (Date received by registrar) (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1946 at 6:17 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 21 1946 to May 29 1946 and that I last saw h. alive on May 29 1946.

Immediate cause of death: Pulmonary Tbc. — Duration: 10 mos

Due to:

Due to:

Other Conditions: Diabetes Mellitus — 4yrs

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Nurse

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A.S. Hapke M. D.
Address Balto City Hosp Date signed May 29 1946

X

The cause of death is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

G40721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

G40721 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 624 McKewin Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 624 McKewin Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charlotte Schramm

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Paul Schramm
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21, 1863

8. AGE: Years 83 | Months 0 | Days 6 | If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John Scharfenberge
13. Birthplace Germany

MOTHER
14. Maiden Name Johanna Scholtz
15. Birthplace Germany

16 (a) Informant Mrs. Albert Kratzmeier
(b) Address 624 McKewin Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Balto. Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St.

29 (a) 1946 (b) Filed by registrar Lester Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27/46 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2nd Mar 19 46 to 27 May 19 46.
and that I last saw her alive on 27 May 19 46.

Immediate cause of death
Myocarditis
Decubitus

Duration 3 yrs

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: ✓

of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence ✓ at M
(c) Where did injury occur? no
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work?
(Specify type of place)
(e) Means of injury ✓

23. Signature E. [illegible] Brooder, M.D.
Address 253 Wheeler Ave Date signed 28 May 46

X

Please answer questions fully. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46F

G40722

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1927 Belair Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1927 Belair Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.) ..... years

3 (a) FULL NAME Rosa D. Rauber

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife William Rauber
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 2/15/67

8. AGE: Years	Months	Days	If less than one day
79	3	14	..... hr. ..... min.

9. Birthplace Germany
(Town, county and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Ernhardt Hanf
13. Birthplace Germany

MOTHER
14. Maiden Name Johanna Greier
15. Birthplace Germany

16 (a) Informant Mrs. Chas. Lint
(b) Address 1910 N. Rose St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore Co.
Location Balto. Md.

18 (a) Funeral director Lanahan Funeral Home
(b) Address 7401 Belair Rd.

19 MAY 30 1946 (b) Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1946 at 4:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/4 1946 to 5/29 1946 and that I last saw h[illegible] alive on 5/29 1946

Immediate cause of death	Duration
Carcinoma of Liver	
Due to	
Due to	
Other Conditions Cirrhosis	1 yr

(Include pregnancy within 3 months of death)

Major findings:
Of operations X
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature A. E. Heuser M.D.
Address 4904 Clarkson Date signed 5/29/46

VS 2

X 5/29/46

b 40723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

b 40723 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Laytte & Calhoun
(c) Hospital or institution Franklin Sq. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town + Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2321 Arunah Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Bernard Doyle

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Laura V. Doyle
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Feb 17 1875

8. AGE: Years	Months	Days	If less than one day
71	3	18	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business (Accountant)

FATHER
12. Name John B. Doyle
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary F. Jackson
15. Birthplace Baltimore

16 (a) Informant Bernard Doyle (Son)
(b) Address 1002 W University Pky

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Arlington

18 (a) Funeral director Stewart & Monroe
(b) Address 1084 W North Ave

19 (a) (Date rec'd by registrar) (b) Registrar

VS 150 MAY 31 1946 Arlington, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1946, at 11:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1946 to May 29 1946 and that I last saw him alive on May 29 1946.

Immediate cause of death Coronary Thrombosis.

Due to Arterio-sclerosis

Due to

Other Conditions Cerebral Thrombosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration: 5 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund L. Smead M.D.
Address 379 Arunah Ave Date signed 5/31/46 M. D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40724 BALTIMORE CITY HEALTH DEPARTMENT G40724

CERTIFICATE OF DEATH 1946 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 609 N. Castle St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 609 N. Castle St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** John Ogle

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12 1874

8. AGE: Years 71 | Months 8 | Days 15 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name Ogle
13. Birthplace Germany?

MOTHER
14. Maiden Name Catharine
15. Birthplace Germany

16 (a) Informant Elizabeth Ogle
(b) Address 609 N. Castle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 31 46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd

18 (a) Funeral director Martin W. E. Dippel
(b) 37 S. Ann St

19 (a) (Date rec'd by registrar) 5 31 1946 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1946 at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1946 to May 27 1946
and that I last saw h alive on May 27 1946

Immediate cause of death
Hypertension
Cerebral Hemorrhage
Due to
Myocardial Disease
Due to
Primary Arteriosclerosis
Other Conditions

Duration
1 mo

(Include pregnancy within 3 months of death)
Date of operation today
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos Ruzicka M.D.
Address 609 N. Castle St Date signed 5-29-46

VS 150

G40725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51B

G40725 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Morris Hill, Brooklyn, Md.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town ~~Baltimore~~ Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. Morris Hill (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Johnson.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Col	Married

6 (b) Name of husband or wife Bessie Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8, 1878

8. AGE: Years	Months	Days	If less than one day
67	9	10	hr. min.

9. Birthplace Annandale Co. Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Md.

16 (a) Informant Bessie Johnson
(b) Address

17 (a) Burial (b) Date thereof 5/31/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery
Location Arnold Sta. A.A. Co. Md.
18 (a) Funeral director Elroy C. Wilson
(b) Address 1000 Brantly Ave
19 (a) MAY 31 1946 (b) for Williams, Registrar
(Date filed by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1946, at 2:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 13, 1946, to May 28, 1946 and that I last saw h. (alive) on May 27 1946.

Immediate cause of death Cardiac fail re c Uremia — Duration

Due to Urinary obstruction, cause

Due to ~~Prostatic~~ hypertrophy, probably c malignant disease

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation May 13, 1946
Major findings of operation (Supra-pubic cystotomy)
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James A. Carey M. D.
Address Univ. Hosp. Date signed 5-28-46

VS 150

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information must be carefully supplied. The

G40726

DC#

BALTIMORE CITY HEALTH DEPARTMENT

13533 CERTIFICATE OF DEATH 1190

G40726 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Hanover St
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 34 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits write RURAL and give town)
(d) Street No. 1621 W Fayette
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Harry L Cumberland Jr

3 (b) If veteran, name war — (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife Not 16/1947

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 1 | Months 8 | Days 20 | If less than one day hr. min.

9. Birthplace Balto, Md.
(Town, county and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Harry L Cumberland
13. Birthplace Md

MOTHER 14. Maiden Name Minnie Rollins
15. Birthplace Md

16 (a) Informant Mrs H L Cumberland
(b) Address 1621 W Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director Zengler Funeral
(b) Address Fulton & Fayette

19 (a) MAY 31 1946 (Date received by registrar) (b) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1946, at 1:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 28, 1946, to May 29 1946, and that I last saw h[illegible] alive on May 29 1946.

Immediate cause of death Respiratory failure — Duration

Due to Diarrhea

Due to Acidosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Milton Reich
Address University Hosp Date signed M. 5 D. 29/46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G40727

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 223 Mallow Hill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 8/4
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 223 Mallow Hill Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John A. Latchford, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Ellen M. Latchford 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16 1873

8. AGE: Years	Months	Days	If less than one day
72	8	12	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Special Representative
11. Industry or business B. & O. R. R. Transpor.

FATHER
12. Name Joseph H. Latchford
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Jane Fitzsimons
15. Birthplace Ireland

16 (a) Informant Jos. W. Latchford
(b) Address 793 Brantley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31 46. (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd

18 (a) Funeral director Harry H. Little
(b) Address 4101 Edmondson Ave

19 (a) MAY 31 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28/46 19 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1946 to May 28 1946 and that I last saw h[illegible] alive on May 21 1946

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arteriosclerotic C.V.D.	
Due to	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Conrad M.D.
Address 336 Frederick Date signed 5/30/46

VS 150

Adr. 939

G10728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30c

Registered No. G10728

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1706 E.Federal St.
(c) Hospital or institution:

8-6

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 E.Federal (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

✓

3 (a) FULL NAME Michael Rizzo

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 28 1902

8. AGE: Years	Months	Days	If less than one day
43	9		hr. min.

9. Birthplace Rome Italy (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name late Salvatore Rizzo
13. Birthplace Italy

MOTHER
14. Maiden Name Carmela Giordano
15. Birthplace Italy

16 (a) Informant Carmela Rizzo (Mother)
(b) Address 1706 E.Federal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31 1946 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St. Huntingtown Williams, Md

MAY 31 1946 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28, 1946, at 10 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14, 1946 to May 28 1946 and that I last saw h[im] alive on May 28, 1946.

Immediate cause of death
Uremia — Duration 1 wk.
Due to Cerebro-Spinal Lues — approx 5 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify other place)
(e) Means of injury

23. Signature Ernest Lem. M.D.
Address 1601 N. Broadway Date signed 5/29/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

Elizabetta Zappacosta

C10729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. C10729

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address John & Lafayette Sts
(c) Hospital or institution: Woman's Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 712 N Streeper St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabetta Zappacosta

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Victor Zappacosta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21 1892

8. AGE: Years	Months	Days	If less than one day
54	1	9	hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER	12. Name	Victor Zappacosta
	13. Birthplace	Domicile Santone Italy
MOTHER	14. Maiden Name	Rosalinda Tatasciore
	15. Birthplace	Italy Tatasciore

16 (a) Informant Victor Zappacosta (Husband)
(b) Address 712 N. Streeper St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 1946 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Noce
(b) Address 52 Shirley St.

19 MAY 31 1946 (Date rec'd by registrar) Huntington Williams, Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-30 1946, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-22 1946, to 5-30 1946, and that I last saw h-r alive on 5-30-46 19

Immediate cause of death	Duration
Coronary Occlusion	
Due to arteriosclerosis	
Due to	
Other Conditions Mild	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. H. Young M. D.

Address Date signed

correct age is especially important.—Physicians: please write the causes of death clearly and legibly.

G40730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G40730

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4703 Harpnett Avenue
(c) Hospital or institution: Pine Ridge Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(b) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 938 Homestead Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jesse B. Stagner

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	217-01-7974	M	W	Widowed

6 (b) Name of ~~husband or~~ wife Emma B. Stagner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 20th 1874

8. AGE: Years	Months	Days	If less than one day
72	1	10	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Retired Drug Clerk
11. Industry or business E. R. Stagner & Sons

FATHER
12. Name George B. Stagner
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Md.

16 (a) Informant G. Elmer Stagner
(b) Address 1520 N. Gay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/46 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Balto.
Location " Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) MAY 31 1946 (Month, day, and year) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/30/46 19..., at 8:10 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John Dawson, M.D. (Medical Examiner.)
Date signed 5/30/46

VS 151

G40731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G40731 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2239 Barclay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2239 Barclay St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna C George

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Russell M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18 1905

8. AGE: Years 41 | Months 5 | Days 11 | If less than one day hr. min.

9. Birthplace Front Royal Va (Town, county, and state)

10. Usual Occupation Housemaid

11. Industry or business

FATHER
12. Name William Nichols
13. Birthplace Va

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Russell M George
(b) Address 2239 Barclay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/46 (month) (day) (year)
(c) Cemetery or crematory Loe Hill
Location Hagerstown Md

18 (a) Funeral director Williams & Son
(b) Address 1217 E Fort Ave

19 31 1946 Huntington Williams Md
(Date) (Signature of registrar) (Address)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29, 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1946 to May 29 1946 and that I last saw her alive on May 29 1946

Immediate cause of death Myocarditis
Interstitial nephritis
Due to Uremia

Duration: 1 mo
3 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 1858 Hayford Date signed 5-29-46

VS 150

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40732 Schonhoff

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. G40732

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 640 S. Monroe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Schonhoff

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
W	None	Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Maria R
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13 1870

8. AGE: Years	Months	Days	If less than one day
76	0	17	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Proprietor
11. Industry or business Confectionery

FATHER 12. Name Bernard Schonhoff
13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Sophia Fey
15. Birthplace Balto. Md.

16 (a) Informant John L. Schonhoff
(b) Address 640 S. Monroe St.

17 (a) Burial (b) Date thereof 6/3/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Parkville Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) MAY 31 1946 (b) Huntington Williams
(Date rec'd by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1946, at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 29, 1946 to May 30 1946 and that I last saw him alive on May 30 1946

Immediate cause of death Cholemia — Duration

Due to Cancer Gall bladder
2 metastases.

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation May 30, 1946
Major findings of operation: Inoperable Cancer of Gallbladder
of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herman DeLong M. D.
Address Sinai Hosp. Date signed May 30, 1946

VS 150

G40733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

G40733 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address D.A
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 816 W Lombard St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Vacab Sinkas

3 (b) If veteran, name war	3 (c) Social Security Account No.
Yes	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Patricia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace Lith (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name ? Sinkas
13. Birthplace Lith

MOTHER
14. Maiden Name ?
15. Birthplace Lith.

16 (a) Informant Patricia Sinkas
(b) Address 816 W Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 24-46 (month) (day) (year)
(c) Cemetery or crematory New National
Location Frederick Rd

18 (a) Funeral director Joseph Kasinskas
(b) Address 602 W Washington

19 MAY 31 1946 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/27 1946, at 8:00 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Coronary Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. F. Schmidt M.D. Medical Examiner.
Date signed 5/28/46

VS 151

G40734 full

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
1600 92185
Registered No. G40734

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood
(c) Hospital or institution:
Univ. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Middle River 4= 20
(If outside city or town limits, write RURAL and give town)
(d) Street No. 720 Oak Grove Drive
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Conklin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-24-46

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation Newborn
11. Industry or business

FATHER
12. Name Robert Holt Conklin
13. Birthplace Riverside, Illinois

MOTHER
14. Maiden Name Lucy Ruth Ashworth
15. Birthplace Fayetteville, N.C

16 (a) Informant Robert Holt Conklin
(b) Address 720 Oak Grove Drive 20

17 (a) (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 29 1946
Commissioner of Health

18 (a) Funeral director
(b) Address
MAY 30 1946 Huntington Williams M.D.
(Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-25 1946, at 2' M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-24 1946 to 5-25 1946, and that I last saw him alive on 5-25 1946.

Immediate cause of death	Duration
Atelectasis and Intracranial hemorrhage	
Due to prematurity	
Due to maternal Toxemia, diabetis & cong. heart failure.	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. B. Harley, M.D.
M. D.
Address Univ. Hosp. Date signed 5-25-46

VS 150

3539

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B.C# G40407350 B47170 G40735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161a

Registered No. G40735

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3908 - 5th ST
(c) Hospital or institution: Brooklyn, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3908 5th ave. Brooklyn (If rural give location)
(e) Citizen of foreign country? —(Yes or No) If yes, name country —

3 (a) FULL NAME Paul Davis

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1946

8. AGE: Years	Months	Days	If less than one day
		15	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Geo. E. Davis
13. Birthplace Va.

MOTHER
14. Maiden Name Mary A. Toy
15. Birthplace Balto. Md.

16 (a) Informant George E. Davis
(b) Address 3908 5th ave. Brooklyn
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1 46 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Eastern Ave
18 (a) Funeral director Bernard E. Harbaugh
(b) Address 131 E. West St.
19 (a) MAY 31 1946 Entering for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30th 1946 at 7-30 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Atelectasis and Prematurity

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
Means of injury

23. Signature Howard J. Malecio M.D. Medical Examiner.
Date signed 5-31-46

VS-151

6407:36 6407:36

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163H

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 906 ANDOVER RD
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(b) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 908 ANDOVER RD (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CARL P. SAUSE

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No.:

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary Sause
6 (c) If alive, give age 45 years
7. Birth date of deceased (mo., day, yr.) July 13 1898
8. AGE: Years 47 | Months 10 | Days 15 | If less than one day ____ hr. ____ min.
9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Machinist
11. Industry or business

FATHER
12. Name: Jacob Sause
13. Birthplace: Germany

MOTHER
14. Maiden Name: Elizabeth Kreis
15. Birthplace: Germany

16 (a) Informant: Mary Sause
(b) Address: 908 Andover Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1-46 (month) (day) (year)
(c) Cemetery or crematory: Parkwood Cem
Location: Range

18 (a) Funeral director: Elliot Funeral Home
(b) Address: 2405 Pleasant St

19 (Date rec'd by registrar) MAY 31 1946 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/28/46 19 , at 8:00 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Carbon Monoxide Poisoning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5/28/46 7:30 P M.
(b) Where did injury occur? 906 Andover Road
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Turned on Gas burners

23. Signature John R Davis M.D. Medical Examiner
Date signed 5/29/46

VS 151

G40737
CWK-999704

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G40737
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Latter City Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 628 Sarah Ann St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Cook

3 (b) If veteran, name war: No

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife #

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/20/1913

8. AGE: Years	Months	Days	If less than one day
32	6	7	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name David Cook
13. Birthplace Va.

MOTHER
14. Maiden Name Agnes Bailey
15. Birthplace Maryland

16 (a) Informant Records-Balto. City Hosp.
(b) Address 4940 Eastern Ave

17 (a) Burial (b) Date thereof 6-1-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Pk.
Location Baltimore Co. Md.

18 (a) Funeral director Charles S. Conlon
(b) Address 572 N. Carrollton Ave

19 (a) (b) Huntington Nottingham Registrar
(Date rec'd by registrar)

MAY 31 1946

VS 155

MEDICAL CERTIFICATION

P

20. DATE OF DEATH May 27th, 1946, at 2:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/5/46 19 to 5/27/46 19, and that I last saw him alive on 5/27/46 19

Immediate cause of death	Duration
Pulmonary Tuberculosis	2 Yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. L. Hartz M. D.
Address Balto City Hosp. Date signed 5-28-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. G40738

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert Sts.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hopkins Apt. 203, City 18
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Sue Rebecca Robinson

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Everett Robinson

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 5. 1867

8. AGE: Years 78 | Months 6 | Days 24 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Mr. William Wrightson Mills
13. Birthplace Maryland

MOTHER
14. Maiden Name Rebecca Dean
15. Birthplace Maryland.

16 (a) Informant Miss Pearl Robinson
(b) Address Hopkins Apts., 203, City 18

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June. 1. 1946 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md.

18 (a) Funeral director Henry Sander & Sons. Inc.
(b) Address North Ave & Broadway.

19 (a) [illegible] Huntington Williams, M.D.

MAY 31 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1946, at 1.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1946, to May 29 1946, and that I last saw h.e.r. alive on May 29 1946.

Immediate cause of death

Due to Metastatic Carcinoma of liver - Primary site undiagnosed — Duration: 4 mos.

Due to Hypertensive C-V Disease & Decompensation — Duration: 5 years

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5-27-46

Major findings of operation: Metastatic Carcinoma to liver

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry M. Jackson M.D.
Address W. 149. 1st
Date signed 5/29/46

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

G40739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

G40739 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3708 Elmar
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 58 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3708 Elmar (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME William Eugene Houser

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Mary P. Houser

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 21-1865

8. AGE: Years 80 | Months 8 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore Co. Maryland (Town, county, and state)

10. Usual Occupation Grocer

11. Industry or business Retired

FATHER 12. Name John J. Houser

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden Name Mary Lovell

MOTHER 15. Birthplace Maryland

16 (a) Informant Mrs. Ethel N. Harnish

(b) Address 3708 Elm Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1-1946 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville, Maryland

18 (a) Funeral director Burgii Funeral Home

(b) Address 3631 Falls Road

19 (a) (b)

MAY 31 1946 Hunting to Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 29 May 1946, at 10.00 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Vascular disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William S Stafford M.D. Medical Examiner
Date signed 29 May 46

X

G407-0

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓46 B

Registered No. G407-0

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4131 FALLS ROAD, BALTIMORE
(c) Hospital or institution:
UNION MEMORIAL HOSPITAL 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d A
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4131 Falls Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CLARENCE WHITFIELD LOATS

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-03-2738

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife ELIZA V. LOATS

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT. 26 1877

8. AGE: Years	Months	Days	If less than one day
68	7	4	hr. min.

9. Birthplace MARYLAND Carroll Co. Md.
(Town) (county, and state)

10. Usual Occupation Foreman, Freight-Yard, Penn. R.R. Co.

11. Industry or business Retired 1 year

FATHER 12. Name JOHN R. LOATS

13. Birthplace MARYLAND

MOTHER 14. Maiden Name JEANNETTE BUCKINGHAM

15. Birthplace MARYLAND

16 (a) Informant MRS. Eliza V. Loats

(b) Address 4131 Falls Road

17 (a) Burial (b) Date thereof June 3-1946
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Druid Ridge
Location Pikesville, Maryland

18 (a) Funeral director Burgee Funeral Home

(b) Address 3631 Falls Road

19 (a) (b)
(Date rec'd by registrar) Registrar

MAY 31 1946 Huntington Williams, MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH MAY 31 1946, at 1:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 20 1946 to MAY 31 1946, and that I last saw h. M. alive on 19 .

Immediate cause of death metastatic carcinoma — Duration

Due to —

Due to —

Other Conditions arteriosclerotic cardiovascular disease
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Paul B. Jones, M.D.

Address Union Memorial Hosp. Date signed 5/31/46

X

Please write plainly with pen or indelible pencil. Do not use abbreviations. Every question should be carefully answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G40741 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2224 Barclay St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A.
(c) City or town Glen Burnie (If outside city or town limits, write RURAL, and give town)
(d) Street No. Hillcrest Beach (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jesse Lee Middleton

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife Margaret Gilbert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 5-1886

8. AGE: Years 59 | Months 8 | Days 27 | If less than one day hr. min.

9. Birthplace Lucas Co. Ohio (Town, county, and state)

10. Usual Occupation Cabinet Maker

11. Industry or business

FATHER 12. Name Edwyn Middleton

13. Birthplace Ohio

MOTHER 14. Maiden Name Mary Tuttle

15. Birthplace Ohio

16 (a) Informant Mrs. Manneda C. Myers

(b) Address 2224 Barclay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1-1946 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location Baltimore, Md

18 (a) Funeral director Burgee Funeral Home

(b) Address 3631 Hills Road Huntingtown, Williams, Md

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 3 1946

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 29 May 1946, at 3:50 P.M.

21. I certify that I took charge of the remains described above, held an Inquest thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Vascular Disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature William G. Kelpatrick M.D. Medical Examiner.

Date signed 29 May 46

G40742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49a

Registered No. G40742

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1735 E. Eager St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ora Allen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	Black	Married

6 (b) Name of husband or wife Williams Allen

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Harford Co. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Parker
13. Birthplace Md

MOTHER
14. Maiden Name Mikeal
15. Birthplace Va

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Co. Md.

18 (a) Funeral director Belfrage Mamie H. Wright
(b) Address 721 Pulaski St

19 MAY 31 1946 (b) Signature for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1946 at 10 15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1946 to May 28 1946 and that I last saw h alive on May 28 1946.

Immediate cause of death Carcinomatosis

Due to Papillary serous cyst adeno carcinoma, ovaries bilateral

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1942

Major findings of operation above

of autopsy above

Duration
days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Russell Jordan M. D.
Address 607 N Broadway Date signed May 27 46

VS 150

G40743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 195E

Registered No. G40743

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 E. Preston St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Johnson (George Durbin Johnson)

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-3677

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Ella Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 4, 1895

8. AGE: Years	Months	Days	If less than one day
50	6	24	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business American Ship Cleaning Co.

FATHER
12. Name William Johnson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Jennie —
15. Birthplace Md.

16 (a) Informant Ella Johnson (Wife)
(b) Address 1612 E. Preston St.

17 (a) Burial (b) Date thereof June 1, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. G. Cemetery Md.

18 (a) Funeral director Foker F. Young
(b) Address 1216 N. Caroline St.

19 MAY 31 1946
(Date rec'd by reg.) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28, 1946 at 9 A. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pulmonary Embolism
Due to Internal Injury
Due to Acute Pulmonary Edema
Following fracture of spinal cord.

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 4-10-46 at 10:20 A. M. 25/6
(b) Where did injury occur? Bodelay - Fairfield Shipyard (Not at home)
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? Yes
(d) Means of injury Struck by plank

23. Signature Howard A. Mahlenbrei M.D.
Medical Examiner.
Date signed 5-29-46

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VS 151

G40744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G40744

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 845 W. Lexington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 845 W. Lexington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lydia T. Williams
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Allen Williams
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 28, 1897
8. AGE: Years 49 | Months - | Days - | If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Alexander Brown
13. Birthplace Md

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Venovia Harrison
(b) Address 845 W. Lexington St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/46 (month) (day) (year)
(c) Cemetery or crematory Bella Md
Location Md, Bella
18 (a) Funeral director Wes. H. Nelson
(b) Address 1003 Pressman St
(Date rec'd by local registrar) MAY 31 1946 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1946, at 12:30 P. M.
21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1946 to May 28 1946
and that I last saw h alive on May 28 1946.

Immediate cause of death	Duration
Acute Pulmonary Edema	1 day
Due to	
Arteriosclerosis (over)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
(f) Signature Arabel Worthington M. D.
Address 861 Hamlin Date signed 5-29-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

5-29-46

0745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

G40745 Registered No.

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1508 Harlem Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1508 Harlem Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jas. Cannon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Bertina Cannon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25 1896

8. AGE: Years 49 | Months 5 | Days 3. | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER 12. Name unknown
13. Birthplace

MOTHER 14. Maiden Name unknown
15. Birthplace

16 (a) Informant Bertina Cannon
(b) Address 1709 Argyle Ave.

17 (a) Burial (b) Date thereof June 1 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location

18 (a) Funeral director Wm. Cates P. Williams
(b) Address 322 W. Saratoga St.

MAY 31 1946 Huntington Williams, M.D.
(Date) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1946 at 5:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1946 to May 28 1946 and that I last saw him alive on May 28 1946

Immediate cause of death: Acute Myocarditis — Duration: 4 yrs

Due to Arteriosclerosis & Syphilis

Due to

Other Conditions Bronchitis — Duration: 2 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: (over)

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wally S. Coyle
Address 1522 Harlem Ave Date signed 5/31/46

VS 150

G40746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 142a

Registered No. G40746

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Provident Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 W Lexington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wayne Helen Epps

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-26-0682

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Married

6 (b) Name of husband or wife William Epps
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1925

8. AGE: Years	Months	Days	If less than one day
21	3	20	hr. min.

9. Birthplace Weldon N. C.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name McKinley Mitchell
13. Birthplace Weldon N.C

MOTHER
14. Maiden Name Sarah Boone
15. Birthplace Weldon N.C

16 (a) Informant William Epps
(b) Address 1520 W Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31, 1946 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Katie L Williams
(b) Address 3229 N. Calhoun St

19 (a) May 31 1946 (Date received by local registrar) (b) Huntington-Williams M.H.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1946, at 8:12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/15 1946, to 5/26 1946, and that I last saw h- alive on 5/26 1946.

Immediate cause of death (a) Ruptured Tuba Uterum Pregnancy — Duration 7 hr.
21 Mesenteric Thrombosis
Due to
Due to
Other Conditions Shock.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: 11 Mesenteric Thrombosis
of autopsy Tuba Uterum Pregnancy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas Kelly
Address 1543 Penna. Ave Date signed 5/27/46

VS 180

X

G10747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G10747

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l

(d) Length of stay in hospital or inst. (yrs., mos., or days) D/A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED Anne Arundel
(a) State Maryland (b) County Baltimore RAL
(c) City or town Patapsco Park
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM L. BEVERLY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Annie
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 20/891

8. AGE: Years	Months	Days	If less than one day
54	8mos	4	hr. min.

9. Birthplace Bowling Green, Va. (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Jerry Beverly
13. Birthplace Bowling Green, Va.

MOTHER
14. Maiden Name Nannie Clark
15. Birthplace Bowling Green, Va.

16 (a) Informant Mrs. Annie Beverly
(b) Address Kay Avenue, Patapsco Park

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2nd, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 3221 N Schroeder St

JUN 31 1946 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/28/46 19 , at 6:15 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John P. Ward M.D.
Medical Examiner.
Date signed 5/29/46

0748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. 630748

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1409 Argyle ave
(c) Hospital or institution:

14

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1409 Argyle ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nellie Lee Nolley Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Wm. J. Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 22, 1889

8. AGE: Years 57 | Months 4 | Days 5 | If less than one day hr. min.

9. Birthplace: Lawrenceville, Va
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Robert Chapman
13. Birthplace: Va.

MOTHER
14. Maiden Name: ?
15. Birthplace: ?

16 (a) Informant: William J. Smith
(b) Address: 1409 Argyle ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 31, 1946 (month) (day) (year)
(c) Cemetery or crematory: Arbutus Memorial
Location:

18 (a) Funeral director: Mrs Katie R. Williams
(b) Address: 322 N Schroeder St.

MAY 31 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5-27-1946, at 10:00 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy - Inquest thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Chronic Myocardial Degeneration

Due to:

Other Conditions: Coronary Thrombosis, Arteriosclerosis.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: Howard J. Wallace M.D.
Medical Examiner.
Date signed 5-28-46

X

640749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

Registered No. 640749

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 Caroline St.
(c) Hospital or institution:
St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3212 E Fairmount Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Victoria Briggs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, ~~widowed~~ or divorced.

6 (b) Name of ~~husband~~ or wife N. L. Briggs
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 1875

8. AGE: Years 70 | Months 11 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business House wife

FATHER 12. Name Charles Roberts
13. Birthplace Baltimore

MOTHER 14. Maiden Name Elizabeth Reminch
15. Birthplace Baltimore

16 (a) Informant Florence L. Dorsey
(b) Address 3707 Delverne Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/46 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Road

18 (a) Funeral director John G. Moran
(b) Address 3000 E Baltimore St

19 (a) MAY 31 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/29/46 19 at 0810 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/15/46 19 to 5/29/46
and that I last saw h.e.y. alive on 5/28/46

Immediate cause of death — Duration
Cardio-respiratory failure
Due to Myocarditis
Due to Hypostatic Pneumonia
Other Conditions Postop. Cholecystectomy
(Include pregnancy within 3 months of death)
Date of operation 5/18/46
Major findings of operation: Chronic Cholecystitis & Cholelithiasis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James M. Tierney M.D.
Address St. Joseph's Hosp Date signed 5/29/46

VS 150

640750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 132

640750 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1211 Light St
(c) Hospital or institution: South Balto. General Hospt.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 518 N. Highland St.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mary S. Leistner

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Robert Leistner

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12/26/1896

8. AGE: Years 59 | Months 5 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Illinois
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Pronka
13. Birthplace Europe

MOTHER
14. Maiden Name Mary Zora
15. Birthplace Europe

16 (a) Informant Robert B. Leistner
(b) Address 518 N Highland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director John C. Moran
(b) Address 3800 Baltimore St

19 (a) MAY 31 1946 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/30 1946 at 3:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/25 1946 to 5/30 1946, and that I last saw h alive on 5/30 1946.

Immediate cause of death Uremia — Duration

Due to Unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert V. Swindell M.D.
M. D.
Address 5 Balto Gen'l Hosp Date signed 5-30-46

VS 150

G40751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

G40751
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madeson & Linden
(c) Hospital or institution:
Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 521 N Lakewood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Julia A. Cromwell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, widowed, or ~~divorced~~.
F	W.	W

6 (b) Name of ~~husband~~ or wife Harry C

6 (c) If alive, give age ~~86yrs~~

7. Birth date of deceased (mo., day, yr.) July 31 ~~1865~~

8. AGE: Years	Months	Days	If less than one day
81 ~~82~~	9	29	hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation
11. Industry or business Housewife

FATHER
12. Name Harry A Randall
13. Birthplace England

MOTHER
14. Maiden Name Catharine Smith
15. Birthplace Ireland

16 (a) Informant Harry E Cromwell
(b) Address 514 N Robison St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof June 3 '46 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem
Location E Baltimore Co.

18 (a) Funeral director John C Moran
(b) Address 3000 N Baltimore St

19 (a) Filed (date received by registrar) MAY 31 1946 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1946, at 10:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1946 to May 30 1946 and that I last saw her alive on May 29 1946

Immediate cause of death
Broncho-pneumonia

Due to Anemia

Due to Generalized arteriosclerosis with nephritis

Other Conditions Fractured femur neck, right
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 7/2
(a) Accident, suicide, or homicide accident?
(b) Date of occurrence 5-15-46 at ? M
(c) Where did injury occur? Baltimore (City or town) (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell on wood floor

23. Signature Carl Crandell M. D.
Address Maryland General Hosp. Date signed 5-30-46

Howard J. Moran, M. D. X

(OVER)

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any person who wilfully supplies false information shall be guilty of a misdemeanor and upon conviction shall be punished by a fine not exceeding $100 or by imprisonment not exceeding 6 months or both.

C40752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. C40752

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2642 Huntingdon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2642 Huntingdon Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Irvin E. Fawney.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 705-10-9410

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widower.

6 (b) Name of husband or wife: Lillie M. Fawney

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 8, 1878

8. AGE: Years 67 | Months 10 | Days 22 | If less than one day hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Retired Engineer

11. Industry or business P. & B. R. R. R.

FATHER
12. Name Thomas E. Fawney
13. Birthplace Maryland.

MOTHER
14. Maiden Name Mary Merriman
15. Birthplace Maryland.

16 (a) Informant Irvin E. Fawney
(b) Address 2642 Huntingdon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1/46 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Chestnut Ave

19 (a) (b) Signature for Williams, M.D. Registrar

MAY 31 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31, 1946 at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 30 1946 to May 30 1946 and that I last saw h[illegible] alive on May 30 1946

Immediate cause of death Coronary occlusion — Duration 10 min.

Due to Arteriosclerotic C-V disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Granger, M.D.
Address 1402 E. Lanvale Date signed 5-31-46

G40753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51B

G40753 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St.
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County Franklin
(c) City or town Greencastle Pa.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 158 N. Carlisle St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Benchoff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/21/1870

8. AGE: Years	Months	Days	If less than one day
75	8	0/10	hr. min.

9. Birthplace Franklin Co. Penna
(Town, county, and state)

10. Usual Occupation Retired —

11. Industry or business

FATHER
12. Name No record
13. Birthplace —

MOTHER
14. Maiden Name No record
15. Birthplace —

16 (a) Informant Mrs. Gertrude Cousens
(b) Address 3505 Gibbons Ave., Balt.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3, 1946 (month) (day) (year)

(c) Cemetery or crematory Green Hill
Location Waynesboro, Penna

18 (a) Funeral director Jacob A. Teeter
(b) Address Greencastle, Penna.

19 (a) (b) (Date rec'd by registrar) Registrar

JUN 31 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1946 at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1946 to May 31 1946 and that I last saw h[illegible] alive on May 31 1946.

Immediate cause of death	Duration
Cardiac failure	
Due to Metastatic Cancer	
Due to Prostate Cancer	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury

23. Signature H. Salomon M. D.
Address Bon Secours Hosp. Date signed 5-31-46

Registrar for Mutt

G40754 G40754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Raymer
(c) Hospital or institution West Baltimore Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14y.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 N. Fulton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Genevieve Rodgers

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife late John F Rodgers
6 (c) If alive, give age (years)

7. Birth date of deceased (mo., day, yr.) Oct. 9 1880

8. AGE: Years	Months	Days	If less than one day
65	7	21	hr. min.

9. Birthplace West Virginia
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Michael Riordan
13. Birthplace West Virginia

MOTHER
14. Maiden Name Ellen Gallagher
15. Birthplace West Virginia

16 (a) Informant Mrs Esther Roberson
(b) Address 1624 ST Paul St

17 (a) Burial (b) Date thereof June 2/1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Joseph's
Location Martinsburg, West Virginia

18 (a) Funeral director Harry A Stitzlein
(b) Address 4101 Edmondson Ave

MAY 31 1946 (b) Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 30 May 1946 at 3:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/25 1946 to 30 May 1946 and that I last saw her alive on 30 May 1946

Immediate cause of death Cardiorespiratory Failure — Duration
Due to Arteriosclerotic C.V. Renal Disease, Cardiac Enlargement
Due to Congestive Failure, Adhesive Pericarditis
Other Conditions 1) Abscess, pul. rt. upper lobe 2) Atelectasis left lower lobe
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Lester A. Stallings Jr. M.D.
Address West Baltimore Gen Hosp Date signed 5/30/46

VS 150

G40755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 131a

G40755 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 323 E. 23rd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 323 E. 23rd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Major Clarence Cook

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Widowed

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1882

8. AGE: Years	Months	Days	If less than one day
63	11	11	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name James P. Cook
13. Birthplace Virginia

MOTHER
14. Maiden Name Vonnie Gleason
15. Birthplace Virginia

16 (a) Informant Maggie Logan
(b) Address 323 E. 23rd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 / 1 / 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery
Location Anne Arundel Co.

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St.

19 (c) Date received by Registrar (b) Registrar
MAY 31 1946 Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-30-46 19 , at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 5, 1946 to May 30, 1946 and that I last saw h alive on 5-29-A 19

Immediate cause of death: Hypertension Cardio-Renal Disease — Duration 2 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice Rosen, M. D.
Address 312 E 23rd St Date signed 5-31-46

X

Please write plainly, with indelible pencil. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40756 G40756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170c

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cayuga Ave. Rutledge Apt
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2825 - Harlem Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Patrick J. Connerton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Delia T.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown 1870

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Gas & Electric Co

FATHER
12. Name Michael Connerton
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Conery
15. Birthplace Ireland

16 (a) Informant Mrs. Delia T. Connerton
(b) Address 2825 Harlem Ave

17 (a) burial (b) Date thereof 6/3/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Road

18 (a) Funeral director John F. Cowan & Son
(b) Address 901-03 Fallsway

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/29 1946, at 4:45 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pulmonary Embolism

Due to Compound Fracture of leg bones

Other Condition Fractures, brush burns and bruises.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5/20/46 at 20/2 1:30 P. M.
(b) Where did injury occur? Edmondson Ave & Frankstown Rd
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Struck by auto.

23. Signature Howard J. Mitchell M.D.
Medical Examiner.
Date signed 5/31/46

VS 151

G40757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G40757

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Sparrows Point
(If outside city or town limits, write RURAL and give town)
(d) Street No. 714 [illegible] St. E St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Married

6 (b) Name of husband or wife Silas Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1896

8. AGE: Years	Months	Days	If less than one day
50	3	7	hr. min.

9. Birthplace Fauquier, Virginia
(Town, county, and State)

10. Usual Occupation Home wife

11. Industry or business

FATHER
12. Name George Butler ?
13. Birthplace ?

MOTHER
14. Maiden Name Martha ?
15. Birthplace Va.

16 (a) Informant Silas Johnson
(b) Address 714 - E St. Sparrows Pt.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-46 (month) (day) (year)
(c) Cemetery or crematory Warrenton
Location Warrenton, Va.

18 (a) Funeral director Saml. W. Chase & Son
(b) Address 638 N. Gilmor St.

19 (a) Date received by registrar MAY 31 1946 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1946, at 3:38 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1946 to May 30 1946 and that I last saw h[illegible] alive on May 30 1946

Immediate cause of death	Duration
Congestive Heart Failure.	
Due to Malignant Hypertension	
Due to	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Date of operation None.

Major findings of operation:

of autopsy: None.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jno. D. Carroll M. D.
Address Provident Hosp. Date signed 5/31/46

936

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

G40758

492901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122B

G40758

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Myersdale (If outside city or town limits, write RURAL and give town)
(d) Street No. 300 Myers Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Lurz gpr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-22-44

8. AGE: Years	Months	Days	If less than one day
1	7 6	9	hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Robert Lurz gpr.
13. Birthplace md.

MOTHER 14. Maiden Name Althea Streng
15. Birthplace md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31/46 (month) (day) (year)
(c) Cemetery or crematory
Location Myersdale. Pa

18 (a) Funeral director John O. Mitchell & Son
(b) Address 1900 Eutaw Place

19 MAY 31 1946 (Date rec'd by registrar) Huntington, West Virginia (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH May-31 1946 at 5:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May-2 1946 to May-31 1946 and that I last saw him alive on May-31 1946.

Immediate cause of death Peritonitis Intussusception — Duration

Due to Multiple Polyposis, intestinal

Due to

Other Conditions Malnutrition

(Include pregnancy within 3 months of death)

Date of operation 5-29-46

Major findings of operation: Intussusception Multiple polyposis

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George S Palmer
Address Johns Hopkins Hosp. Date signed 5-31-46

VS 150

640759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1936

Registered No. 640759

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3111 Elliott St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 69

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3111 Elliott St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John MODRAK

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
90			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Antoni Modrak
13. Birthplace Poland

MOTHER
14. Maiden Name —
15. Birthplace Poland

16 (a) Informant Aleksander Modrak
(b) Address 3111 Elliott St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-46 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Balto. City

18 (a) Funeral director Marie Fialkowska
(b) Address 1000 S. Kenwood Ave

19 (a) MAY 31 1946 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/30/46 19 .. 4:50 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to ... death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ... at ... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R Davis M.D.
Medical Examiner.
Date signed 5/30/46

VS 151

G40760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓83a

Registered No. G40760

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2047 Annapolis Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 5 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Westport.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2047 Annapolis Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosa W. Cragg.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife William Cragg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5 - 1872

8. AGE: Years	Months	Days	If less than one day
74	3	23	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Home Duties
11. Industry or business

FATHER
12. Name Owen Reed.
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary E. Vandina
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Rose Ernest.
(b) Address Salem New Jersey

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3-46 (month) (day) (year)
(c) Cemetery or crematory Louden Park Cem
Location Baltimore Md.

18 (a) Funeral director Maggie C. Lyfer.
(b) Address 1600 W. North Ave.

19 (Date received by registrar) JUN 1 - 1946 Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30. 1946 at 8 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 1 1946 to May 30, 1946.
and that I last saw him alive on May 30 1946

Immediate cause of death
Intracerebral Hemmorhage

Due to

Due to Arteriosclerosis —

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
3 days
3 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Ernest
Address 701 Angeles Ln Date signed 6/1/46

VS 150

X

Every item must be answered; if unknown, say so. Every item or information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40761 BC# D 31961 G40761

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 10

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Road & Herring Run
(c) Hospital or institution: Sydenham Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1548 Woodyear St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Celia Anne Mitchell

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 9, 1945

8. AGE: Years	Months	Days	If less than one day
-	9	21	hr. min.

9. Birthplace Baltimore, Baltimore County, Maryland (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business None

FATHER
12. Name George Mitchell
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Cecilia Dixon
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Cecilia Dixon Mitchell
(b) Address 1548 Woodyear St, Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/46 (month) (day) (year)
(c) Cemetery or crematory St Peters
Location Md

18 (a) Funeral director Geo. H. Kelson
(b) Address 303 Presstman St

19 (a) JUN 1 - 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1946, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1946, to May 30 1946, and that I last saw h.e.r. alive on May 30 1946

Immediate cause of death Myocarditis — Duration 6 days
Due to Diphtheria — 24 days
Due to
Other Conditions Rickets, healed

(Include pregnancy within 3 months of death)
Date of operation Tracheotomy - May 29, 1946
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jonas S Rosenberg M. D.
Address Sydenham Hosp Date signed May 29 1946

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G40762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170c

Registered No. 6407[illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1524 Baker St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lloyd Randall
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1905

8. AGE: Years	Months	Days	If less than one day
41 40			hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Lloyd Randall
13. Birthplace md

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Annabelle Cheyney
(b) Address 1524 Baker St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/46 (month) (day) (year)
(c) Cemetery or crematory Western Penn
Location md
18 (a) Funeral director Fred B. Kelso
(b) Address 1303 Pennsylvania Ave
19 JUN 1 - 1946 (b) Planting for Williamsport, Md
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/30 1946, at 4:15 P. M.

21. I certify that I took charge of the remains described above, held an autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractured Cervical Vertebrae
(Base of Skull fractured.
Due to
Other Conditions Compound, Comminuted fracture of Leg bones
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5/30/46 at 20/2 4:15 P. M.
(b) Where did injury occur? Edmondson Ave. Bridge
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Passenger in auto that struck
(e) Signature Howard J. Walters M.D. Medical Examiner.
Date signed 5/31/46

VS 151

G407t3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G407t3

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3019 Belair Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3019 Belair Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel G. Clark

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 217-14-1668

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Esther
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 22 1878

8. AGE: Years	Months	Days	If less than one day: hr.	min.
67	8	4		

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Painting Co

FATHER
12. Name Wilbur Clark
13. Birthplace Md

MOTHER
14. Maiden Name Louisa O'Connor
15. Birthplace Md

16 (a) Informant Esther Clark
(b) Address 3019 Belair Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/46 (month) (day) (year)
(c) Cemetery or crematory Mordecai Lawn
Location Baltimore Md

18 (a) Funeral director Wilbur Cook Inc
(b) Address 1217 St Paul St

19 (a) Date rec'd by Local Reg. 6-1-46 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1946, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-24 1946 to 5-29 1946 and that I last saw him alive on 5-28 1946.

Immediate cause of death: Coronary occlusion — Duration: 1/2 hr.
Due to Arteriosclerosis, general Myocardial insufficiency — 3 6 mos
Due to with edema eyelids, enlarge liver, pulmonary edema — 6 mos.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William R. Fleming M. D.
Address 3025 Belair Rd. Date signed 5-31-46

VS 150

X

G40764 — BALTIMORE CITY HEALTH DEPARTMENT — G40764

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1611 E 32nd St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1611 E. 32nd St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Bimestefer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
M	W	Married

6 (b) Name of ~~husband or~~ wife Lily May

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26 1889

8. AGE: Years	Months	Days	If less than one day
56	11	4	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Bethlehem Steel Co.

FATHER
12. Name John Bimestefer Sr.
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Bemesch
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Clara B. Walter
(b) Address 4430 Marble Hall Rd.

17 (a) Burial (b) Date thereof 6/3/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location " Md.

18 (a) Funeral director William Cook Inc.
(b) Address 217 St. Paul St.

19 (Date rec'd by registrar) JUN 1 - 1946 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/30 1946 at 5:37 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

Autopsy, Inspection or Inquiry

IMMEDIATE CAUSE OF DEATH Coronary Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 5/30/46

VS 151

G40765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G40765 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St.
(c) Hospital or institution: Union Memorial Hosp. 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt. City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2030 Maryland Ave
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Philip Charles Boss

3 (b) If veteran, name war	3 (c) Social Security Account No.
0	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M.

6 (b) Name of husband or wife Emma E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1870

8. AGE: Years	Months	Days	If less than one day
75	8	18	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Hasn't worked 15 yrs.
11. Industry or business Retired Shoemaker

FATHER
12. Name Burkhard Boss
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Becker
15. Birthplace Germany

16 (a) Informant Emma Boss
(b) Address 2030 Maryland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/46 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 JUN 1 - 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1946, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1946, to May 31 1946, and that I last saw him alive on May 31 1946.

Immediate cause of death: Coronary Thrombosis — Duration 6 hrs 7 days

Due to Arteriosclerosis

Due to

Other Conditions Deaf mute. Diabetes mellitus
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Coronary Thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George F. Schlinger M.D.
Address U. M. Hosp. Date signed 5/31

VS 150

94a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G10766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30c

Registered No. G10766

CBK-101561

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or Institution: Baltimore City Hospitals 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 Hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 59 Yrs. ??

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 N. Stricker Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louise Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years	Months	Days	If less than one day
?? 59	?	?	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Smith
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records-Balto. City Hospitals
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location West Pratt - Balto. Md.

18 (a) Funeral director Metropolitan Funeral Home
(b) Address 927 N. Monroe St.

19 JUN 1 - 1946 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27 1946, at 6:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1946 to May 27 1946, and that I last saw h er alive on May 27 1946.

Immediate cause of death: Cardiac failure

Due to: Cerebro-meningeal hemorrhage

Due to: Syphilis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: Syphilis of Aorta

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature W. Dorsey Walker M.D.
Address B. C. H. Date signed May 28, 1946

X

G40767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1210

G40767 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 W. Lake Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Sarah Elise Ricou Smith (Sara Elise Ricou South)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife [illegible]

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day: hr.	min.
68	?	?		

9. Birthplace France (Town, county, and state)

10. Usual Occupation Teacher

11. Industry or business

FATHER 12. Name unknown

13. Birthplace "

MOTHER 14. Maiden Name unknown

15. Birthplace "

16 (a) Informant Hospital Record

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1 1946 (month) (day) (year)

(c) Cemetery or crematory St Marks (Lake Old Cemetery)

Location Perryville Md

18 (a) Funeral director Henry W. Jenkins & Son

(b) Address McCulloh & Eutaw Sts

JUN 1 - 1946 (Date rec'd) (Registrar) Huntington, Md. (Registrar's address)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1946, at 4.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1946 to May 31 1946, and that I last saw h e v alive on May 30 1946.

Immediate cause of death Anemia — Duration 72 hours

Due to HCVD & Nephrosclerosis (?) — 5 yrs.

Due to Arteriosclerosis generalized — 10 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul B. Towne, M. D.

Address Union Memorial Hosp. Date signed 5/31/46

X

040768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 040768

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 9-N Eden
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 9-N Eden
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Trusty

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 9, 1879

8. AGE: Years	Months	Days	If less than one day
66	8	20	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Enouch Trusty
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Mary Wilson
15. Birthplace Balto. Md

16 (a) Informant Naomi Trusty
(b) Address 9-N. Eden Street

17 (a) Burial (b) Date thereof 6-3-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto City

18 (a) Funeral director Isaiah L. Brown Son
(b) Address 108 W Montgomery St

19 Filed JUN 1 1946 [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1946, at 10:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-27 1946 to 5-29 1946.
and that I last saw him alive on 5-27 1946

Immediate cause of death: Cardiac Failure — Duration: 1 week.

Due to: Erysipelas

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. K. Adams M. D.
Address 2224 E. Caroline Date signed 5-31-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G10769

BALTIMORE CITY HEALTH DEPARTMENT

CWK- 101032

CERTIFICATE OF DEATH

122B

G10769

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 60- 1- 20-

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2419 Huron Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christianna Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Herman Moore

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9-1886

8. AGE: Years 60 | Months 1 | Days 20 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Augustus Bailey
13. Birthplace Maryland

MOTHER
14. Maiden Name Christianna Cook (D)
15. Birthplace Maryland

16 (a) Informant Records-Balto. City Hospitals
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore - Md

18 (a) Funeral director Mr. Frances A. Hemsley
(b) Address 578 W. Biddle St.

JUN 1 - 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29- 1946 at 7.15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1946 to May 29 1946 and that I last saw h 9T alive on May 29 1946

Immediate cause of death: Pulmonary Embolism with Infarction.
Duration: 36 hrs.

Due to:

Due to:

Other Conditions: Incomplete Intest. Obstruction. Incisional Hernia (old). Fecal fistulae.
(Include pregnancy within 3 months of death)

Date of operation 5-10-46

Major findings of operation: Intestinal obstruction with fecal fistulae.

Date of autopsy: Pulmonary Infarction due to Embolism

PHYSICIAN
Underline the cause of which death is to be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Maurice M. Lacy M. D.
Address Baltimore City Hosp. Date signed 5-29-46
4940 Eastern Ave.
Baltimore - 24, Md.

VS 150

PRINT WITH TYPEWRITER, WITH UNFADING INK. Every item of information should be carefully typed. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G40770 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 509 Jasper St
(c) Hospital or institution: 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 509 Jasper St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BOB ROSS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31, 1890

8. AGE: Years	Months	Days	If less than one day
55 56	9	29	hr. min.

9. Birthplace Alabama
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Alfred Ross
13. Birthplace Alabama

MOTHER
14. Maiden Name Cora Johnson
15. Birthplace Ohio

16 (a) Informant Mrs. L. Ross
(b) Address 509 Jasper Street

17 (a) Burial (b) Date thereof June 3, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md

18 (a) Funeral director Mrs. Frances E. Hendley
(b) Address 518 W. Biddle St

19 JUN 1 - 1946 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 29 May 1946, at 5:15 M

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Cerebrovascular Accident - Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William H. Hoffman M.D.
Medical Examiner.
Date signed 31 May 46

VS 151

X

G40771

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G40771

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1706 Thomas Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 Thomas Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HERBERT ELLIOTT WINTER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
no	217-12-7697	Male	White	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 1906

8. AGE: Years	Months	Days	If less than one day
40	0	26	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Furniture Packer
11. Industry or business Strippy Transfer Co.

FATHER
12. Name Albert Winter
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Elvira N. Elliott
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Elvira N. Elliott
(b) Address 2658 W/ North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) Filed JUN 1 1946 (b) Huntington Williams M.D. Registrar

VS 190

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29, 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 27/46 to May 29/46 and that I last saw him alive May 28/46.

Immediate cause of death Coronary Thrombosis — Duration 2 hrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Howard Hill M. D.
Address Date signed

X

G40772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47c

G40772 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Phoenix
(If outside city or town limits, write RURAL and give town)
(d) Street No. Merryman Hill Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Blanche Hodge

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William H. Hodge

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-10-70

8. AGE: Years 75 | Months 6 | Days 20 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Henry Edmund Marling
13. Birthplace England

MOTHER
14. Maiden Name Ruth Mary Laurence
15. Birthplace England

16 (a) Informant JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (b) Date thereof 6/3/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19. JUN 1 1946 (Huntington Williams, M.D.)
(Date rec'd by) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-30 1946 at 6 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-14 1946, to 5-30 1946, and that I last saw h-- alive on 5-30 1946.

Immediate cause of death Carcinomatosis & massive involvement of lungs — Duration 7 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Carcinomatosis

over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature C. J. Davis

Address Johns Hopkins Hosp. Date signed 5/31/46 M. D.

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

Registered No. G40773

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3200 Guilford Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3200 Guilford Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME KATHERINE LINDEMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Harry F. Lindeman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1870

8. AGE: Years	Months	Days	If less than one day
75 76	6	1	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Reichert
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Wm. E. Waples
(b) Address 3200 Guilford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) Date received JUN 1 1946 (b) Registrar

VS 190

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30, 1946 at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/ 1943 to 5/30 1946 and that I last saw h- alive on 5/30 1946

Immediate cause of death Exhaustion — Duration 3 days
Due to Carcinoma of Stomach — 10 mths
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Angelia E Lutz MD
Address 7211 E Lake Av Date signed 5/30/46

X

G40774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G40774

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2743 W. Mosher St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 2743 W. Mosher St.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME VALENTINE L. BEIKIRCH

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Eleanor(Mormann)Beikirch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1890

8. AGE: Years	Months	Days	If less than one day
56	3	25	hr. min.

9. Birthplace New Freedom, Pa.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name - Valentine
13. Birthplace Maryland

MOTHER
14. Maiden Name - Hunald
15. Birthplace Unknown

16 (a) Informant Mrs. Eleanor Beikirch
(b) Address 2743 W. Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 1 1946 (b) Huntington Williams, M.D. Registrar
JUN 1 1946

MEDICAL CERTIFICATION A.

20. DATE OF DEATH May 31, 1946, at 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to May 31, 1946; and that I last saw h[illegible] alive on May 28 1946

Immediate cause of death: Cereberal Hemorrhage — Duration: 1 Hr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 2757 W. Mos. Date signed 5/24/46

correct age is especially important. Physicians: please write the causes of death clearly and

VS 190

G40775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G40775

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3824 Yolando Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Thomas Lafferty

3 (b) If veteran, name war: none

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Otho Lafferty

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31, 1886

8. AGE: Years 59 | Months 10 | Days 0 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Conductor

11. Industry or business B. & O. R. R.

FATHER
12. Name Thomas Lafferty
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Emma C. Kilpatrick
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Otho Lafferty
(b) Address 3824 Yolando Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 JUN 1 - 1946 (Date rec'd by registrar) Huntington Nottingham, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-31- 1946 at 4 10 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute congestive Cardiac failure, Coronary disease

Due to Generalized arteriosclerosis

Other Conditions Edema + congestion of lungs; early nephrosclerosis
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Masseria M.D. Medical Examiner.
Date signed 5-31-46

944a

G40776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G40776

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Virginia Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3520 Virginia Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes Gertrude O'Callaghan,

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John Francis O'Callaghan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1889

8. AGE: Years	Months	Days	If less than one day
56	6	18	hr. min.

9. Birthplace Martinsburg, W. Va.
(Town, county, and state)
10. Usual Occupation Housewife,
11. Industry or business at home,

FATHER
12. Name William Crowley,
13. Birthplace Ireland,

MOTHER
14. Maiden Name Anne C. Cunningham,
15. Birthplace Martinsburg, W. Va.

16 (a) Informant Miss Eleanor K. Crowley,
(b) Address 3520 Virginia Ave.,

17 (a) burial (b) Date thereof 6/3/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore City,

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights Ave.

19 JUN 1 - 1946 Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30, 1946 at 2 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1946 to May 30 1946
I last saw her alive on May 20 1946

Immediate cause of death	Duration
Coronary Embolism	1 day
Due to —	
Due to Obesity	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles J. Green, M.D.
Address 5276 Park Heights, Date signed 6/1/46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G40777 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dod 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1704 E Chase St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louise C Sandsbery

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-23-1862

8. AGE: Years	Months	Days	If less than one day
83	5	1	hr. min.

9. Birthplace Hartford Co. Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name	Clark Barton
13. Birthplace	Md
MOTHER 14. Maiden Name	unknown
15. Birthplace	"

16 (a) Informant Myrtle Waddell
(b) Address 1704 E. Chase st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 2000 Brantly ave

19 JUN 1 - 1946 (Date rec'd by registrar) Huntingtown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 26 May 1946 at 4:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Vascular

Due to Disease

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William G Kefauver M.D. Medical Examiner.
Date signed 27 May 46

VS 151

G10778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122B

Registered No. G10778

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: So. Balto. Gen. Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life - 44 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto - Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 529 Wilson Ln
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Beverly or Alice Beasley Goings

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years	Months	Days	If less than one day
44			hr. min.

9. Birthplace Maryland. (Town, county and state)

10. Usual Occupation Domestic Servant.

11. Industry or business Farming & Gen. work.

FATHER
12. Name Richard Blackson
13. Birthplace Maryland.

MOTHER
14. Maiden Name Nancy Hammond
15. Birthplace Maryland.

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy A. Gilliam
(b) Address 1000 Brantly Ave

19 JUN 1 - 1946 (Date rec'd by registrar) (Huntington Williams, M.D. Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-27 1946, at 6:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18 1946, to 5-27 1946, and that I last saw her alive on 5-27 1946

Immediate cause of death Intestinal obstruction.

Due to Unknown Cause.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
(f) Signature Harold V. Cano M. D.
Address So. Balto Gen Hosp Date signed 5-28-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

CANO, M.D. X

DOA - Med. Exam Case.

G40779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

128

Registered No. G40779

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 North Bond St.
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County 5
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 6 NORTH BOND ST. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME Walter CANNON

3 (b) If veteran, name war NO

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced MARRIED

6 (b) Name of husband or wife ROSIE CANNON

6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) 2-3-17

8. AGE: Years 29 | Months 2 | Days 26 | If less than one day hr. min. 24

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Heber CANNON
13. Birthplace North Carolina

MOTHER
14. Maiden Name Betty GRIMES
15. Birthplace North Carolina

16 (a) Informant Hospital Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy O'Neill
(b) Address 4000 Bland Lane

JUN 1 - 1946 (Date rec'd by registrar) (b) Huntington Woods, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-27-46 1946 at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-27 1946 to 5-27 1946 and that I last saw him alive on 5-27 1946.

Immediate cause of death acute hemorrhagic pancreatitis — Duration 1 day

Due to

Due to

Other Conditions Chronic Alcoholism, Chronic Cholecystitis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Mason Hopkins
Address Johns Hopkins Hosp. Date signed 5-29-46 M.D.
Howard J. Weaver, M.D.

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G10780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G10780

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1119 N. Bentalou St.
(c) Hospital or institution:

16-5

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1119 N. Bentalou St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert F. Lambert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Ada Lambert nee Hazel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1877

8. AGE: Years	Months	Days	If less than one day
68	8	20	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Sail maker
11. Industry or business Stevenson

FATHER
12. Name Elijah F. Lambert
13. Birthplace Md

MOTHER
14. Maiden Name Emma F. Neal
15. Birthplace Md.

16 (a) Informant Mrs. Ada Lambert
(b) Address 1119 N. Bentalou St.

17. Burial (Burial, cremation, or removal) (b) Date thereof June 1/46. (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Ave.

18 (a) Funeral director Harry H. Nuttle
(b) Address 401 E. Monument Ave.

19 JUN 1 - 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29/46. 19 . at M

21. I certify that death occurred on the date above stated; that I attended deceased from February 1 1946. to May 29 1946. and that I last saw him alive on May 29 1946.

Immediate cause of death	Duration
Cardiac failure	24 hrs.
Due to Coronary occlusion	2 yrs
Due to Arteriosclerosis	? 5 yrs
Other Conditions Chronic nephritis Bronchial asthma	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations:
of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard N. Tillman M. D.
Address 3035 St. Paul St. Date signed May 30 1946.

VS 150

X

Penalty for wilfully making any false statement in this certificate is fine or imprisonment, or both. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. 640781

FORM WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 21 N. Schroeder St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) 5yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 21 N. Schroeder St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME (Rev) Edna Cecil Bryson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 19, 1919

8. AGE: Years	Months	Days	If less than one day
26	6	11	hr. min.

9. Birthplace Pulaski, Va (Town, county, and state)
10. Usual Occupation Minister
11. Industry or business

FATHER	12. Name Kenney Bryson
	13. Birthplace Gallax, Va
MOTHER	14. Maiden Name Bessie Jones
	15. Birthplace Va

16 (a) Informant Hazel Mae Morris
(b) Address 161 Calvert Circle - Potomac

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1, 1946 (month) (day) (year)
(c) Cemetery or crematory Family Lot
Location Gallax, Va

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1631 United Mill Ave.

19 JUN 1 - 1946 (Date rec'd by registrar) Huntington Williams, Mortician

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30, 1946 at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 24, 1946 to May 30, 1946, and that I last saw her alive on May 29, 1946.

Immediate cause of death: Lobar Pneumonia — Duration: 11 Days
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Donald Banto M. D.
Address 2745 D. Hill Ave. Date signed 6-1-46

VS 150

X

G40732 | 101381 | BALTIMORE CITY HEALTH DEPARTMENT | G40732

CERTIFICATE OF DEATH

13B

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINTING WRITE FIRMLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 539 Robert St. Zone 17
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6th 1908

8. AGE: Years 37 | Months 8 | Days 24 | If less than one day: hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Phillip Johnson
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Thompson
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Wm. George H. Holland
(b) Address 1114 Druid Hill Ave.

19 (a) JUN 1 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30th 1946 19 , at 6.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18th 19 46 to May 30th 19 46 and that I last saw h im alive on May 30th 19 46 .

Immediate cause of death: Respiratory Failure — Duration

Due to: Pulmonary Tuberculosis, far advanced

Due to

Other Conditions: Laparotomy Partial Gastrectomy & Lues
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. K. Stadtmueller M.D.
M. D.
Address Balto. City Hospitals Date signed 6-31-46

VS 150

G40783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G40783 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Caroline
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2903 Dunleer Road
(If rural give location)
(e) Citizen of foreign country? ----- (Yes or No)
If yes, name country -----

3 (a) FULL NAME Miss Lilly Weidehan (Lillie Weidenhan)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fr.

5. Color or race W

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife ----------

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) ---------- 5/4/72

8. AGE: Years 74 | Months | Days 22 | If less than one day -- hr. --- min.

9. Birthplace Richmond, Virginia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business ------

FATHER
12. Name August Weidenhan
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Effrig
15. Birthplace Alsace

16 (a) Informant Joseph L. Weidenhan
(b) Address 2903 Dunleer Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Meaks and Son
(b) Address 805 N. Calvert Street

19 (a) Date received JUN 1 1946 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/31/46 19 at 0630 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/27/46 19 to 5/31/46 19
and that I last saw her alive on 5/29 19

Immediate cause of death

Due to Coronary Occlusion

Due to

Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James M. Tierney M.D.
Address St. Josephs Hosp Date signed 5/31/46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40784 Br 1700

CWK- 101529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47c

Registered No. G40784

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4913 Toone Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Edward Alexander Reisseland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Louisa
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 20-1864

8. AGE: Years	Months	Days	If less than one day
81	8	9	hr. min.

9. Birthplace Pennsylvania
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edward Ferdinand (D)
13. Birthplace Germany

MOTHER
14. Maiden Name Louisa Beerman (D)
15. Birthplace Germany

16 (a) Informant Records-Balto. City Hospitals
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/46 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location O'Donnell St.

18 (a) Funeral director E Carey & Hofmann
(b) Address 1639 N Broadway

19 JUN 2 - 1946 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 29 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1946 to May 29 1946, and that I last saw him alive on May 29 1946.

Immediate cause of death: Bronchopneumonia, bilateral — Duration 5 day

Due to Carcinomatosis — 6 mo?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operations: —

of autopsy (see over)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas J O'Neill M. D.
Address Balto. City Hosp. Date signed 5-30-46

VS 150

X

G40785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830a

G40785 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution Univ Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County None
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 124 W. Perry St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Young

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced M

6 (b) Name of husband or wife Willie Mae

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/15/1946

8. AGE: Years about 50 | Months 3 | Days 16 | If less than one day hr. min.

9. Birthplace Perryville, Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name John

13. Birthplace Yorktown, Pa

MOTHER 14. Maiden Name Eliza Young

15. Birthplace Newark, Del

16 (a) Informant University Hospital

(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/46 (month) (day) (year)

(c) Cemetery or crematory Columbian

Location Cokesbury, Md

18 (a) Funeral director Ernest K Bullock

(b) Address Havre de Grace, Md

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 31 May 1946, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3:40 PM 31 May 1946, to 6:02 AM 31 May 1946, and that I last saw him alive on 31 May 1946.

Immediate cause of death Cerebrovascular accident — Duration

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emmett L Riggs M. D.

Address Univ Hosp Date signed 31 May 46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2 VS 1946 Transcription Unit, Registrar

X

-KINSTLER- G40786

G40786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 10

Registered No. G40786

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Road & Herring Run
(c) Hospital or institution:
Lyndenhaven Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 67 days
(e) Length of stay in Baltimore (yrs., mos., or days) 67 days (If not county resident)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Rural-Lansdowne (If outside city or town limits, write RURAL and give town)
(d) Street No. Holbrook Ferry Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John D. Kinstler

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 225-16-5939

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Velma Kinstler
6 (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) March 16, 1918

8. AGE: Years	Months	Days	If less than one day
28	2	14	hr. min.

9. Birthplace Baltimore, Baltimore Co. Maryland (Town, county, and state)
10. Usual Occupation Ball maker
11. Industry or business Railroad

FATHER
12. Name John Kinstler
13. Birthplace ~~Gettysburg, Pa~~ Balto Md

MOTHER
14. Maiden Name Anna Sythes
15. Birthplace ~~Gettysburg, Pa~~ Westminster Md.

16 (a) Informant John Kinstler
(b) Address (Deceased)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Frederick Ave

18 (a) Funeral director Geo. H. Lauterbach
(b) Address 1 W. Lyndhurst St

19 (a) (Local or State registrar) (b) Huntington Md
June 2 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1946, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 27 1946 to June 1 1946, and that I last saw h i m alive on June 1 1946.

Immediate cause of death	Duration
Myocarditis	51 days
Due to Diphtheria	27 days
Due to	
Other Conditions Polyneuritis due to diphtheria (Include pregnancy within 3 months of death)	56 days

Date of operation May 30, 1946
Major findings of operation: Tracheotomy
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James S Rosenberg M. D.
Address Lyndenhaven Hosp Date signed June 1 1946

Physicians: please write the causes of death clearly and legibly. The space is especially important. Every item of information should be carefully supplied. USE WHITE PENCIL, WITH CARBONE INK.

G40787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G40787 ✓

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 803 Whitelock St
(c) Hospital or institution: 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 803 Whitelock St
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Abraham Alter

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Late Rose
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept, 15, 1871

8. AGE: Years	Months	Days	If less than one day
74	8	16	..... hr. ..... min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation .....
11. Industry or business Retired

FATHER
12. Name .....
13. Birthplace Russia

MOTHER
14. Maiden Name .....
15. Birthplace Russia

16 (a) Informant Mr Joseph Alter
(b) Address 803 Whitelock St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2, 1946 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel Cem
Location German Hill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) 2 1946 (Date rec'd by reg.) (b) Burlington Milwaukee Mortuary

MEDICAL CERTIFICATION 9.45

20. DATE OF DEATH June 1 1946 at A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1946 to June 1, 1946, and that I last saw h.im alive on June 1 1946.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to Arteriosclerotic Cardio-Vascular Renal Disease	
Due to	
Other Conditions Hemiplegia	4 days

(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M.
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work?
(Specify type of place)
(e) Means of injury .....

23. Signature Samuel Amole
Address 1331 Whitelock Date signed 6-7-46

VS 150

PLEASE PRINT, WITH UNFADING INK. Every item of information should be carefully supplied. This correct is especially important. Physicians: please write the causes of death clearly and legibly.

38 77 G40788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G40788

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town Washington
(If outside city or town limits write RURAL and give town)
(d) Street No. 1720 Willard St. N. W.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jesse Bigby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.*
Female	Black	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-16-0[illegible]

8. AGE: Years	Months	Days	If less than one day
40	7	29	5' hr. min.

9. Birthplace N. Carolina
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Minis Jones
13. Birthplace S. C.

MOTHER
14. Maiden Name Maggie French
15. Birthplace S. C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 6-4-46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Greensboro, N. C.

18 (a) Funeral director Charles L. Law
(b) Address 801 Madison Ave

19 (a) 6-3-1946 (b)
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1946 at 12 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-28 1946 to 6-1 1946 and that I last saw h[illegible] alive on 6-1 1946

Immediate cause of death PULMONARY EMBOLUS — Duration

Due to CORONARY OCCLUSION

Due to MYOCARDIAL INFARCTION

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Philip A. Hench M. D.
Address Johns Hopkins Hospital
Date signed

VS 150

Tuberculosis X

Every item of information should be carefully supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.

G40789

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83B

G40789 ✓ Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days): 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4141 Norfolk Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Hirshfield

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rachael
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Insurance Agent
11. Industry or business

FATHER
12. Name William
13. Birthplace Russia

MOTHER
14. Maiden Name Tober
15. Birthplace Russia

16 (a) Informant Mrs. Rosen
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-46 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Philpot + Bowley Sts

18 (a) Funeral director Jack Lewis Inc
(b) Address 1434 E. Baltimore St

19 (a) 1940 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1946, at 12:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1 1946, to July 1946, and that I last saw h[illegible] alive on May 1946.

Immediate cause of death Cerebral Embolism — Duration

Due to Septicemia

Due to Myelo nephritis, arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis H. Jack
Address Date signed M 6 D 1 1946

VS 150

X

correct. This is especially important. Physicians: please write the causes of death clearly and legibly.

G40790

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93E

G40790
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St 1500
(c) Hospital or institution: Sinai

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 No Dentaloue St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Abraham Goldberg

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-0816

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife Fannye

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace London, Eng
(Town, county, and state)

10. Usual Occupation Tailor
11. Industry or business

FATHER 12. Name	Simon
13. Birthplace	London Eng
MOTHER 14. Maiden Name	Leah
15. Birthplace	London Eng

16 (a) Informant Fannye Goldberg
(b) Address 1720 No Dentaloue St

17 (a) Burial (b) Date thereof 6-2-46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Hebrew Young Men
Location Woodson Mill Road

18 (a) Funeral director Jack Lewis Inc
(b) Address 1409 E Balto St

19 (a) 1946 (b) Huntington Williams MD
(Date) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-31-46 19 at 1:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-17-1946, to 5-31-1946, and that I last saw him alive on 5-31-1946.

Immediate cause of death Pulm. edema — Duration

Due to Congestive Heart Failure

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work)
(Specify type of place)
(e) Means of injury

23. Signature Albert J. Weisz M. D.
Address Sinai Hospital Date signed 5/31/46

VS 150

corrected age is especially important. Physicians: please write the causes of death clearly and legibly.

G40791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

G40791 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St.
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt. City.
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 N. Bentalou St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Celia Jeff.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	M.

6 (b) Name of husband or wife Samuel Jeff.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 26 1899

8. AGE: Years	Months	Days	If less than one day
46	8	6	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation House wife.
11. Industry or business

FATHER
12. Name Benjamin Novinsky
13. Birthplace Russia

MOTHER
14. Maiden Name Anna Cohen
15. Birthplace Russia

16 (a) Informant Samuel Jeff
(b) Address 1612 N. Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-46 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location

18 (a) Funeral director Jack Levin Inc
(b) Address 1431 E. Balto St

19 (a) 6-2-1946 (b) Filed by registrar Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1st 1946 at 8:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1946 to June 1st 1946 and that I last saw her alive on June 1 1946.

Immediate cause of death Cardiac Failure — Duration

Due to Hypertensive Cardiovascular Disease — 2 yrs.

Due to

Other Conditions L. hemiplegia — 20 da.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wilmer Penner M. D.
Address Union Memorial Date signed June 2 1946

VS 150

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40792

BALTIMORE CITY HEALTH DEPARTMENT ✓ G40792

CERTIFICATE OF DEATH 122

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd st.
(c) Hospital or institution: Bo Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2904 London Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Maurice H. Peltz

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M.

6 (b) Name of husband or wife Pauline Peltz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Solomon Peltz
13. Birthplace Russia

MOTHER
14. Maiden Name Hilda
15. Birthplace Russia

16 (a) Informant Pauline Peltz
(b) Address 2904 London Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-46 (month) (day) (year)
(c) Cemetery or crematory Beth Tfiloh
Location Dundalk Mill Road

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E Balto St

19 (a) 1946 Huntington Williams, Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1946, at 2:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1946 to May 31 1946, and that I last saw him alive on May 31 1946.

Immediate cause of death: Coronary Thrombosis — Duration 1 hr.

Due to: Arteriosclerosis

Due to: Bronchial Asthma — 6 yrs.

Other Conditions: Sub pleural emphysema, Air Embolism, Gangrenous patches.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Air embolism.

Date of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Penner M. D.

Address Union Memorial Hosp. Date signed 31 May 46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

G40793 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street Address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4014 Cold Spring Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Paul Wimpheimer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1921

8. AGE: Years 25 | Months | Days | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Chemist

11. Industry or business

FATHER
12. Name Mat
13. Birthplace Germany

MOTHER
14. Maiden Name Rose
15. Birthplace

16 (a) Informant Hosp Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-2-46 (month) (day) (year)
(c) Cemetery or crematory New York City
Location

18 (a) Funeral director Jack C. Lenz Inc
(b) Address 1439 E. Balto St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 June 1946, at 1:45 P M

21. I certify that I took charge of the remains described above, held an Inspector's Inq Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Toxemia

Due to 2nd & 3rd degree burns of face, neck, both arms and both legs

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 29 May 1946 - 2:30 P M.
(b) Where did injury occur? 6101 Falls Road
(c) Did injury occur at home, on farm, industrial place, in public place? Catalyst Research Corp While at work? Yes
(d) Means of injury Chemical Explosion

23. Signature William J Helfrich M.D. Medical Examiner.
Date signed 2 June 1946

VS 151

G40794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G40794 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3201 Garrison Blvd (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME David Ash

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 28, 1859

8. AGE: Years 87 | Months 2 | Days 4 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired Attorney

11. Industry or business

FATHER
12. Name Louis Ash,
13. Birthplace Prussia

MOTHER
14. Maiden Name Emma Hutman,
15. Birthplace Bavaria.

16 (a) Informant Dr. M. A. Weinberg
(b) Address 1724 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/46 (month) (day) (year)
(c) Cemetery Har Sinai
Location Balto. Md.

18 (a) Funeral director David Sonnenborn & Son
(b) Address 1902 Eutaw Place

19 1946 Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/1 1946 at 2.00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1946 to June 1 1946 and that I last saw h/ her alive on June 1 1946

Immediate cause of death Cardiac Failure — Duration

Due to Myocardial Heart Disease

Due to Arteriosclerosis & hypertension

Other Conditions Hemorrhage of bladder
Prolapse rectum
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation None

Duration of autopsy Duration of illness, myocardial disease

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis H Jaffe, M. D.
Address Sinai Hospital Date signed 6/1/46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40795 ✓ G40795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No. (Colls)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2017 E. Pratt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dave Laudermilk

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Ruby.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-19-15

8. AGE: Years 31 | Months 2 | Days 13 | If less than one day hr. min.

9. Birthplace Texas (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Laudermilk
13. Birthplace Texas

MOTHER
14. Maiden Name Hetty Ellis
15. Birthplace Texas

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/3/46 (month) (day) (year)
(c) Cemetery or crematory
Location Copper Hill Texas.

18 (a) Funeral director M.W.E. Dippels Sons
(b) Address Lombard & Hanover Sts.

19 (a) Date received JUN 7 1946 (b) registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1946 at 1:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 24 1946 to June 1 1946 and that I last saw deceased alive on June 1 1946.

Immediate cause of death: Chronic nephritis — Duration

Due to Arteriosclerosis

Due to

Other Conditions? Chronic hypertonic toxicity (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Arnold

Address J.H.H. Date signed June 7 1946

Howard J. Malony M.D.

VS 150

Please write plainly; avoid abbreviations. Give exact age in especially important. Physicians: please write the causes of death clearly and legibly.

G40796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G40796 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4013 Liberty Hgts Ave
(c) Hospital or institution: Mello Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3628 Milford Mill Rd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarence L Sharp

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Male | **5. Color or race** White | **6 (a) Single, married, widowed, or divorced.** Married

6 (b) Name of husband or wife Annie M. Sharp **6 (c) If alive, give age** 78 years

7. Birth date of deceased (mo., day, yr.) Oct. 12-1865

8. AGE: Years 80 | Months 7 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace Mill Ville N. J. (Town, county, and state)

10. Usual Occupation Retired Clerk

11. Industry or business Drugs Meth Bros.

FATHER
12. Name Wm Sharp
13. Birthplace Millville N.J.

MOTHER
14. Maiden Name Catherine Hanlon
15. Birthplace Lancaster Pa.

16 (a) Informant Clarence M. Sharp
(b) Address 3628 Milford Mill Rd

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 6/3/46 (month) (day) (year)

(c) Cemetery or crematory Mt Olive Cem.
Location Randallstown Md.

18 (a) Funeral director E. M. Lonnegan
(b) Address 4516 Liberty Hgts Ave

19 (a) JUN 2 - 1946 (Date rec'd by registrar) **(b)** Lexington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1946 at 10.2 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1946 to May 31 1946 and that I last saw h alive on May 31 1946.

Immediate cause of death Cerebral hemorrhage — Duration 1 day

Due to Hypertensive cardiovascular disease — 2

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fran L. Lehman M.D.

Address Ellicott City Md. **Date signed** 6/1/46

VS 1

correct 2 are is especially important. Physicians: please write the causes of death clearly and legibly.

G40797

BALTIMORE CITY HEALTH DEPARTMENT ✓ 937

CERTIFICATE OF DEATH

G40797 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Caton & Wilkens Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): V
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 124 N. Payson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country:

3 (a) FULL NAME: Frederick W. Bohne --Frederick W. Bohne

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex: ~~Female~~ Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary E.

6 (c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): May 11, 1874

8. AGE: Years: 72 | Months: - | Days: 19 | If less than one day: hr. min.

9. Birthplace: Baltimore Maryland (Town, county, and state)

10. Usual Occupation: Compositor

11. Industry or business: A.S.Abell Company

FATHER
12. Name: Frederick W. Bohne
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Laura Schleifer
15. Birthplace: Maryland

16 (a) Informant: Mrs. Mary E. Bohne
(b) Address: 124 N. Payson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3 June 46 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park -
Location: Baltimore Maryland

18 (a) Funeral director: A. B. Hilbert & Son
(b) Address: 1300 Eutaw Place

2 JUN 1946 (Date received by registrar) (b) Registrar

Hunting for Williamsport, Md

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH: 5/30 1946, at 12:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/30 1946, to 5/30 1946, and that I last saw him alive on 5/30 1946.

Immediate cause of death: Massive cerebral hemorrhage — Duration:
Due to: Hypertensive Cardio-Vascular disease
Due to:
Other Conditions: Abrasion of scalp
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Harry Hibbs Hollises M. D.
Address: 5A Wayne Ave. Date signed: 6/3/46

X

age is especially important. Physicians: please write the causes of death clearly and legibly.

G40798 ✓ G40798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Redwood & Greene Sts
(b) Street address 717 N. Longwood St
(c) Hospital or institution: Union Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 Min.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County None
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 717 N. Longwood St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine Chambers

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife James M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7 · 1890

8. AGE: Years	Months	Days	If less than one day
55	10	29	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name James Kearney

13. Birthplace

MOTHER 14. Maiden Name Catherine

15. Birthplace

16 (a) Informant Jack Willis Chambers

(b) Address 717 N. Longwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/46 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location

18 (a) Funeral director Pfeyenn & Fleming

(b) Address 1476 Light St.

19 (a) (Date rec'd by registrar) (b) Hunting for Williams M.F. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 31 May 1946, at 1:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/5/46 to 7:00 AM 19, and that I last saw her alive on 31 May 1946.

Immediate cause of death Respiratory failure

Due to Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Emil T. Briggs M. D.

Address Union Hosp. Date signed 5-31-46

VS 150

X

Every item of information should be carefully supplied. The correct age is especially important. Physicians—please write the causes of death clearly and legibly.

G40799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

G40799 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 866 W. Fairmont
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isaac Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Pearl Jackson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1924

8. AGE: Years 22 | Months | Days | If less than one day hr. min.

9. Birthplace Winnsboro, S. C.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Isaac Jackson
13. Birthplace Winnsboro, S. C.

MOTHER
14. Maiden Name Corrine
15. Birthplace Winnsboro, S. C.

16 (a) Informant Emma Gaethrop
(b) Address 866 W Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2, 1946 (month) (day) (year)

(c) Cemetery or crematory Winnsboro
Location South Carolina

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St.

19 (a) 1946 (Date rec'd by registrar) (b) Registrar

Funeral for Williams, Mrs

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/30 1946 at 11 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Internal hemorrhage due to gunshot wound of aorta
Due to and lung.

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5/30/46 at 21/2 10:20 P. M.
(b) Where did injury occur? Carroll Park
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? no
(d) Means of injury Shot by unknown person.

23. Signature Howard J. Mullen M.D.
Medical Examiner.
Date signed 5/31/46

VS 151

X

Foley

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. 610300

Foley Collins
3321 Frederick Av

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2110 Maryland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2110 Maryland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Theresa Foley (nee Gunning)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FM	W	Widow

6 (b) Name of husband or wife John J. Foley, Sr.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 6, 1866

8. AGE: Years	Months	Days	If less than one day
80	4 3	17 25	hr. min.

9. Birthplace West Virginia
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James J. Gunning
13. Birthplace Ireland

MOTHER
14. Maiden Name Rose M. Gunning
15. Birthplace Pa

16 (a) Informant Dr. John J. Foley, Jr.
(b) Address Harford Rd & Echodale Ave

17 (a) Burial (b) Date thereof 6/3/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave.

18 (a) Funeral director Leonard J. Ruck
(b) Address 5306 Harford Road

19 (a) (b) Huntington W. Va.
Authorized by coroner

JUN 3 - 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/31 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1946 to May 31 1946
and that I last saw her alive on May 31 1946

Immediate cause of death
Congestive Heart Failure — Duration 2 hrs

Due to Arteriosclerotic Heart disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. M. Collins M. D.
Address 3321 Frederick Ave Date signed 6/1/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No. G40801

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any wilful falsification or concealment of information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St.
(c) Hospital or institution: U M H. 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt. City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 Linden Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Morgan.

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	W.

6 (b) Name of husband Leolston B. Morgan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 13 '70

8. AGE: Years	Months	Days	If less than one day
76	2	18	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER 12. Name	Julius Mathes
13. Birthplace	Germany
MOTHER 14. Maiden Name	Carolina ~~Seitz~~ Shelle
15. Birthplace	Germany

16 (a) Informant Catherine Morgan
(b) Address 2215 Chelsea Terrace

17 (a) Burial (b) Date thereof 6/4/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto
Location " Md.

18 (a) Funeral director William Cook Inc
(b) Address 1240 St. Paul St

JUN 3 1946
(Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1st 1946 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 27 1946 to June 1 1946, and that I last saw h.r alive on June 1st 1946.

Immediate cause of death Carcinomatosis. — Duration 1 yr.

Due to Carcinoma Stomach

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. Tanner M. D.

Address Union Memorial Date signed 1 June 46

VS 150

G40802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 27B

Registered No. G40802

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline ave.
(c) Hospital or institution: St. Joseph's Hospital 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2628 Garrett Ave.
(or rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jno. Harry E. Smith

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War II	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Jno. Harry Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 14th 1909

8. AGE: Years	Months	Days	If less than one day
36	7	17	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Bus Driver
11. Industry or business Balto. Transit Co.

FATHER
12. Name Charles W. Smith
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Gertrude Yager
15. Birthplace Balto. Md.

16 (a) Informant Chas. W. Smith (Brother)
(b) Address 2628 Garrett Ave

17 (a) Burial (b) Date thereof 6/4/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory U. S. National
Location Balto. Md.

18 (a) Funeral director Wm Cook Inc.
(b) Address 1217 St. Paul St.

JUN 3 - 1946 (b) Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-1-46 19 2:07 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/17/46 to 6/1/46, and that I last saw h alive on 6/1/46 M.

Immediate cause of death Cardio-respiratory failure — Duration
& Toxemia.
Due to Generalized peritonitis with atelectasis of lung
Due to Lung abscess (probably amebic)
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work)
(Specify type of place)
(e) Means of injury

23. Signature Eugene Shuler M.D.
Address St. Joseph's Hosp. Date signed 6-1-46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1918

640803 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Rayner Ave
(c) Hospital or institution: West Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2646 Miles Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Raymond D. Millard

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-5374

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of ~~husband or~~ wife Bessie Millard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28th 1889

8. AGE: Years	Months	Days	If less than one day
57	1	3	hr. min.

9. Birthplace New Jersey (Town, county, and state)
10. Usual Occupation Printer
11. Industry or business Waverly Press

FATHER
12. Name Herman Millard
13. Birthplace Md.

MOTHER
14. Maiden Name Cornelia Dunn
15. Birthplace Md.

16 (a) Informant Bessie Millard
(b) Address 2646 Miles Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/46 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto. Co. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

JUN 3 - 1946
(Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 1 1946, at 8 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18 1946, to 6-1 1946 and that I last saw ~~him~~ her alive on 6-1 1946

Immediate cause of death Uremia — Duration

Due to Chronic Nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin Berdiansky M. D.
Address West Balto Gen'l Hosp. Date signed 6-1-46

correct age is especially important. Physicians:- please write the causes of death clearly and legibly.

VS 150

G40804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G40804

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 908 N. Augusta ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16

(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 908 N. Augusta ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harvey Crookman Robinson

3 (b) If veteran, name war

(c) Social Security Account No. 216092618

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Lola R.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 26, 1873

8. AGE: Years	Months	Days	If less than one day
73	1	5	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Cabinet Maker

11. Industry or business E. J. Benson Co.

FATHER
12. Name Wm. P. Robinson
13. Birthplace Md

MOTHER
14. Maiden Name Annie Tippen
15. Birthplace Md

16 (a) Informant Edw. C. Robinson
(b) Address 908 N. Augusta ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3/46 (month) (day) (year)

(c) Cemetery or crematory Spring Hill Cem.
Location Easton, Md.

18 (a) Funeral director Harry H. Nittle
(b) Address 4101 Edmondson ave

19 JUN 3 - 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31/46 19 , at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 3 1940 to May 31 1946 and that I last saw h[illegible] alive on May 30 1946.

Immediate cause of death Arteriosclerotic Heart Disease — Duration 5 yrs

Due to

Due to

Other Conditions Chronic Bronchitis & Bronchiectasis. — Duration 10 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert J. Shortell M.D.
Address 302 Edmondson Ave Date signed 6/1/46 M. D.

VS 160

G40805
160374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 B

Registered No. G40805

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town New York (If outside city or town limits, write Rural and give County)
(d) Street No. Hotel Sherman Square (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hooker, George W.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	married

6 (b) Name of husband or wife Ernestine Hooker
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) 9-25-63

8. AGE: Years	Months	Days	If less than one day
82	8	7	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Philip Hooker
13. Birthplace Pa.

MOTHER
14. Maiden Name Lyen Deborah
15. Birthplace Pa.

16 (a) Informant records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2/46 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Pleasantville

18 (a) Funeral director John O. Mitchell Sons Co
(b) Address 1600 Eutaw Place

19 (a) JUN 3 - 1946 (Date rec'd by registrar) (b) Huntington Nelligan M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 - 1946 at 4 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-17- 1946 to 6-2- 1946 and that I last saw him alive on 6-2- 1946.

Immediate cause of death
Carcinoma of the Stomach — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice B Wintersteen M. D.
Address J H H Date signed 2 Jun 46

VS 150

Fill in all items. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54B

G40806 Registered No.

Please answer questions, where practicable, in ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Howard Sts.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1705 Ashburton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William P. Allnutt

3 (b) If veteran, name war: World I

3 (c) Social Security Account No. 216-05-1596

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife: Mabel Renneberger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1894

8. AGE: Years	Months	Days	If less than one day
52	1	17 27	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Packer
11. Industry or business Rice's Bakery

FATHER
12. Name Richard Allnutt
13. Birthplace Md.

MOTHER
14. Maiden Name Jenny C. Bennett
15. Birthplace Md.

16 (a) Informant Mrs. Mabel Allnutt
(b) Address 1705 Ashburton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick, Md.

18 (a) Funeral director William J. Tickner & Sons
(b) Address 1101 Pennsylvania Aves

JUN 3 1946

19 (a) Huntington Williams M.D. (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-1 1946, at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-19 1946, to 6-1 1946, and that I last saw him alive on 6-1 1946.

Immediate cause of death: post operative Collapse

Due to shock following Bowel operation.

Due to and post operative pulmonary Edema

Other Conditions

Duration: 6 hrs 2 days

(Include pregnancy within 3 months of death)

Date of operation May 30, 1946

Major findings of operation: Tumor - Rt Cerebrum.

of autopsy: Tumor + degeneration. Rt Cerebrum

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carlton Brimfield M. D.
Address Md - Gen - Hosp. Date signed 6-1-46

X Brimfield

VS 190

G40807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G40807

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2837 Cold Spring Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and name town)
(d) Street No. 2837 Cold Spring Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SOL GLASSNER

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced M

6 (b) Name of husband or wife Ida
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1844

8. AGE: Years 52 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county and state)
10. Usual Occupation Operator
11. Industry or business

FATHER 12. Name Dan[illegible]
13. Birthplace Russia

MOTHER 14. Maiden Name not known
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-46 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philadelphia & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 1434 E. Balto St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/2/46 19 , at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1944 19 , to 6-2 1946, and that I last saw h[illegible] alive on 6/2 1946.

Immediate cause of death: Coronary thrombosis acute coronary occlusion — Duration 2 Hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hunter B Tyson
Address 2904 Eastern Ave Date signed 6/4/46

JUN 3 1946 Huntington Williams, M.D.

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40808 G40808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 609 Brookwood Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 609 Brookwood Road (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country ##

3 (a) FULL NAME Sadie Magenhardt Roe MEGENHARDT.

3 (b) If veteran, name war ###

3 (c) Social Security Account No. ###

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Charles Megenhardt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1858

8. AGE: Years 87 | Months 8 | Days 16 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business Home

FATHER
12. Name Samuel H. Roe
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sarah Battarill
15. Birthplace Baltimore

16 (a) Informant Walter H Megenhardt
(b) Address 609 Brookwood Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director George W. Little
(b) Address 2700 Edmondson Ave.

19 (a) (Date of registry) (b) JUN 3 - 1946 Huntington Millinery Mfg

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1946 at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 5 1946 to June 1 1946 and that I last saw her alive on May 5 1946

Immediate cause of death Arteriosclerotic Heart Disease — Duration 2½ yrs

Due to Generalized Arteriosclerosis — Duration Unknown

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: /

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martin L Sugarman M. D.
Address 1109 St Paul St Date signed June 4 1946

VS 150

Physicians: Please write plainly, with ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40809

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D ✓

G40809 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street City
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 50 years

3 (a) FULL NAME Gabrielle Paulin Carter

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife Henry Carter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1870

8. AGE: Years	Months	Days	If less than one day
76	3	17	hr. min.

9. Birthplace Paris, France
(Town, county, and state)

10. Usual Occupation
11. Industry or business Housekeeper

FATHER
12. Name Pierre Paulin
13. Birthplace France

MOTHER
14. Maiden Name Marie Magne
15. Birthplace France

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley Street City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4, 1946 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 900 E. Biddle St

19 (a) ~~June~~ 6 - 1946 (Date filed by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1946, at 10:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1946, to June 2 1946, and that I last saw her alive on June 1 1946.

Immediate cause of death	Duration
Edema Lungs	3 days
Due to Chronic Myocarditis	5 yrs
Due to	
Other Conditions Bronchial Asthma	3 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E North Ave Date signed 6/2/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G40810 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1108 Carson Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leroy Smith

3 (b) If veteran, name war: World War I.

3 (c) Social Security Account No. 215-07-7006

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife: Anletha Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER
12. Name George Smith
13. Birthplace Unknown.

MOTHER
14. Maiden Name Mary Hicks
15. Birthplace Calvert Co. Md.

16 (a) Informant Richard Hicks
(b) Address 626 Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/46 (month) (day) (year)
(c) Cemetery or crematory Pestigment Chapel
Location Huntingtown Md.

18 (a) Funeral director Metropolitan Funeral Home, Inc.
(b) Address 927 N. Mount St.

19 (a) (Registrar) (b) Huntingtown Williamsport Md.
(Date received by Registrar)

JUN 3 1946

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/31/46 19 6:45 PM

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
(Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to ... death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R Davis M.D.
Medical Examiner.
Date signed 6/1/46

X

G40811 ✓ G40811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 1619 W Lafayette
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ferdinand Talmadge Taylor Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1932, Apr 26

8. AGE: Years 14 | Months April | Days 26th | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER — 12. Name	Fred. Mitchell
FATHER — 13. Birthplace	Va.
MOTHER — 14. Maiden Name	Hazel Taylor
MOTHER — 15. Birthplace	

16 (a) Informant Alice Byerles
(b) Address 709 N. Bruce st

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 6/5/46 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Balto. Co. Md.

18 (a) Funeral director Metropolitan Funeral Home Inc.
(b) Address 927 N. Mount st

19 (a) JUN 3 - 1946 (Date rec'd by registrar) Huntington Williams Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/31 1946, at 5 P.M

21. I certify that I took charge of the remains described above, held an Autopsy Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5/31 at 25/2 2.30 P.M.
(b) Where did injury occur? Cherry Hill Pond
(c) Did injury occur at home, on farm, industrial place, in public place? Public Place While at work? No
(d) Means of injury Drowned in pond

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 6/1/46

X

G40812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

Registered No. G40812

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 720 Bartlett Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 720 Bartlett Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WOODWARD A. CLAYTON

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Spanish American	220-05-8533	Male	White	Married

6 (b) Name of husband or wife Ella M.(Carpenter) Clayton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 2, 1884

8. AGE: Years	Months	Days	If less than one day
62	1	29	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Plumber
11. Industry or business Self

FATHER
12. Name Joseph S. Clayton
13. Birthplace Maryland

MOTHER
14. Maiden Name Henrietta Smith
15. Birthplace Maryland

16 (a) Informant Mrs. Ella M. Clayton
(b) Address 720 Bartlett Ave.

17 (a) Burial (b) Date thereof 6/4/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto. National Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

(a) Date received JUN 3 - 1946 (b) Registrar Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 1946, at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1944 to June 1 1946, and that I last saw him alive on May 27 1946.

Immediate cause of death Uremia — Duration

Due to Chronic nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jack J. Singh, M.D.
Address 506 E. Monument Date signed 6/4/46

VS 190

X

G40813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G40813

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1230 S. Carey St.
(c) Hospital or Institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1230 S. Carey St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: CLARA PAULINE KAUFMANN

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: no

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Henry John Kaufmann

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 19, 1870

8. AGE: Years 76 | Months 4 | Days 12 | If less than one day: hr. min.

9. Birthplace: Germany
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: Paul Hornig
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace

16 (a) Informant: Mr. Carl P. Kaufmann
(b) Address: 1230 S. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/46 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) (b)

JUN 3 1946 Registrar

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 1946, at 6:14 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1946 to June 1, 1946, and that I last saw h[illegible] alive on May 31, 1946.

Immediate cause of death: Myocardial Insufficiency — Duration:

Due to: Hypertension

Due to: Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operation:

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Clark L. Jeans

Address 2322 Eastern Ave. Date signed 6/1/46

X

Please answer all questions, write legibly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G40814 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4104 Belle Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4104 Belle Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE MARION BUCHER

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Ella A. Bucher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26, 1870

8. AGE: Years 76 | Months 2 0 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired Banker
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Gertrude R. Keyser
(b) Address 4104 Belle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/3/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.
18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.
19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

vs JUN 3 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30, 1946 at 9:25p M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 2, 1945 to May 30, 1946 and that I last saw h[illegible] alive on 5/24 1946.

Immediate cause of death	Duration
1) Hypertension Heart Disease	5yrs.?
Due to	
Due to Generalize Sclerosis.	
Other Conditions Diabetes Mellitus.	?

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None.
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Earl L. Chambers
Address 4105 Liberty Hts Date signed 6/3/46

93D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40315 new

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1659

Registered No. G40315

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Phila. (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 Orange St. Phila. Pa. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Peters

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-2-46

8. AGE: Years	Months	Days	If less than one day
			11 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Donald
13. Birthplace

MOTHER
14. Maiden Name Dorcas Campbell
15. Birthplace Pa.

16 (a) Informant
(b) Address

17 (a) Burial (b) Date thereof 6/3/46 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Wrightsville
Location Wrightsville Pa.

18 (a) Funeral director Wm J Fahnestock & Son
(b) Address Baltimore Md.

19 (a) Date received by Registrar 1946 (b) Registrar Huntington Williams, M.D.

VS 190

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1946, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/2 1946 to 6/2 1946, and that I last saw him alive on 6/2 1946

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions Undetermined

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Sampson, M.D.
Address St. Agnes Hosp Date signed 6/3/46

X

The cause of death must be certified for every death which occurred in Baltimore City. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 172

G40816 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Saint Balto Hosp. 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1624 Thames st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Ritter

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-3862

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ or wife Mary

6 (c) If ~~a~~ive, give age 57 years

7. Birth date of deceased (mo., day, yr.) June 13, 1889

8. AGE: Years	Months	Days	If less than one day
56	11	18	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Ship Caller

11. Industry or business Waterfront Company

FATHER
12. Name Michael R. Ritter
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Barbara Kellner
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Mary Ritter (wife)
(b) Address 1612 Thames Street

17 (a) Burial (b) Date thereof 6-4-46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Rosary
Location Baltimore County, Maryland

18 (a) Funeral director George A. Weber
(b) Address JUN 3 1946 Prim st

19 (a) (Date rec'd by registrar) (b) Kenneth Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-31- 19 46 at 3:15 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Fracture of skull. fractured ribs; contusions of lower abdominal wall.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5/21/46 at 729 S. Eden St. 3/2 A M.
(b) Where did injury occur? Pier #5 - Waterfront Co
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? YES
(d) Means of injury Fell 24 ft into hold of ship

23. Signature Howard J. Sheeran M.D.
Medical Examiner.
Date signed 6-1-46

VS 151

640817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

640817 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1915 Gough st
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 31
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1915 Gough st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LAWRENCE LEWANDOWSKI

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of ~~husband~~ wife Mary Lewandowski
6 (c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) Jan 30-1864

8. AGE: Years	Months	Days	If less than one day
82	4	2	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace UNKNOWN

16 (a) Informant Mrs Augusta Nickel
(b) Address 1915 Gough st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-46 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore, Md.

18 (a) Funeral director George A. Weber
(b) Address 706 S. Ann st

19 (a) JUN 3 - 1946 (Date rec'd by registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 1ST 1946, at 11 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 31st 1946 to June 1st 1946 and that I last saw h wife alive on June 1st 1946

Immediate cause of death	Duration
Coronary Thrombosis	1
Due to Arterio - Sclerosis	Many years
Due to	
Other Conditions Myocardial Degeneration Cerebral Hemorrhage, Moderate	Many years

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —

23. Signature A. F. Rios M. D.
Address 24 S. Bway Date signed June 3/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

TN. G40818 101583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13D

G40818 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 W. Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jerusha Mosely

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Sept.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15th 1898

8. AGE: Years	Months	Days	If less than one day
47	7	15	hr. min.

9. Birthplace N. C (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Simon Stevens
13. Birthplace N. C

MOTHER
14. Maiden Name Lucenda Edwards
15. Birthplace N. C

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof June 3/1946 (month) (day) (year)
(c) Cemetery or crematory Faihon N.C.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) JUN 3 - 1946 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30th 1946 19 , at 9; P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 27th 1946 to May 30th 1946 and that I last saw h er alive on May 30th 1946

Immediate cause of death: Peripheral Circulatory Collapse
Due to Cerebrovascular accident
Due to Hypertensive C.V. Disease.
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
If by Signature Herbert A. Farber, Jr. M. D.
Address Balt. City Hospitals Date signed 5-31-46

VS 150

C30819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 E

Registered No. C30819

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5349 N. Fulton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5349 N. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eunice Alston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col.	Widow

6 (b) Name of husband or wife Henry Alston

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 26 1899

8. AGE: Years	Months	Days	If less than one day
46	5	5	hr. min.

9. Birthplace Newberry S. C. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name William Chapman

13. Birthplace Newberry S. C.

MOTHER 14. Maiden Name Emma

15. Birthplace Newberry S. C.

16 (a) Informant Ruth Alston

(b) Address 5349 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3, 1946 (month) (day) (year)

(c) Cemetery or crematory W. Laurel Cem

Location

18 (a) Funeral director Mrs. Kate R. Williams

(b) Address 522 W. Lafayette St

19 (a) JUN 3 - 1946 (Date filed by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/30 1946 at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/20 1946 to 5/30 1946, and that I last saw h[illegible] alive on 5/30 1946.

Immediate cause of death: Bronchial Anemia + Hemorrhage

Due to: Carcinoma of Intestine

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
3 mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. W. Alston, M.D.

Address 4 W. Mt. Royal Ave. Date signed 6/3/46

X

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √128

Registered No. G40820

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 508 W. Lexington
(c) Hospital or institution: (at Home)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 6 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits write RURAL and give town)
(d) Street No. 508 W. Lexington
(If rural give location)
(e) Citizen of foreign country? ~~Yes~~ No (Yes or No)
If yes, name country

3 (a) FULL NAME Louie Poy (Poy Louie)

3 (b) If veteran, name war

3 (c) Social Security Account No. – ? –

4. Sex: Male | 5. Color or race: Yellow | 6 (a) Single, married, widowed, divorced: married

6 (b) Name of husband or wife Mrs Shee

6 (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) July 28 – 1914

8. AGE: Years 31 | Months 10 | Days 3 | If less than one day: hr. min.

9. Birthplace China (Town, county, and state)

10. Usual Occupation Laundry

11. Industry or business Self

FATHER
12. Name Yuen Louie
13. Birthplace U. S. A.

MOTHER
14. Maiden Name Hoi Shee
15. Birthplace China

16 (a) Informant (Chinese-Cheung Shang
(b) Address Funeral Corp. N.Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6-46 (month) (day) (year)

(c) Cemetery or crematory Evergreen Cemetery
Location Brooklyn N.Y.

18 (a) Funeral director Stewart Memorial C.
(b) Address 108 W. Lexington

19 JUN 3 – 1946 (Date rec'd by local registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/3/ 1946, at 11:15 a. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Acute gastro enteritis
Acute hemorrhagic pancreatitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Nemerson M.D.
Medical Examiner.
Date signed 5/3/46

VS 151

G40821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G40821 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 Park Ave.
(c) Hospital or institution: Wheeler Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Hobbs Corner (If outside city or town limits, write RURAL and give town)
(d) Street No. 5556 Carrollton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alice May Underwood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Henry J. Underwood

6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) April 13. 1880

8. AGE: Years 66 | Months 1 | Days 19 | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Wm. Powell Scott
13. Birthplace North Carolina

MOTHER
14. Maiden Name Sarah Tyson
15. Birthplace North Carolina

16 (a) Informant Henry J. Underwood
(b) Address 1337 Gist Royal Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3 1946 (month) (day) (year)
(c) Cemetery or crematory London Park Cem
Location Baltimore Md.

18 (a) Funeral director E. Milton Lamprecht
(b) Address 1510 Lafayette Heights Ave

JUN 3 - 1946 (Date rec'd by registrar)

(b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1st 1946, at 3 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3 1946 to June 1 1946; and that I last saw her alive on June 1 1946

Immediate cause of death — Duration

Due to Acute Cardiac Dilatation 5 hrs.

Due to Generalized Carcinomatosis

Other Conditions

(Include pregnancy, childbirth, or abortion if related to death)

Date of operation 1931 Amp. L. Breast

Major findings of operation: Carcinoma

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lyndell C. Blake M. D.

Address Med. Arts Bldg Date signed

VS 150

G40822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83 B

Registered No. G40822

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2304 Lynhurst ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County --
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2304 Lynhurst ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME MARY GERTRUDE DOYLE

3 (b) If veteran, name war: ****
3 (c) Social Security Account No. *****

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Andrew J. Doyle
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 23, 1861

8. AGE: Years 85 | Months -- | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: At home
11. Industry or business

FATHER
12. Name: James Carr
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Margaret Timmons
15. Birthplace: Ireland

16 (a) Informant: Mrs. Marie E. Wagner
(b) Address: 2304 Lynhurst avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/46 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location: Chas. J. Cramer Son Inc. Mt. Royal Ave

18 (a) Funeral director: Huntington Williams, M.D.
(b) Address: 1[illegible]

19 (a) JUN 3 1946 (Date rec'd by registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1946, at 10 35 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/23 1946 to 5/31 1946, and that I last saw h[illegible] alive on 5/31 1946.

Immediate cause of death: Cerebral thrombosis — Duration: 3 days
Due to: Arteriosclerosis — ?
Due to: Senility — ?
Other Conditions: ....
(Include pregnancy within 3 months of death)
Major findings:
Of operations: ....
Of autopsy: ....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: ....
(b) Date of occurrence: ....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ....
(e) Means of injury: ....

23. Signature: Robert A. Reiter, M.D.
Address: 340 E Wyndover Ave
Date signed: 6/3/46

1X

VS 2

Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 0833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G40823 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 117 S. Bond St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rebecca Grigsby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife James Grigsby

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/17/1900

8. AGE: Years	Months	Days	If less than one day
46	-	14	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant James Grigsby
(b) Address 117 S. Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Elroy A. Wilson
(b) Address 1000 Edmondson Ave

JUN 3 - 1946 Date rec'd Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/31 1946, at M

21. I certify that I took charge of the remains described above, held an Autopsy / Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Chronic Pulmonary Tuberculosis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Thrasher M.D.
Medical Examiner.
Date signed 6-1-46

VS 151

G10824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. G10824

Please write clearly with pen and ink. Physicians: please write the causes of death clearly and legibly. Undertakers: please see that all items are correctly stated. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: MARYLAND GENERAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 120 S. Curley st. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME RUDOLPH HENRY SCHNITZKER

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ida Schnitzker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 13 1891

8. AGE: Years 54 | Months 8 | Days 18 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Car inspector

11. Industry or business B & O R. R.

FATHER
12. Name William Schnitzker
13. Birthplace Germany

MOTHER
14. Maiden Name Pauline Hein
15. Birthplace Germany

16 (a) Informant Ida Schnitzker Wife
(b) Address 120 S. Curley st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3/46 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern ave. & Pt.

18 (a) Funeral director Lilly & Zepp Inc.
(b) Address 402 S. Wolfe st.

JUN 3 - 1946 (Date rec'd by registrar)

19 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/31/1946, at 8 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/26 1946 to 5/31 1946, and that I last saw HIM alive on 5/31 1946.

Immediate cause of death GENERAL MALNUTRITION AND CACHEXIA — Duration 35 DAYS

Due to LUPUS ERYTHEMATOSUS

Due to

Other Conditions BRONCHOPNEUMONIA

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles W. Stewart, Jr. M.D.
Address MD. GEN. HOSP. Date signed 6/3/46

VS 150

153

G40825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √93 D

G40825 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital yr
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County B
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1919 E Chase St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cora Johnson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife Lem
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 8, 1889

8. AGE: Years	Months	Days	If less than one day
57	3	23	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward Cole
13. Birthplace Va

MOTHER
14. Maiden Name Lucy Cole
15. Birthplace Va.

16 (a) Informant Maggie Carter
(b) Address 263 S. Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A. A. County

18 (a) Funeral director Mrs. Ruth A. Elliott & Dyk
(b) Address 1297 N. Caroline St

JUN 3 - 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/31 1946, at 2 P. M

21. I certify that I took charge of the remains described above, held an Autopsy + Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madison M.D. Medical Examiner.
Date signed 6-1-46

VS 151

X

M. D. R. 1208-0

G40836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH √131a

1. PLACE OF DEATH — Registered No. ____

CITY OF BALTIMORE: (No. 617 Willow Ave St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred LIFE mos. 67 How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME HENRY VINCENT BAILEY

(a) Residence: No. 617 Druid Hill Ave. St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: MARC. FERGERSON

6. DATE OF BIRTH (month, day, year): 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: BOILMAKER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ____

10. Date deceased last worked at this occupation (month and year): ____

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): BALTO, MD

FATHER

13. NAME: THOMAS BAILEY

14. BIRTHPLACE (city or town) (State or country): MD.

MOTHER

15. MAIDEN NAME: GEORGIA TURNER

16. BIRTHPLACE (city or town) (State or country): MD.

17. INFORMANT: MRS. H. V. BAILEY
(Address): 617 WILLOW AVE

18. BURIAL, CREMATION, OR REMOVAL
Place: BURIAL Date: 6-3- 1946

19. UNDERTAKER: WIEDEFELD & SON
(Address): GREENMOUNT AVE & 22ND ST.

20. FILED: JUN 3 - 1946 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 30, 1946

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1946 to May 30, 1946

I last saw h.h. alive on May 30, 1946 Death is said to have occurred on the date stated above, at 6:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1940
Chronic Myocarditis	1942
Chronic Interstitial nephritis	1942
Other contributory causes of importance: Cerebral Hemorrhage	1946

Name of operation: ____ Date of: ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) B. W. Bishop M. D.

(Address) 501 Chesdum St

OCCUPATION is very important, See instructions on back of certificate.

Registered by Virginia Williams, M.R.

X

G40827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

G40827

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3024 Mathews St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Arnold Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Fork Creek Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Norman P. Disney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Catherine Henderson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1892

8. AGE: Years	Months	Days	If less than one day
54	3	20	hr. min.

9. Birthplace Rock Hall Md.
(Town, county, and state)
10. Usual Occupation Supt.
11. Industry or business Modern Bldg. Co.

FATHER
12. Name Leonard S.
13. Birthplace Eastern Shore Md.

MOTHER
14. Maiden Name Norva V. Taylor
15. Birthplace Rock Hall Md.

16 (a) Informant Wife
(b) Address Fork Creek Rd. Arnold Md.

17 (a) Burial (b) Date thereof 6/3/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Ave & Rose St.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1946 at 6.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1946 to May 31 1946 and that I last saw h[illegible] alive on May 30 1946

Immediate cause of death Pneumonia Stomach.

Duration

Due to

Due to

Other Conditions Generalized Metastasis Stomach Cancer

(Include pregnancy within 3 months of death)

Date of operation April 9, 1946

Major findings of operation: Metastases to all abdominal organs.

of autopsy:

PHYSICIAN

* Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Lucas Johnson M.D.
Address 337 S. Charles St. Date signed 6/1/46

VS JUN 3 - 1946

Please write plainly, with ink or typewriter. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1710

Registered No. G40828

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2902 Guilford Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRED PESSARO

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-18-3889

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife Alfia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 22 1879

8. AGE: Years	Months	Days	If less than one day
66	9	9	hr. min.

9. Birthplace Philadelphia Pa (Town, county, and state)
10. Usual Occupation Glass Work
11. Industry or business

FATHER
12. Name ?
13. Birthplace Italy

MOTHER
14. Maiden Name ?
15. Birthplace Italy

16 (a) Informant Catherine Kopera (Daughter)
(b) Address 2902 Guilford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4 1946 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd. Balt. Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

19 (a) (Date rec'd) JUN 3 1946 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31, 1946, at 10 P. M.

21. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-31-46 at 5:05 P. M.
(b) Where did injury occur? Charles St. south of Preston St.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian struck by streetcar

23. Signature Howard J. Mahoney M.D.
Medical Examiner.
Date signed 6-1-46

JUN 3 1946

G40829

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

G40829
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fruitland & Madison Ave
(c) Hospital or institution: Maryland Gen Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 S. Potomac St (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Felicetta Deliberato

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife late Mariano Deliberato
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 10 1860

8. AGE: Years	Months	Days	If less than one day
86	1	21	..... hr. ..... min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ?
13. Birthplace Italy

MOTHER
14. Maiden Name ?
15. Birthplace Italy

16 (a) Informant Anna Strappelli (Daughter)
(b) Address 704 S. Potomac St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5 1946 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Fennell Della Rocca
(b) Address 52 N. Morley St Washington Wattiamsport, Md

19 (a) JUN 3 1946 (Registered) 8 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1st 1946, at 5:40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 26th 1946 to June 1st 1946 and that I last saw her alive on June 1st 1946

Immediate cause of death Respiratory failure — Duration: 7 days
Due to Bronchopneumonia
Due to C. V. Disease with Decompensation
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. E. Gonzales M.D.
Address Maryland Gen. Hosp. Date signed 6/1/46 (M. D.)

VS 150

X

Penalty: Any person who willfully makes any false statement in this certificate, or who willfully conceals any material information required herein, or who willfully supplies false information intending that the same be used in the determination of the cause of death, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not more than $500 or by imprisonment for not more than one year, or both. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

Registered No. G40830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2611 Garrison Blvd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2611 Garrison Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HELEN U. SPARLING

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: Wilfrid E. Sparling
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct. 19, 1900

8. AGE: Years	Months	Days	If less than one day
45	7	13	hr. min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: William Lee Hanger
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Blackwall
15. Birthplace: Virginia

16 (a) Informant: Mr. Wilfrid E. Sparling
(b) Address: 2611 Garrison Blvd.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/3/46 (month) (day) (year)
(c) Cemetery or crematory: Greenlawn
Location: Newport News, Va.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar: Wilhelmina Mohr

VS 180 JUN 3 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2, 1946, at 3:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1938 to June 2 1946, and that I last saw her alive on June 1 1946.

Immediate cause of death: Chronic Myeloid Leukemia — Duration: 9 years
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Alan Bernstein, M. D.
1039 N Calvert St. Date signed 6/4/46

X

Penalty for wilfully concealing, with criminal intent, any information which should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 44B

Registered No. G40831

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1516 Lakeside Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 Lakeside Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EMERSON EVERETTE RAMEY

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Helen Gertrude Ramey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27, 1883

8. AGE: Years	Months	Days	If less than one day
63	2	5	hr. min.

9. Birthplace Wood Scott Co., Va.
(Town, county, and state)
10. Usual Occupation Supervisor of Fuel Consumption
11. Industry or business B. & O. R. R.

FATHER
12. Name William Floyd Ramey
13. Birthplace Fort Blackmore, Va.

MOTHER
14. Maiden Name Elizabeth Ellen Hickox
15. Birthplace Athens, Tenn.

16 (a) Informant Mr. H. P. Ramey
(b) Address 910 S. Michigan Ave., Chicago, Ill.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address 3 1946 Balto., Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2, 1946, at 4:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1946 to June 2 1946, and that I last saw h[illegible] alive on May 1 1946

Immediate cause of death Hodgkins disease
Due to Bronchitis
Due to Pleurisy with effusion
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration 2 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Chas F Blanco M. D.
Address 205 Preston Date signed 6/3/46

X

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G408.32 G408.32

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2513 W. Fayette St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2513 W. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Weber

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Late Walter C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1879

8. AGE: Years 66 Months 8 Days 5 If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Home work
11. Industry or business at home

FATHER
12. Name William Collins
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Hines
15. Birthplace Ireland

16 (a) Informant Mrs Agnes L. Thomas
(b) Address 2513 W. Fayette St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3800 Frederick Ave
18 (a) Funeral director John J. Bowen & Son
(b) Address 901-03 Hollins St.
19 (a) Date received JUN 3 1946 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/2/1946 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1 1946 to 6/2 1946 and that I last saw ... alive on ... 19 ... Immediate cause of death Cerebral Hemorrhage

Duration 3 yrs

Due to Hypertension arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel L. Thomas M. D.
Address 1945 N. Bolton Date signed 6/3/46

VS 180

Entries must be complete, with UNFAILING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G108.53

AB-101566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1179X

Registered No. G108.53

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town) 1207 Dundalk Ave.
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anthony Rakowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18-1908

8. AGE: Years	Months	Days	If less than one day
38	1	13	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Bernard Rakowski
13. Birthplace Poland

MOTHER
14. Maiden Name Josephine Wisniewski
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-46 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester Street

JUN 3 - 1946 (Date rec'd by registrar)

(b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1- 1946, at 1.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-27 1946 to 6-1 1946, and that I last saw h ill alive on 6-1 1946.

Immediate cause of death Cirrhosis of Liver & toxic renal degeneration — Duration 1 week

Due to Carbon tetrachloride — 2 weeks

Due to

Other Conditions Pulmonary tuberculosis Raw advanced, bilateral — 2 years
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 5/6
(a) Accident, ~~suicide, or homicide~~ accident
(b) Date of occurrence 5-27-46 at — M
(c) Where did injury occur? Baltimore (City or town) Baltimore (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Drank Cleaning fluid

23. Signature C. Rowell Hoffmann M. D.

Address Baltimore City Hosp Date signed 5/6/46

For C. J. Lukomski, M.D.
Howard D. Mavity, M.D.

VS 150

TO BE APPROVED BY THE MEDICAL EXAMINER

THESE WORDS PRINTED WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G408.54 BALTIMORE CITY HEALTH DEPARTMENT G408.54

CERTIFICATE OF DEATH 52a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mths.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Kent
(c) City or town Rock Hall
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Moffett

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife William Moffett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-6-1885

8. AGE: Years	Months	Days	If less than one day
61	4	3	hr. min.

9. Birthplace Maryland (town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Minner
13. Birthplace Delaware

MOTHER
14. Maiden Name Mary Stouffer
15. Birthplace Germany

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6 1946 (month) (day) (year)
(c) Cemetery or crematory Wesley Chapel
Location Kent Co. Maryland

18 (a) Funeral director J. Willis Wells
(b) Address Chestertown, Md.

19 JUN 3 - 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1946 at 11:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1946 to June 3 1946, and that I last saw her alive on June 3 1946.

Immediate cause of death
Due to Generalized Carcinomatosis
Due to
Other Conditions

Duration: 6 mths.

(Include pregnancy within 3 months of death)
Date of operation 4-27-46
Major findings of operation: Generalized carcinomatosis
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas E. Wheeler
Address South Balto. Gen. Hos. Date signed 6-3-46 M. D.

X

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G408.35

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

G408.35
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 902 Marvin St
(c) Hospital or institution: 2 5 6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 7yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 902 Marvin St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Anna Schwab

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Fem **5. Color or race** Wh. **6 (a) Single, married, widowed, or divorced.**

6 (b) Name of husband or wife Frank Schwab
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7. 11. 1882

8. AGE: Years 64 | Months 1 | Days 20 21 | If less than one day hr. min.

9. Birthplace Tipperary Ireland
(Town, county, and state)

10. Usual Occupation housekeeper

11. Industry or business

FATHER
12. Name ~~Father of~~ Thomas Gleeson
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Welch
15. Birthplace Ireland

16 (a) Informant Fredrick Schwab
(b) Address 902 Marvin St

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 6-6-46 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Anne Arundel County Md.

18 (a) Funeral director George F. Schwab
(b) Address 2101 Eastwick Ave

19 (a) (Date rec'd by registrar) **(b)** Registrar

VS 8

Huntington for Williams, M.D.

93D

MEDICAL CERTIFICATION

20. DATE OF DEATH 6. 2 1946 at 10 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4. 6. 1946 to 6. 2 1946 and that I last saw h alive on 5. 26. 1946.

	Duration
Immediate cause of death pulmonary edema	4 hrs
Due to acute cardiac failure	
Due to Hypertensive cardiovascular disease	3 yrs
Other Conditions diabetes	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Summers M. D.
Address 1045 Patapsco Ave Date signed 6.2.46

G40836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G40836
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3422 - 9th st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest W. (Schwankofski) Schwankowski

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1870

8. AGE: Years (75) 75 | Months 5 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace Balto. Md.
(City, county, and state)

10. Usual Occupation Farmer
11. Industry or business Retired

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant James M. Gleason
(b) Address 3422 9th St. Brooklyn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-46 (month) (day) (year)
(c) Cemetery or crematory St. Pauls.
Location Baltimore, Md.

18 (a) Funeral director George L. Schwab
(b) Address 2101 Frederick Ave

19 (a) ____ (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5, 1946, at 11 37 A M

21. I certify that I took charge of the remains described above, held an Autopsy - Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH arteriosclerotic Cardiovascular disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ____ at ____ M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard C. Mueller M.D.
Medical Examiner.
Date signed 6-3-46

VS 151

6403.37

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83 B

Registered No. 6403.37

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 815 McSherry Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 815 McSherry Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Paul F. Leibold

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~: Married

6 (b) Name of husband or wife Mary Leibold
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12th 1881

8. AGE: Years 65 | Months 2 | Days 19 | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Paul Leibold
13. Birthplace Md

MOTHER 14. Maiden Name Anna Krautman
15. Birthplace Md

16 (a) Informant Mrs Mary Leibold
(b) Address 815 McSherry Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4th 1946 (month) (day) (year)
(c) Cemetery ~~crematory~~ Morelands
Location Taylor Ave

18 (a) Funeral director Leo F. Leook
(b) Address 1706-03 N. Patterson Park Ave

JUN 4 - 1946
(Date rec'd by registrar) (b) Huntington Hilliard Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1st 1946, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1943 to June 1 1946 and that I last saw him alive on June 1 1946

Immediate cause of death: Cerebral thrombosis — Duration: 2 days

Due to

Due to

Other Conditions: Pseudo-bulbar paralysis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Krenzer
Address 1402 E. Lanvale Date signed 6-3-46

VS 150

G40838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1222

Registered No. G40838

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 848 Hollins St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Wells.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: W
6 (a) Single, married, widowed, or divorced: W.

6 (b) Name of husband or wife: ?

6 (c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.) Aug. 13, 1879.

8. AGE: Years 66 | Months 9 | Days 19 | If less than one day: hr. min.

9. Birthplace Laurel, Md (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER
12. Name Robert F. Wells
13. Birthplace Maryland

MOTHER
14. Maiden Name Julelan (?)
15. Birthplace Maryland

16 (a) Informant Richard Wells.
(b) Address 848 Hollins St. #1

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 May 46 (month) (day) (year)
(c) Cemetery or crematory St. Peters
Location Baltimore Md.

18 (a) Funeral director J. B. Shubert & Son
(b) Address 1300 Eutaw Place

19. (Date received by Registrar) (By) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-2 1946, at 12:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-16 1946, to 6-2 1946 and that I last saw him alive on 6-2 1946.

Immediate cause of death: Cardio-resp. failure

Due to: Bronchopneumonia

Due to: Post-operative

Other Conditions: Hernioplasty on 5-28-46

(Include pregnancy within 3 months of death)

Date of operation 5-28-46

Major findings of operation: Hernioplasty

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert E. May
Address Mercy Hosp. Date signed 6-2-46 M. D.

JUN 4 1946

VS 150

X

G40839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 B

Registered No. G40839

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3925 Ednor Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3925 Ednor Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Emmett McNeill

3 (b) If veteran, name war W
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Margaret
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 20th 1875
8. AGE: Years 71 | Months 0 | Days 11 | If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Bradford McNeil
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Sarah (McKinnon)
15. Birthplace Balto. Md.

16 (a) Informant Marion E. Humphreys
(b) Address 3925 Ednor Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/46 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul st.

19 (a) JUN 4 - 1946 (Date rec'd by reg.) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1st 1946, at 5-30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1943 to June 1946.
and that I last saw him alive on May 26 1941.

Immediate cause of death: chronic myocarditis, Emphysema arteriosclerosis — Duration 10 yr

Due to

Due to

Other Conditions Pulmonary Tuberculosis
(Include pregnancy within 3 months of death.)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hamilton B. Kline M. D.
Address 231 N Caslow Ave Date signed 6-3-46

VS 150

93D

M. D. B 1288-0

G40840

HEALTH DEPARTMENT—CITY OF BALTIMORE

G40840

CERTIFICATE OF DEATH

93D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 W. 27th St., Ward 7)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Alice Hanger

(a) Residence: No. 327 W. 27th St., Ward Zone 11.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married.

5a. If married, widowed, or divorced (or) WIFE of George Judson Hanger

6. DATE OF BIRTH (month, day, year) Sept 18, 1897

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	48	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 6/3/46

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Lynchburg, Virginia

FATHER

13. NAME Joseph H. Patten

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Virginia Tucker

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mr. George J. Hanger Sr.

(Address) 327 W. 27th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date 6-6 1946

19. UNDERTAKER Pallmer Gorsuch

(Address) 1210 Park Ave.

20. FILED JUN 4 - 1946 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1946.

22. I HEREBY CERTIFY, That I attended deceased from July 9, 1934 to June 3 1946

last saw her alive on June 3 1946 Death is said to have occurred on the date stated above, at 7:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Coronary Thrombosis	2 days
Hypertensive Cardio-Vascular Disease.	July 1934
Other contributory causes of importance: Hydronephrosis, Left	"
Ureteral Stricture, Left	July 1934

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) W. Allen Peckert M. D.

(Address) 1127 St. Paul St.

OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

G40841 BALTIMORE CITY HEALTH DEPARTMENT G40841

CERTIFICATE OF DEATH 1946 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address D.O.A.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. Central Y.M.C.A. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles B. Powell

3 (b) If veteran, name war W.W. #1

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of ~~husband or~~ wife Edith Powell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 5th 1897

8. AGE: Years	Months	Days	If less than one day
48	5	27	hr. min.

9. Birthplace Richmond Va. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Unknown Powell
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant George Westbrook
(b) Address Central Y.M.C.A.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/5/46 (month) (day) (year)
(c) Cemetery ~~or crematory~~ U.S. National
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St

19 JUN 4 - 1946 (Date rec'd by registrar) (b) Huntington Hill Baltimore Md.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/2 19 46 at 12 45 P M

21. I certify that I took charge of the remains described above, held an Inspection Autopsy / Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. S. Schwartz M.D. Medical Examiner.
Date signed 6/3/46

G10812 B C H BALTIMORE CITY HEALTH DEPARTMENT G10812

F36277 CERTIFICATE OF DEATH 1712 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1814 E. Baltimore st. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carolyn May McGee

3 (b) If veteran, name war NV

3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 23rd 1941

8. AGE: Years 4 | Months 8 | Days 8 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Paul McGee
13. Birthplace W. Va.

MOTHER
14. Maiden Name Ruby Marks
15. Birthplace W. Va.

16 (a) Informant Paul McGee
(b) Address 1814 E. Balto. St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/4/46 (month) (day) (year)
(c) Cemetery or crematory Wolf Summit
Location W. Va.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) JUN 4 - 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31, 1946 at 5.55 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy + Inq. thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Decapitation

Due to

Other Conditions Multiple fractures, lacerations and bruises (Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5/31/46 6/4 at 5:41 P.M.
(b) Where did injury occur? Balto + Durham
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Struck by street car

23. Signature Howard J. Haeberle M.D. Medical Examiner.
Date signed 6-1-46

VS 151

X

C40843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 44B

Registered No. C40843

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 859 Vine Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 859 Vine Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CLIFFORD MONQUER

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-8393

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Mildred Monquer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 15, 1902

8. AGE: Years	Months	Days	If less than one day
43	7	17	hr. min.

9. Birthplace Florida (Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business

FATHER
12. Name Clifford Monquer
13. Birthplace Florida

MOTHER
14. Maiden Name Unknown
15. Birthplace Va.

16 (a) Informant Mrs. Mildred Monquer
(b) Address 859 Vine Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore, Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

JUN 4 - 1946

(b) (Registrar) Baltimore, Md.

VS 150

MEDICAL CERTIFICATION A

20. DATE OF DEATH June 1, 1946 at 9:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-LW 1945 to 6-1 1946
and that I last saw h alive on 6-1 1946

Immediate cause of death Lobar Pneumonia Duration 8 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. W. Rechtmyer M.D.
Address [illegible] Date signed 6-3-46

G40844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30 E

G40844 Registered No.

HB # 91539

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 4 10
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

9

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1812 Spring St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Young

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Widower

6 (b) Name of husband or wife Winnie (D
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16- 1884

8. AGE: Years	Months	Days	If less than one day
61	11	5	hr. min.

9. Birthplace South Caroline
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Saul Young (d)
13. Birthplace S. C.

MOTHER
14. Maiden Name Sarah Smith (d)
15. Birthplace S. C.

16 (a) Informant Balto. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUN 3 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 4 1946 Huntington Williams M.D.
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21, 1946, at 2:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 11 1945 to May 21, 1946 and that I last saw h im alive on May 21, 1946

Immediate cause of death Bronchopneumonia — Duration 16 days

Due to

Due to

Other Conditions Cardiac Heart Disease — 1 yrs.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund B. Beasley M. D.
Address Balto City Hosp Date signed 4 May 46

VS 150

13545 107

G40845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G40845 Registered No.

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3532 Greenmount Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3532 Greenmount Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY ELIZABETH MULLER

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Charles H. Muller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1865

8. AGE: Years 80 | Months 7 | Days 14 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Nicholas Ulrich
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Miller
15. Birthplace Germany

16 (a) Informant Mrs. Elvina Bender
(b) Address 3532 Greenmount Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

JUN 4 - 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1946, at 3 AM M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 15 1943 to June 1 1946 and that I last saw her alive on May 31 1946

Immediate cause of death: Myocarditis — Duration: 2 yrs.
Due to: Arteriosclerosis and — 10 years
Due to: Hypertension
Other Conditions: Advanced age

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles E. Baggett M. D.
Address 3812 Greenmount Ave Date signed 6/7/46

VS 180

G-10846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940

Registered No. G10846

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address SINAI HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2409 Foster Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Lang (HENRY JOHN LANG)

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 214-01-8379

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Catherine Lang

6 (c) If alive, give age: 44 years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 1894

8. AGE: Years: 51 Months: 7 Days: 18 If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation: Checker

11. Industry or business: Gunther Brewery

FATHER
12. Name: Henry C. Lang
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden Name: Mary Smith
15. Birthplace: Baltimore, Maryland

16 (a) Informant: Mrs. Catherine Lang
(b) Address: 2409 Foster Avenue -24

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/46 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Baltimore, Maryland

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY

JUN 4 - 1946 (Date rec'd by Registrar) (Huntington Williams, M.D.) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-2-46 19 , at 5 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-30-1946 to 6-2-1946 and that I last saw him alive on 6-2-1946

Immediate cause of death: Pulmonary Oedema — Duration:

Due to: Coronary artery disease

Due to:

Other Conditions: Pericarditis. Myocardial infarction, old & recent
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work)
(e) Means of injury:

23. Signature: Bertha Rader M.D.
Address: Sinai Hospital Date signed 6-2-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640847 X ✓ 640847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6201 Frederick Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband ~~or wife~~ Jack Williams
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 19, 1889

8. AGE: Years 57 | Months 9 | Days 13 | If less than one day hr. min.

9. Birthplace Kansas
(Town, county and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER
12. Name — Sage
13. Birthplace Kansas

MOTHER
14. Maiden Name Unknown
15. Birthplace Kansas

16 (a) Informant Jack Williams
(b) Address 6201 Frederick Rd

17 (a) Cremation (b) Date thereof June 4, 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md

18 (a) Funeral director Harry H. Leitzke
(b) Address 4401 Edmondson Ave

JUN 4 - 1946 (b)
(Date rec'd by Registrar) Registrar

Huntington Williams, M.D.

VS 190

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/1 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/31 1946 to 6/1 1946
and that I last saw h~~e~~r alive on 6/1, 1946

Immediate cause of death Acute cardiac Dilatation

Due to Hypertensive Cardio-Vascular Renal Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Amyhurst Hollyes M.D.

Address Date signed 6-1-46

X

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83B ✓

G40848 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2132 W. Baltimore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2132 W. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: CHARLOTTE E. MILLER

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Harry E. Miller

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 10, 1862

8. AGE: Years 84 | Months 4 | Days 22 | If less than one day hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Frederick Sauers
13. Birthplace: Balto., Md.

MOTHER
14. Maiden Name: Caroline Christian
15. Birthplace: England

16 (a) Informant: Mr. Luke F. Miller
(b) Address: 111 Tunbridge Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/46 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) (b)
Filed by Registrar JUN 4 - 1946 Huntington Williams, Registrar

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2, 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 to June 1946, and that I last saw h[illegible] alive on June 1 1946.

Immediate cause of death: cerebral thrombosis — Duration: 1 week
Due to: arteriosclerosis — 2 years
Due to: -age-
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert H. Mortimer Jr.
Address 2706 St Paul St Date signed 6/3/46

X

G40849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G40849

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3617 Woodbine Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3617 Woodbine Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY V. PFAFF

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Minnie (Krausz) Pfaff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1868

8. AGE: Years	Months	Days	If less than one day
77	11	29	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John Henry
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mr. Henry H. Vogel, Son-in-Law
(b) Address 3519 Dennison Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 4 - 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2, 1946, at 9:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1945, to 6-2 1946, and that I last saw h[illegible] alive on 6-2 1946.

Immediate cause of death	Duration
Chr. cord vascular disease	
Generalized arteriosclerosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Edmund Lewin
Address 3400 Hilton Rd Date signed 6/7/46

VS 150

X

Please write CLEARLY, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40850 BALTIMORE CITY HEALTH DEPARTMENT G40850

CERTIFICATE OF DEATH 110B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 330 E. 26th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 330 E. 26th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James W. Mundy.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Edna L. Mundy

6 (c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): Jan 14, 1884

8. AGE: Years: 62 Months: 4 Days: 18 If less than one day: hr. min.

9. Birthplace: Virginia.
(Town, county, and state)

10. Usual Occupation: Carpenter

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Unknown.

16 (a) Informant: Edna L. Mundy.
(b) Address: 330 E. 26th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5/46 (month) (day) (year)
(c) Cemetery or crematory: St. Mary's
Location: Hampden

18 (a) Funeral director: Chenowith & Donovan
(b) Address: 3615-17 Chestnut Ave

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

JUN 4 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2, 1946, at 8:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1946, to June 2 1946, and that I last saw h. alive on June 2 1946.

Immediate cause of death: Cardiac Failure — Duration: 1 day

Due to:

Due to:

Other Conditions: Pleurisy — 2 wks

(Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: —
(b) Date of occurrence: — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: E. A. Richardson, M.D.
Address: 1100 W. 25th St. Date signed: June 3, 1946

G40851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G40851 Registered No.

Please write plainly with pen or pencil, press firmly and print legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 Ds
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 Sutton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Raymond Elkins.

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-09-9767

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Gertrude

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation Labour

11. Industry or business

FATHER 12. Name Horace Elkins

13. Birthplace Va

MOTHER 14. Maiden Name Elizabeth Gaines

15. Birthplace Va

16 (a) Informant Perry Elkins

(b) Address 117 W. Perry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-46 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director James A Davis

(b) Address 142 W Stiles St

19 JUN 4 - 1946 (Date rec'd by Registrar) (b) Huntington Baltimore Md.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 June 1946 at 11:40 M

21. I certify that I took charge of the remains described above, held an Autopsy / Inquest thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature William F Hellrich M.D.
Medical Examiner

Date signed 3 June 46

G40852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G40852

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 819 S. Luzerne St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 819 S. Luzerne St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Regina Kaczmarek

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sep 7-1885

8. AGE: Years	Months	Days	If less than one day
60	8	25	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Walenty ~~Kaczmarek~~ Piela
13. Birthplace Poland

MOTHER
14. Maiden Name —
15. Birthplace Poland

16 (a) Informant Anna Kaczmarek
(b) Address 819 S. Luzerne St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-46 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Balto. Co.

18 (a) Funeral director Marie Fialkowska
(b) Address 1000 S. Kenwood Ave

JUN 4 1946 (Date received by Registrar) (b) Huntington Village, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2, 1946 at 2:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1 1945 to June 2 1946 and that I last saw her alive on June 1, 1946

Immediate cause of death: Diabetes Mellitus
Due to: Coma and Cardiac Insufficiency (10 hrs)
Due to:
Other Conditions: Gangrene left foot
(Include pregnancy within 3 months of death)

Duration

Date of operation:
Major findings of operation:
of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature Anton Fialkowski M. D.
Address 2529 Eutaw Av. Date signed

PHYSICIAN
Underline the cause to which death should be charged statistically.

X

G40853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30E

G40853 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 Irving Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martin Hedberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ella

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-6-96

8. AGE: Years	Months	Days	If less than one day
50	1	26	hr. min.

9. Birthplace Sweden (Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business

FATHER
12. Name Andrew Hedberg
13. Birthplace Sweden

MOTHER
14. Maiden Name Bertha Erickson
15. Birthplace Sweden

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/46 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Eastern Ave.

18 (a) Funeral director C. Schimmel
(b) Address 2446 E. Madison, Street

19 (Date rec'd by registrar) JUN 4 - 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1946, at 1:22 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1946 to June 2 1946, and that I last saw he alive on June 2 1946.

Immediate cause of death	Duration
Pulmonary Infarctions	
Due to Embolism from thrombophlebitis and Phlebothrombosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Rheumatic + Luetic heart dis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene Meyer M. D.
Address Johns Hopkins Hosp Date signed June 7 1946

VS 150

Huntington Williams, M.D.

100 B

Every item or information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40854

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93E

G40854 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2119 Bank st
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 31 (If outside city or town limits, write RURAL and give town)
(d) Street No. 2119 Bank st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Zygmunt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23 - 1846

8. AGE: Years 99 | Months 10 11 | Days 11 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Stella Pajtis
(b) Address 2119 Bank st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-46 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore md

18 (a) Funeral director George A. Weber
(b) Address 705 S Ann st

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JUN 4 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3rd 1946, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1945 to June 3 1946, and that I last saw h e alive on June 2 1946.

	Duration
Immediate cause of death: Myocardial Insufficiency	4 yrs.
Due to: Senile Atrophy	5 yrs.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John V. Fredericks M. D.
Address 1802 Eastern Ave Date signed 6-7-46

X

THIS WHITE CERTIFICATE, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

Registered No. G40855

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 405 W. Lee St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 W
(e) Length of stay in Baltimore (yrs., mos., or days) 42

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 406 W Lee St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susie Lavinia Gray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife James Gray

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29. 1880

8. AGE: Years 56 | Months 4 | Days 2 | If less than one day hr. min.

9. Birthplace Calvert Co. Md.
(Town, county and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Robert Gross
13. Birthplace Calvert Co Md.

MOTHER
14. Maiden Name Annie Wallace
15. Birthplace Md.

16 (a) Informant Earl Gray
(b) Address 1473 Vine St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location

18 (a) Funeral director Mr. Katie L. Williams
(b) Address 2229 W. Lohrodales St

JUN 4 - 1946 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/31 1946, at 12 M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/28 1946 to 5/31 1946 and that I last saw her alive on 5/30 1946.

Immediate cause of death Gastric Carcinoma

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dan'l Truscher M. D.

Address 1111 Lee Date signed 6/3/46

VS 150

Penalties attached, WITH UNDERLINE. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 133B

Registered No. G40856

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 650 W. Saratoga St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Javan Richardson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife Allie Mae Richardson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1911

8. AGE: Years	Months	Days	If less than one day
35	3	7	hr. min.

9. Birthplace Concord N.C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Robert Richardson
13. Birthplace Concord N.C.

MOTHER
14. Maiden Name Lyddia ?
15. Birthplace Concord N.C.

16 (a) Informant Allie Mae Richardson
(b) Address 650 W. Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem
Location

18 (a) Funeral director Wm. Gates R. Williams
(b) Address 324 N. Gilmor St.

19 (a) [illegible] (b) Filed for Veterans, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1946, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1946, to June 2 1946 and that I last saw him alive on June 2 1946.

	Duration
Immediate cause of death: Shock	1/2 hr.
Due to: Hemorrhage	4 hrs.
Due to: Removal of nephrostomy tube	2 P.M. 6-1-46
Other Conditions: Anuria until operation was performed. (Include pregnancy within 3 months of death)	7 days

Date of operation 5-28-46
Major findings of operation: Pyonephrosis & edema, R. kidney
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James L. Ewry
Address University Hospital Date signed 6-2-46 M.D.

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

Registered No. G40857

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 wk
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Bodkin (If outside city or town limits, write RURAL and give town)
(d) Street No. Bayside - Boat Rd (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME LOPEZ William A Jofen

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Caroline Lopez
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13, 1873

8. AGE: Years	Months	Days	If less than one day: hr.	min.
73		19		

9. Birthplace: Baltimore Bodkin Md. (Town, county, and state)
10. Usual Occupation: Retired
11. Industry or business

FATHER
12. Name: Joseph O Lopez
13. Birthplace: England

MOTHER
14. Maiden Name: Don't know
15. Birthplace: " "

16 (a) Informant: Albert A. Lopez.
(b) Address: Shore Acres Arnold P.O. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6, 1946 (month) (day) (year)
(c) Cemetery or crematory: Hickory Point
Location: Bodkin A.A. Co Md

18 (a) Funeral director: A. Howard Evans
(b) Address: Ft & Shenandoah

19 (a) [illegible] (b) [illegible] Huntington Williams, M.D.

JUN 4 1946

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 - 1946 at 6:40 A M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Cerebral Hemorrhage - Apoplexy

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mallais M.D.
Medical Examiner.
Date signed 6-3-46

G40858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46B

G30858 Registered No.

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Dennison St.
(c) Hospital or institution:
Crawford Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 816 N. Bentalou St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALICE F. TROGLER

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Clarence M. Trogler
6 (c) If alive, give age ~~1874~~ years

7. Birth date of deceased (mo., day, yr.) July 21, ~~1877~~

8. AGE: Years	Months	Days	If less than one day
~~24~~ 71	10	12	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name - Kelly
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mr. William C. Trogler
(b) Address 816 N. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received by registrar) 1946 Huntington Williams, M.D. Address 202 Eutaw St. Date signed 6/7/46

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3, 1946 at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1942 to June 3 1946 and that I last saw h~~e~~r alive on June 2 1946.

Immediate cause of death Carcinoma of Stomach. — Duration

Due to

Due to

Other Conditions Hypertensive Heart Disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert J. Starke M.D.
Address 202 Eutaw St. Date signed 6/7/46

VS 180

(over) X

G40859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83R ✓ Registered No. G40859

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2154 Druid Park Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2154 Druid Park Drive
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** THOMAS L. DIX

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	218-10-3517

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Clara M. Dix
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 25, 1865

8. AGE: Years	Months	Days	If less than one day
80	9	7	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER
12. Name Richard T. M. Dix
13. Birthplace

MOTHER
14. Maiden Name Bittie Mitchell
15. Birthplace Va.

16 (a) Informant Mrs. L. F. Dix
(b) Address 2154 Druid Park Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 4 - 1946 (Date filed by registrar)
Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2, 1946, at 12:30 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1, 1946, to June 2, 1946, and that I last saw h/ alive on June 1 1946.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
Due to Arteriosclerosis	10 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur J. Davies M. D.
Address 800 N. 32nd St Date signed 6-3-46

X

G30860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G30860

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 223 Woodlawn Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: LUCIEN C. ODEND'HAL

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	none	Male	White	Widower

6 (b) Name of husband or wife: Cornelia (Grant) Odend'hal
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 13, 1849

8. AGE: Years	Months	Days	If less than one day
96	9	18	hr. min.

9. Birthplace Paris, France (Town, county, and state)
10. Usual Occupation --
11. Industry or business --

FATHER
12. Name Jean Baptiste
13. Birthplace France

MOTHER
14. Maiden Name --
15. Birthplace --

16 (a) Informant Mr. Emile S. Odend'hal son
(b) Address 838 N. Eutaw St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

JUN 4 - 1946

19 (a) (Date rec'd by registrar) (b) Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 1946, at 8.40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 23 1946 to June 1 1946 and that I last saw h[illegible] alive on June 1 1946.

Immediate cause of death: Cerebral hemorrhage — Duration: May 1946
Due to: Atlas Sclerosis — ?
Due to: general.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Thos D Gilbert M. D.
Address 1813 Park Heights Ave Date signed 6/6/46

X

VS 190

Every item or information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G408-1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164 C

Registered No. G408-1

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dor
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 813 N. Brice St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dorsey E. Sewell

3 (b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Shelton E. Sewell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1909

8. AGE: Years	Months	Days	If less than one day
36	11	21	hr. min.

9. Birthplace St. Mary's Co., Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Pinkney Thompson
13. Birthplace St. Mary's Co., Md.

MOTHER
14. Maiden Name Mary Goldsborough
15. Birthplace St. Mary's Co., Md.

16 (a) Informant Mr. Shelton E. Sewell
(b) Address 813 N. Brice St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 4 - 1946 (Date rec'd by registrar) Huntington White Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2, 1946 at 7:35 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:
(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Gunshot wound of brain

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-2-46 at 8 P. M.
(b) Where did injury occur? 813 N. Brice Street
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? no
(d) Means of injury Shooting firearm, automatic

23. Signature Howard J. Gilleece M.D.
Medical Examiner.
Date signed 6-3-46

X

C40862 ✓ C40862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 18-E 22nd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George M. Stevenson

3 (b) If veteran, name war None

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife Lola M. Stevenson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23, 1886

8. AGE: Years	Months	Days	If less than one day
60	1	10	hr. min.

9. Birthplace Balto. Co., Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name George Stevenson
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden Name Ion Ensor
15. Birthplace Balto. Co.

16 (a) Informant Mr. Melville Stevenson
(b) Address Dumbarton Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 6/5/46 (month) (day) (year)
(c) Cemetery or crematory Bosley Cem.
Location Balto. Co., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 JUN 4 - 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 June 1946 at 3:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Hypertensive Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William S. Kelloch M.D. Medical Examiner.

Date signed 3 June 46

VS 151

G40863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G40863

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3211 Dudley Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3211 Dudley Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leo K. Snyder Sr.

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Dorothea Snyder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1872

8. AGE: Years	Months	Days	If less than one day
74	0	19	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name William Snyder
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Fannie Davidson
15. Birthplace Balto. Md.

16 (a) Informant Leo. K. Snyder Jr.
(b) Address 3213 Dudley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5/46 (month) (day) (year)
(c) Cemetery or crematory Balto. Cem.
Location Balto. Md.

18 (a) Funeral director Philip Sterling Sons
(b) Address 2024 Orleans St. Williams, Md.

19 JUN 4 - 1946 (b) Registered by [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1/46 19 , at 1015P M

21. I certify that death occurred on the date above stated; that I attended deceased from 13-Nov 1945 to 1-June 1946 and that I last saw him alive on 1-June 1946.

Immediate cause of death Coronary Thrombosis — Duration 5 days

Due to Arteriosclerotic Cardiovascular Disease — 7 Mo.

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles W. McEdwards M. D.
Address 2746 The Alameda Date signed 3 June - 46

VS 150

X

G40354 amer

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 10-9

G40354 Registered No.

Caution: Write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline
(c) Hospital or institution: St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 24 hr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2439 E Biddle St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Garfunt Ritzert

3 (b) If veteran, name war No | 3 (c) Social Security Account No. No

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Baby

6 (b) Name of husband or wife Helen Irene Ritzert

6 (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) 6/4/1946

8. AGE: Years | Months | Days | If less than one day 40 min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Baby

11. Industry or business

FATHER 12. Name John Marcus Ritzert
13. Birthplace Baltimore

MOTHER 14. Maiden name Helen Irene Barnes
15. Birthplace Baltimore

16 (a) Informant Mother
(b) Address 2434 E Biddle

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/46 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Glenna Hall Rd.

18 (a) Funeral director Tully Zeith Co
(b) Address 403 N. Gilmor St

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

JUN 4 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1946 2:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/4 1946 to 6/4 1946 and that I last saw him alive on 6/4 1946.

Immediate cause of death Premature Birth | Duration

Due to Cause Unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Not done
Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

(f) Signature George C. Rogers M.D.
Address St Joseph Hosp Date signed 6/4/46

X

G40865

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 94a

Reg. Dist. No. G40865

PLACE OF DEATH:
County Baltimore
City or town Baltimore - 24
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 63 years
Hospital, institution, or street address where death occurred: 1110 Dundalk Ave.
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1110 Dundalk Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war

1. (a) FULL NAME Harry Whitehurst

3. (b) Social Security Number 213-03-0438

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Lina Whitehurst
6.(c) If alive, give age: 58 years
7. Date of birth (mo., day, yr.): 20 April 1883

AGE: Years	Months	Days	If less than one day
63	1	14 13	... hrs. ... min.

8. Birthplace: Baltimore, Maryland (Town, county, and state)
9. Usual occupation: Metal worker
10. Industry or business: Steel
11. Name: Frank Whitehurst
12. Birthplace: Virginia
13. Maiden name: Annie Ripka
14. Birthplace: Maryland
15. Informant: Harry Leslie Whitehurst (son)
16. Address: 1110 Dundalk Ave.
17. Burial, cremation, or removal. Which?: Burial — Date thereof: 6/9/46 (month) (day) (year)
18. Cemetery or crematory: Oak Lawn
19. Location: Boston Ave East
20. Funeral director: Lilly & Zentgraf
21. Address: 403 N. Wolfe St
22. Date received by Registrar: JUN 4 1946 — Registrar: Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3 June 1946, at 11:55 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 2 June 1946 to 3 June 1946 and that I last saw h[im] alive on 3 June 1946. Immediate cause of death:

	DURATION
Congestive heart failure	10 days
Due to: Coronary Thrombosis	8 months
Due to: Coronary arteriosclerosis	Unknown

Other conditions:
(Include pregnancy within 3 months of death)
Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Bernard W. Ballard M.D. (M. D. or other)
Address: 8 Liberty Parkway, Dundalk-12-Md. Date signed: 3 June 1946.

G40866

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 102

Registered No. G40866

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1615 Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Park Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah Ella Durkam

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4-20-1863

8. AGE: Years	Months	Days	If less than one day
82	11	13	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Walter Durham
13. Birthplace Va.

MOTHER
14. Maiden Name Sarah A. Clements
15. Birthplace Va

16 (a) Informant Willis H. Bramuck
(b) Address Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5/46 (month, day, year)
(c) Cemetery or crematory St. Mary's Cemetery
Location Roland Ave

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 400 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 15b JUN 4 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1946 at 3.40 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 1946 to June 3 1946 and that I last saw her alive on June 3 1946.

Immediate cause of death Dementia Senilis
Due to Arterial Hypertension — Duration 3 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. D. Durham M. D.
Address 403 Mellor St Date signed 6/3/46

X

G40867 BALTIMORE CITY HEALTH DEPARTMENT 13B G40867

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 92 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles A. Woolsey

3 (b) If veteran, name war

3 (c) Social Security Account No. V

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Louise M. Woolsey
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Nov 25, 1875

8. AGE: Years 70 | Months 6 5 | Days 22 | If less than one day: hr. min.

9. Birthplace Jersey City N. J.
(Town, county, and state)

10. Usual Occupation Secy. to Underwood Dam

11. Industry or business

FATHER 12. Name Chas. M. Woolsey
13. Birthplace Conn.

MOTHER 14. Maiden Name Ella E. Washburn
15. Birthplace Conn.

16 (a) Informant Louise Woolsey
(b) Address 9 Hillside Road, Towson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7/46 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3501 Frederick Ave

18 (a) Funeral director John D. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) JUN 4 1946 Registrar

VB 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1946, at 11:49 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-6-1946 to 6-3-1946, and that I last saw him alive on 6-3-1946.

Immediate cause of death: Cardiac failure
Due to: General debility
Due to: Pulmonary T.B. Tuberculosis
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation: Cystoscopy 4-8-46
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James L. Casey M.D.
Address University Hosp Date signed 6-7-46

Please write plainly, with undue ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2 Trans. G408:18 ✓ G408:18

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 6-42

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3517 Gelston Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3517 Gelston Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Winifred Ward

3 (b) If veteran, name war

3 (c) Social Security Account No. 228-07-4791

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4, 1919

8. AGE: Years	Months	Days	If less than one day
26	5	29	hr. min.

9. Birthplace Ellicott City, Md. (Town, county, and state)

10. Usual Occupation Secretary

11. Industry or business Chase Engineering Co.

FATHER 12. Name John G. Ward
13. Birthplace Md

MOTHER 14. Maiden Name Virginia Meade
15. Birthplace Md.

16 (a) Informant John G. Ward
(b) Address 3517 Gelston Dr.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6/46 (month) (day) (year)
(c) Cemetery or crematory Lorraine Pk.
Location Woodlawn, Md.

18 (a) Funeral director Harry H. Little
(b) Address 1411 E. Madison Ave

19 (a) 1946 (Date rec'd by registrar) (b) 8 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3/46 19 . at 3 o'clock P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7 1943 to 6/3 1946.
and that I last saw h[illegible] alive on 6/1 1946.

Immediate cause of death
Cerebral Tumor (Astrocytoma) — Duration 11 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 5/46
Major findings of operation: Astrocytoma left frontal lobe
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address 3629 Edmondson Date signed 6/4/46 M. D.

X

G40869

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D

G40869 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edmond & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Sparrows Pt. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 E. St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bethenie Jeffries

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widowed

6 (b) Name of husband or wife L. H. Jeffries
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 14 - 1880

8. AGE: Years	Months	Days	If less than one day
66	4	19	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Theo. Benshmiller
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Margaret Brayden
15. Birthplace Balto - Md.

16 (a) Informant E. K. Baltzensperger
(b) Address 505 E. H. Sparrows Pt.

17 (a) Burial (b) Date thereof June 6 - 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathy
Location Old Frederick Rd.

18 (a) Funeral director John A. Myers
(b) Address 6000 E. Balto St.

19 1946 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/2 1946, at 11:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1946, to June 2 1946, and that I last saw her alive on June 2 1946.

Immediate cause of death Respiratory failure — Duration

Due to Pulmonary embolus (?)

Due to

Other Conditions Arteriosclerotic cardiovascular disease
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. W. Legerton, Jr.
Address University Hosp. Date signed 6/2/46

VS 150

Failure to write legibly, with UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

6408.0

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931 Registered No. 6408.0

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 709 N. North Point Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ~~Baltimore~~
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 709 N. North Point Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT THOMAS

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School MAY 29 1946
18 (a) Funeral director Commissioner of Health
(b) Address
19 JUN 4 1946 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/22/46 19 , at 7:30 AM

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Allen R. Weaver M.D.
Medical Examiner
Date signed 5/23/46

45931/2 X

640871 fetal

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

Registered No. 640871

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: Univ Hosp 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1624 Edmondson Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Cook

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-29-46

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Newborn

11. Industry or business

FATHER
12. Name Roy Cook
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Scoggins
15. Birthplace Va.

16 (a) Informant Mary Cook.
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUN 4 1946

18 (a) Funeral director Commissioner of Health
(b) Address

JUN 4 1946 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5-31 1946, at 7:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-29 1946, to 5-31 1946, and that I last saw h/ms alive on 5-31 1946.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John C. Hardy, M.D.
M. D.

Address Date signed

VS 150

F3546 X

G40872 BC# G48080 ✓ G40872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Hanover Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 43[illegible] Lochwinne Blvd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Baby Girl Hunter (CAROL ANNE GUNTER)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. Single.
6 (b) Name of husband or wife —
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) 26 MAY 1946
8. AGE: Years — Months — Days 3 If less than one day — hr. — min.
9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation ____
11. Industry or business ____

FATHER
12. Name Ralph Hunter
13. Birthplace Penna.

MOTHER
14. Maiden Name Hazel E. Williams
15. Birthplace Baltimore, Md.

16 (a) Informant —
(b) Address —

17 (a) ____ (b) Date thereof ____
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory ____
Location University Medical School JUN 4 1946
18 (a) Funeral director Commissioner of Health
(b) Address ____
19 JUN 4 1946 Signature Ted Van Williams M.D.
Date rec'd by registrar Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 29 MAY 1946, at 4:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 26 MAY 1946, to 29 MAY 1946, and that I last saw her alive on 29 MAY 1946.

Immediate cause of death Prematurity.
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Clarence W Martin M. D.
Address Univ. Hosp. Date signed 30 MAY 46

30 ✓ X

G40873 BALTIMORE CITY HEALTH DEPARTMENT G40873

CERTIFICATE OF DEATH 170c

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 302 Bayside Dr. Inverness (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Kirby

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 17 - 1941

8. AGE: Years	Months	Days	If less than one day
4	9	16	hr. min.

9. Birthplace Newport News Va. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Harry Kirby
13. Birthplace Va.

MOTHER
14. Maiden Name Ella Mae Horton
15. Birthplace Fort Wash. Md.

16 (a) Informant Mr. Harry Kirby
(b) Address 302 Bayside Dr.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/46 (month) (day) (year)
(c) Cemetery or crematory Fort Lincoln
Location Holford.

18 (a) Funeral director Wm. J. Connelly.
(b) Address 418 Eastern Ave. East 21.

19 (a) 6-3-1946 (Filed by registrar) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3, 1946 at 12:15 A.M.

21. I certify that I took charge of the remains described above, held an Autop. & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured Skull Multiple fractures.

Due to

Other Conditions Lacerations, head wounds.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 11:15 A.M. Balto. Co. 6-3-46
(b) Where did injury occur? In front of 302 Bayside Drive
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? —
(d) Means of injury Struck by laundry truck

23. Signature Howard J. Steden M.D. Medical Examiner.
Date signed 6-3-46

G40874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 103

G40874 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland Calvert & 33rd St

(b) Street address 2222 N. Charles St

(c) Hospital or institution:

Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 Days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2222 N. Charles St (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME FRANCES ANNE RAFFENSBERGER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	None	F	W	M

6 (b) Name of husband or wife Earle E. Raffensberger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 17, 1912

8. AGE: Years	Months	Days	If less than one day hr.	min.
34	2	16		

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Asser. O. I Co

11. Industry or business

FATHER 12. Name John E Bernhart

13. Birthplace Milwaukee

MOTHER 14. Maiden Name Ann Hoffman

15. Birthplace Adams Co. Pa.

16 (a) Informant Hospital Records

(b) Address Calvert & 33d St.

17 (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 6/4/46 (month) (day) (year)

(c) Cemetery or crematory

Location Gettysburg Pa.

18 (a) Funeral director WM. J. TICKNER & SONS INC.

(b) Address North & Pa Aves. Huntington Williamsport, Md

JUN 4 1946 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1946, at 7:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 6/3 19 , and that I last saw h.r.c. alive on 6/3 1946.

Immediate cause of death

Shock — Duration

Due to Post Operative complication

Due to Uncertain Cause

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6/3/46

Major findings of operation: Multiple Small Intestinal Perforations

of autopsy: Postoperational Hemorrhage

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M.D.

Address Date signed

VS 150

G40875 — TUSTIN — X ✓ — G40875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. G40875

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10a
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Dayton (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry H. Tustin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 3rd 1906

8. AGE: Years	Months	Days	If less than one day
39	6	-	hr. min.

9. Birthplace Penna (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Tustin
13. Birthplace Penna

MOTHER
14. Maiden Name Nancy Amon
15. Birthplace Penna

16 (a) Informant Sipes Funeral Home
(b) Address Finleyville Penna

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 4th 1946 (month) (day) (year)

(c) Cemetery or crematory
Location Finleyville Penna

18 (a) Funeral director Leo S. Brook
(b) Address 1201-03 N. Patterson Park Ave

19 JUN 5 - 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3rd 1946, at 2 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured skull
Fractured 10th & 11th thoracic vertebrae.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 4/1

(a) Date of injury 1 3 A M 6-3-46
(b) Where did injury occur? Herman Hotel McKeesport Penna
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? no
(d) Means of injury Fall from hotel window.

23. Signature Howard F. Thurlow M.D. Medical Examiner.
Date signed 6-3-46

VS 151

G40876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931

G40876 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Pineridge Nursing Home 4703 Hamphatt Ave

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 55

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2716 Kildaire Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Veronica Radavich - Rudis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Martin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 25 1872

8. AGE: Years 73 | Months 6 | Days 7 | If less than one day hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER

12. Name Stephen Stankus

13. Birthplace Lithuania

MOTHER

14. Maiden Name Frances ?

15. Birthplace Lithuania

16 (a) Informant Sophia Feshire

(b) Address 2716 Kildaire Ave

17 (a) Burial 6-7-46 (Burial, cremation, or removal) (b) Date thereof 6/5/46 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn Rd.

18 (a) Funeral director M. W. E. Oppelt Sons

(b) Address 7110 Belair Rd.

19 (a) (b) Huntington Williams (Signature of registrar)

JUN 5 1946 (Date registered)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1946 at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/20 1946 to 6/2 1946 and that I last saw h[illegible] alive on 6/2 1946.

Immediate cause of death Hypertensive Cardio Vascular Renal

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Thomas E. Talley M.D.

Address 4703 Hamphatt Ave. Date signed 6/3/46

G40877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

82

G40877 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or [redacted] Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5257 Belair Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME John J. Sandner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married.

6 (b) Name of husband or wife Dorothy M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1918

8. AGE: Years	Months	Days	If less than one day
27	9 7	18	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Baker
11. Industry or business Fiske Bakery

FATHER
12. Name Alois Sandner
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothy Thoms
15. Birthplace Germany

16 (a) Informant Dorothy Sandner
(b) Address 5237 Belair Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7th (month) (day) (year)
(c) Cemetery or crematory Parkwood Mem
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Eleana St

JUN 5 - 1946 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4, 1946 19 at 12:30AM M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/2[illegible]46 19 to 6/4/46 19, and that I last saw him alive on 6/3/46 19

Immediate cause of death Cardo Resp. failure

Due to Bulbar Paralysis

Due to Multiple Brain abscess, infected Pan-Sinusitis.-

Other Conditions Osteo-myelitis, right frontal.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John B. Weeks M. D.
Address 1400 N. Carline St. Date signed 6/4/46

G40878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. G40878

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 662 W. Fayette st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 662 W. Fayette st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth Anna Weber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife –

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) – 8/19/45

8. AGE: Years	Months	Days	If less than one day
	9½	15	hr. min.

9. Birthplace Whitehall
(Town, county, and state)

10. Usual Occupation –

11. Industry or business

FATHER
12. Name Charles Weber
13. Birthplace

MOTHER
14. Maiden Name Ruth Copenhaver
15. Birthplace Betty Co., Md

16 (a) Informant Ruth Weber
(b) Address 622 W. Fayette st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6-46 (month) (day) (year)
(c) Cemetery or crematory Cypress Chapel
Location White Hall, R.F.D.

18 (a) Funeral director Howard L. Maryland
(b) Address White Hall, Md

JUN 5 - 1946 (Date rec'd by registrar) Howard L. Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 4 - 1946 at 10 45 A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Lobular Pneumonia

Due to After Respiratory Operation

Other Conditions Hemorrhage into adrenals

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard L. Williams M.D.
Medical Examiner.
Date signed 6-5-46

VS 151

Please write as legibly as typewriting is important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931

Registered No. 630879

630879

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1618 N. North Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 N. North ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie Baum

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Wilhelm Baum
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1867

8. AGE: Years	Months	Days	If less than one day
78	11		hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Joseph Kalz
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. Wilhelm Baum
(b) Address 1618 N North ave

17 (a) Burial (b) Date thereof 6-7-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Friend's Lodge
Location Balto Md.

18 (a) Funeral director David Goodwin & Son
(b) Address 1700 Eutaw Place

19 (a) [illegible] (b) Huntington Williams M.D.
Registrar

JUN 5 1946

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5th 1946 at 7 30 A M

21. I certify that I took charge of the remains described above, held an Autopsy / Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mullen M.D.
Medical Examiner.
Date signed 6-5-46

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931

G40850

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1123 Bellemore Rd.
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 7
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltcity
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 Bellemore Rd
(If rural give location)
(e) Citizen of foreign country? —No— (Yes or No)
If yes, name country —

3 (a) FULL NAME Louis Dent Sharp

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sara B. Sharp
6 (c) If alive, give age: 78 years

7. Birth date of deceased (mo., day, yr.): Sept. 27 1865

8. AGE: Years: 80 | Months: 8 | Days: 8 | If less than one day: hr. min.

9. Birthplace: St Louis - Mo.
(Town, county, and state)

10. Usual Occupation: Retired
11. Industry or business: Banker

FATHER
12. Name: Alex. Sharp
13. Birthplace: not known

MOTHER
14. Maiden Name: Nellie Dent
15. Birthplace: not known

16 (a) Informant: Mrs Louise S. Habliston (wife)
(b) Address: 1123 Bellemore Rd.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 6-6-46 (month) (day) (year)
(c) Cemetery or crematory: Forest Lawn
Location: Baltimore Md.

18 (a) Funeral director: Stewart Memorial Co.
(b) Address: 108 W Read Ave.

19 (a) Date rec'd: JUN 5 1946 (b) Registrar: Katherine Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: June - 4 - 1946 at 2 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1942 to June 4 1946 and that I last saw h. alive on May 24 1946

Immediate cause of death: Coronary Occlusion — Duration: 2 hr. —
Due to: Coronary arteriosclerosis — 4 years
Due to: —
Other Conditions: Fibroid arteriosclerosis Myocardial degeneration — 4 years 2 yrs.
(Include pregnancy within 3 months of death)
Date of operation: —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Lawrence M. Lena M. D.
Address 11 E. Chase St Date signed 6/4/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83 (240)

Registered No. G40831

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balt. Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 343 E. 28th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Richard Allen Ziegler

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-01-6616

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Maude Ziegler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 5th 1897

8. AGE: Years	Months	Days	If less than one day
48	6	29	hr. min.

9. Birthplace York Pa (Town, county, and state)
10. Usual Occupation Printer
11. Industry or business John D. Lucas

FATHER
12. Name Paul Ziegler
13. Birthplace Pa.

MOTHER
14. Maiden Name Fannie Flinchbaugh
15. Birthplace Pa

16 (a) Informant Paul Ziegler
(b) Address 713 Linnard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/46 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location York Pa.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St.

JUN 5 - 1946 (Date rec'd by registrar) Huntington Williams Md Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4th 1946, at 6-10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1946 to June 4 1946 and that I last saw him alive on June 4 1946.

Immediate cause of death: Respiratory failure — Duration —
Due to: Cerebral Hemorrhage — Duration 3 hrs.
Due to: Hypertension — Duration 10 yrs
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George C. Johnson M. D.
Address M. M. H. Date signed 6/5/46

E-10332 Logan G40832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 518 Robert St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Logan

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Stafford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/23/1880

8. AGE: Years 60 | Months 5 | Days 12 | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Robert White
13. Birthplace Va

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Lottie Logan
(b) Address 518 Robert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/46 (month) (day) (year)
(c) Cemetery or crematory Lancaster Co.
Location Lancaster Co. Va.

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Pennsylvania Ave

19 (a) Date received by Registrar JUN 5 1946 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/4 1946 at 3A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/21 1946 to 6/4 1946 and that I last saw h— alive on 6/4 1946

Immediate cause of death
Cardio Renal

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
14 D

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. J. Hatcher, M.D.
Address 1vr S. Pine Date signed 6/5/46

FORM WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G40853 Registered No.

PRINT OR WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4703 Hamilton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Upper Hill Pa (If outside city or town limits, write RURAL, and give town)
(d) Street No. 254 Glenwood Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albina Kenchel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
F	W	

6 (b) Name of husband or wife Frank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-8-1872

8. AGE: Years	Months	Days	If less than one day
74	3	27	hr. min.

9. Birthplace Hungary (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name Frank Poppington
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Geo. A. Lovejoy
(b) Address 254 Glenwood Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-46 (month) (day) (year)
(c) Cemetery or crematory Chartiers Cem
Location Carnegie Pa

18 (a) Funeral director Leonard Plunkett
(b) Address 9303 Harford Rd.

19 - 1946 Huntington Williams & Co
(Date death recd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1946 to June 5 1946. and that I last saw her alive on May 30 1946

Immediate cause of death Encephalomalacia — Duration 6 wks

Due to Cerebral arteriosclerosis & thrombosis — 6 wks

Due to Hypertensive Cardio-vascular disease — 2 yrs 6 wks

Other Conditions Azotemia, diabetes mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work)
(e) Means of injury

23. Signature H. H. Butler
Address Ridge Rd Post 6 Date signed 6/7/46 D.

93 D ind

VS 150

G40884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13D

Registered No. G40884

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 516 W. Hamburg St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 516 W. Hamburg St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Walters

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Separated

6 (b) Name of husband or wife Separated

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1870

8. AGE: Years	Months	Days	If less than one day
76	-	22	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name John Green
13. Birthplace Unknown

MOTHER
14. Maiden Name Katherine ?
15. Birthplace Unknown

16 (a) Informant Harry G. Walters
(b) Address 54 E. Hill St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/5/46 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Annapolis Blvd.

18 (a) Funeral director John J. Gleyny Inc
(b) Address 715 Light St.

JUN 5 - 1946 (a) (State registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2nd 1946, at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/4 1946 to 6-2 1946 and that I last saw h alive on 6/2 1946

Immediate cause of death Myocardial Failure — Duration 1 wk

Due to Generalized Arteriosclerosis — Duration

Due to Cerebral Vascular Disease — Duration 3 mos.

Other Conditions a gangrene both feet

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) (While at work?)
(e) Means of injury

23. Signature Joseph A. Lowcarter
Address 619 W Arlington Blvd 6/4/46

VS 150

X

G40835 B C#

BALTIMORE CITY HEALTH DEPARTMENT

F40986 CERTIFICATE OF DEATH 107

G40835 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 306 S Fulton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Raymond Cromwell

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 13 1901 1941

8. AGE: Years	Months	Days	If less than one day
4	5	21	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James E Cromwell
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary A Roszell
15. Birthplace Baltimore

16 (a) Informant James E Cromwell
(b) Address 306 S Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2 1946 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Henry H Wetzel
(b) Address 4101 Edmondson Ave

19 (a) JUN 5 1946 (Date Registered) Hunting for Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/4 1946, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/4 1946 to 6/4 1946 and that I last saw him alive on 6/4 1946.

Immediate cause of death: Cardiac Failure — Duration: Few min.
Due to Bronchial Pneumonia — Duration: unknown
Due to Pharyngitis Bronchitis — Duration: unknown
Other Conditions Otitis Media Bilat

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur W Symons M.D.
Address Bon Secours Hosp. Date signed 6/7/46

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40836 Roschek over 93D G40836

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 214 N. Fulton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 214 N. Fulton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hermann D. Paschen Sr.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Lisette A.
6 (c) If alive, give age 2 years

7. Birth date of deceased (mo., day, yr.) May 26, 1865

8. AGE: Years	Months	Days	If less than one day
81	-	8	hr. min.

9. Birthplace Bremen, Germany (Town, county, and state)
10. Usual Occupation Retired Accountant
11. Industry or business Geo. Blume & Son

FATHER
12. Name Hermann D. Paschen
13. Birthplace Germany

MOTHER
14. Maiden Name Adelheide Brockett
15. Birthplace Germany

16 (a) Informant Mrs. Lisette A. Paschen
(b) Address 214 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Rd.

18 (a) Funeral director Harry A. Nitzke
(b) Address 4100 Edmondson Ave

19 (a) JUN 5 1946 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3rd 1946, at 11:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1946 to June 3 1946, and that I last saw him alive on 6/1/46

Immediate cause of death: Coronary Thrombosis — Duration —
Due to Arterio-sclerosis — 10 yrs.
Due to
Other Conditions Myocarditis — 2 mos.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. E. Wells, M. D.
Address 4100 Edmondson Ave Date signed 6/4/46

VS 150

Hunting for Williams

X

G40837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1172

Registered No. G40837

BB# 101754

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 514 E. Eager St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME H. Palmer Richardson

3 (b) If veteran, name war: W. W. #1

3 (c) Social Security Account No. 078-05-3309

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 30, 1898

8. AGE: Years	Months	Days	If less than one day
48	4	5	hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Glen L. Martin Co.

FATHER
12. Name William Richardson
13. Birthplace N. Y.

MOTHER
14. Maiden Name Dilila Hardendorf
15. Birthplace N. Y.

16 (a) Informant Balto. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/46 (month) (day) (year)
(c) Cemetery or crematory Church Street Cem.
Location Little Falls, N. Y.

18 (a) Funeral director E. W. Lamoreau
(b) Address 1003 W. Baltimore St.

JUN 5 - 1946 (Date rec'd by registrar)

(b) Huntington Baltimore, Md. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5, 1946, at 1:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1946 to June 5, 1946, and that I last saw him alive on June 5, 1946

Immediate cause of death: Perforated Peptic Ulcer (Gastric)
Duration 48 hrs.

Due to

Due to

Other Conditions Chemical Peritonitis
(Include pregnancy within 3 months of death)

Date of operation 6-4-46

Major findings of operation: Above

of autopsy: Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Marvin M. Lacy M. D.
Address Baltimore City Hosp signed 6-5-46

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

640838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

Registered No. 640838

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6420 Reisterstown Rd

(c) Hospital or institution: Mount Hope Retreat

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 yrs 1 mo 20 da

(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs. 7 da

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1845 North Regester St. (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mary Ellen Hagan

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 30th, 1900

8. AGE: Years 46 | Months 0 | Days 5 | If less than one day — hr. — min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Charles Howard Hagan

13. Birthplace Baltimore County Md.

MOTHER 14. Maiden Name Catherine M. McKenna

15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Catherine M. Hagan

(b) Address 1845 N. Regester Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 7th, 1946 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Edmondson Avenue

18 (a) Funeral director George J. Ruth, Inc.

(b) Address 1735 Harford Avenue

19 JUN 5 - 1946 (Date Rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1946, at 3:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1937 to June 5 1946 and that I last saw her alive on June 5 1946.

Immediate cause of death Myocardial Infarction — Duration 6 mo

Due to Schizophrenia Paranoid type — 26 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Dominick V. Adagio M. D.

Address 33 W. Preston St. (Type signed)

VS 180

G40339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 9 2 E

G40339 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item o. information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2618 E. Fairmount ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2618 E. Fairmount ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** John Heuschafer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mollie Beck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan 20, 1869

8. AGE: Years: 77 | Months: 4 | Days: 14 | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: Retired Grocer

11. Industry or business

FATHER 12. Name: Lawrence Heuschafer
15. Birthplace: Baltimore Md

MOTHER 14. Maiden Name: Margaret Droney
15. Birthplace: Baltimore Md

16 (a) Informant: Jos. Heuschafer
(b) Address: 2618 E. Fairmount ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 7-46 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Road

18 (a) Funeral director: Frank T. Pipitone
(b) Address: 2818 E. Baltimore st

19 (a) JUN 5 1946 (b) Registrar
Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 4th 1946, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1946, to June 4 1946, and that I last saw h. alive on June 3 1946.

Immediate cause of death: Acute Cardiac Failure.

Duration: 1 day

Due to: Endocarditis

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Edward A. Flanigan Jr. M. D.
Address: 2604 E. Balto. St. Date signed: June 4 46

G40890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G40890

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd street
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County
(c) City or town Charmain
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John William Berger (JOHN WILLIAM BERGER)

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4 1870

8. AGE: Years	Months	Days	If less than one day
75	6	0	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Martin Berger
13. Birthplace GERMANY

MOTHER
14. Maiden Name Christine Berger
15. Birthplace GERMANY

16 (a) Informant Miss Lillian M. Kloppel
(b) Address 4513 Rowland Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 JUN 5 - 1946 (Date rec'd by registrar) (b) Thomas Livingston Williamson, M.D.

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1946, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1946, to June 4 1946, and that I last saw h[illegible] alive on June 4 1946.

Immediate cause of death: Metastatic Carcinoma — Duration: 9

Due to: Carcinoma of stomach

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M.D.
Address U. of M. Date signed 6/4/46

X

640891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. 640891

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2027 Robb Street
(c) Hospital or institution: 9

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2027 Robb Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY EICH

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Jacob James Eich

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 13, 1864

8. AGE: Years 82 | Months 2 | Days 21 | If less than one day: hr. min.

9. Birthplace Overwassen, Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Helfrich
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace Germany

16 (a) Informant Mrs. Anna Buresch
(b) Address 2838 Mayfield Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-6-43 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetery
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) JUN 5 - 1946 (Date rec'd by registrar) Huntington Williams, M. D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1946 at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1946 to June 3 1946 and that I last saw h.e.r. alive on June 2 1946.

Immediate cause of death Arteriosclerotic cardio-vascular renal disease

Duration 5 yrs.

Due to

Due to

Other Conditions Senile Diabetes, arthritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jos. M. Zimmerman, M. D.
Address 2058 Hanford Rd Date signed 7 June 46

VS 150

1312

G40892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G40892 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 702 N. Kenwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 702 N. Kenwood Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME NELLIE ANNE LAIRD

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife John W. Laird
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1872

8. AGE: Years	Months	Days	If less than one day
73	3	23	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward Parks
13. Birthplace Oriole, Maryland

MOTHER
14. Maiden Name Miranda Townsend
15. Birthplace Oriole, Maryland

16 (a) Informant Mr. Louis Laird
(b) Address 1831 E. 30th. Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/46 (month) (day) (year)
(c) Cemetery or crematory PARKWOOD CEMETERY
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 JUN 5 - 1946 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June May 3 1946 2.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1945 to June 3 1946
and that I last saw h alive on June 3 1946

Immediate cause of death: Coronary thrombosis — Duration: 1 day.
Due to: Hypertensive cardiovascular disease — 5 years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(c) Means of injury
23. Signature: Helen F. Pullman
Address 6 E Biddle St Date signed 6/4/46

X

G40893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13D

Registered No. G40893

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1515 Abbottston Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 T
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1515 Abbottston Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FERDINAND GEORGE SEELHORST

3 (b) If veteran, name war: No
3 (c) Social Security Account No.

4. Sex: M.
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Anna Seelhorst
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 2, 1889
8. AGE: Years 56 Months 9 Days 1 If less than one day hr. min.
9. Birthplace Hanover, Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Baltimore Transit Co.

FATHER
12. Name Ferdinand Seelhorst
13. Birthplace Germany

MOTHER
14. Maiden Name Johannah Kloepler
15. Birthplace Germany

16 (a) Informant: Mrs. Anna Seelhorst -wido
(b) Address 1515 Abbottston Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/46 (month) (day) (year)
(c) Cemetery or crematory St. Paul's Cem.
Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) JUN 5 - 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION P. M

20. DATE OF DEATH June 3 1946, at 8.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12 May 1946 to 3 June 1946 and that I last saw h. alive on 3 June 1946

Immediate cause of death: Myocardial insufficiency — Duration: 3 wks
Due to: Chronic myocarditis — 5 yrs
Due to:
Other Conditions: Cardia asthma, Chronic bronchitis
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jay M. Zimmerman M. D.
Address 2858 Hartford Rd Date signed 5 June 46

VS 150

X

G40894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 546

G40894 Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3309 Liberty Heights Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3309 Liberty Heights Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Georgeanna White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Edwin Bond White
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 3-1880

8. AGE: Years	Months	Days	If less than one day
65	7	—	hr. min.

9. Birthplace Baltimore Co. Maryland
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Isaac L. Crowther
13. Birthplace Maryland

MOTHER
14. Maiden Name Georgeanna Kelly
15. Birthplace Maryland

16 (a) Informant Joseph Edwin White
(b) Address 3309 Liberty Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6-1946 (mo.) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Maryland

18 (a) Funeral director Duree Funeral Home
(b) Address 3631 Falls Road

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

JUN 5 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3- 1946, at 3-39 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1945 to 6/3 1946 and that I last saw h.. alive on 6/3/1946

Immediate cause of death Exfoliative Dermatitis — Duration 12 mos

Due to Leukemia

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard Hall M. D.
Address 2020 N. Charles Date signed 6/4/46

G40895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 19

Registered No. G40895

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd
(c) Hospital or institution:
Union Memorial Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 7-14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 600 Somerset Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard R(?) Taylor Hannah Fox Stewart Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Howard R. Taylor
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) July 17, 1887

8. AGE: Years	Months	Days	If less than one day
58	10	18	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name	Arthur Stewart
13. Birthplace	Balto Md
MOTHER 14. Maiden Name	Susan E. Ellicott
15. Birthplace	Balto Co Md

16 (a) Informant Howard R. Taylor
(b) Address 600 Somerset Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6 1946 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md

18 (a) Funeral director Henry M. Jenkins Sons Co
(b) Address McCulloh & Orchard Sts

19 (a) (Signature by registrar) (b) Huntington Williams, M.D. Registrar

JUN 5 - 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/4/ 1946, at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/4 1946 to 19 , and that I last saw h[illegible] alive on 6/4 1946.

Immediate cause of death Uraemia

Due to Kidney obstruction

Due to Post operative complications

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 6/4/46
Major findings of operation Thrombosis of ureter
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Jones Jr. M.D.
Address
Date signed

X

G40896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 1849

G40896 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Sparrows Point
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1313 Beechwood Road.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Winehret.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-4-46

8. AGE: Years	Months	Days	If less than one day
			9 hr. 30 min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Oscar Winehret
13. Birthplace Md.

MOTHER
14. Maiden Name Thelma ?
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 6-5-46.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Glenn Hill Rd.

18 (a) Funeral director L. Hermann & Sons.
(b) Address 32 S. Broadway

19 (a) (b) Huntington Hollins

Filed by registrar JUN 5 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June - 4 1946 at 10- P M

21. I certify that death occurred on the date above stated; that I attended deceased from June - 4 1946 to June 4 1946 and that I last saw h[illegible] alive on June - 4 1946.

Immediate cause of death
Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert Grunwald
Address Johns Hopkins Hosp. Date signed 6-5-46

X

G40897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G40897

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 602 S. Belnord Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 602 S. Belnord Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA PRUCHNIEWSKI (PETERSON)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife Andrzej
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1871

8. AGE: Years	Months	Days	If less than one day
74	11	2	hr. min.

9. Birthplace Poznan, Poland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Malecki
13. Birthplace Poznan, Poland

MOTHER
14. Maiden Name
15. Birthplace Poland

16 (a) Informant Mr. Adam Pruchniewski
(b) Address 622 S. Belnord Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7, 1946 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill Road

18 (a) Funeral director M. J. Sadowski & Son
(b) Address 1608 Eastern Ave.

19 (a) (Date received by registrar) (b) Registrar

JUN 5 - [illegible] Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1946, at 3:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1941 to June 3 1946, and that I last saw h alive on June 3 1946.

Immediate cause of death
Diabetes Mellitus
Chr. Glomerular Nephritis
Due to Acute Pancreatic Hepatitis
Progressive Failure
Due to
Other Conditions None
(Include pregnancy within 3 months of death)

Duration
1939
1-3-45
3-15-46
5-20-46

Date of operation None
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. A. Schmuck M. D.
Address 842 S. Eaton Date signed 6-5-46

VS 150

G40898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G40898 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 618 S. Wolfe Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 S. Wolfe Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SALOMEA HALINIARZ

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Anthony
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 7, 1876

8. AGE: Years	Months	Days	If less than one day
69	9	26	hr. min.

9. Birthplace Tarnobrzeg, Poland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name ------- Swiergula
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Mr. Stanley Haliniarz
(b) Address 618 S. Wolfe Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6, 1946 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill Road

18 (a) Funeral director M. J. Sadowski Son
(b) Address 1808 Eastern Avenue

19 (a) (Date rec'd by registrar) (b) Huntington Avenue, Md.

JUN 5 - 1946

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1946, at 10:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 15 1945 to June 3 1946, and that I last saw h alive on June 3 1946

Immediate cause of death
Arteriosclerotic Cardiovascular Disease
Due to Myocardial Failure.

Duration
11-15-45
5-29-46

Due to

Other Conditions None
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: None

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eugene Kaltenbrunner M. D.
Address 624 S. East Ave Date signed 6-4-46

X

G40899

B C H

BALTIMORE CITY HEALTH DEPARTMENT

G48387 CERTIFICATE OF DEATH 167E

G40899 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address John Street & Lafayette Ave.

(c) Hospital or Institution: Women's Hospital 13 W

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2

(e) Length of stay in Baltimore (yrs., mos., or days) 1/2

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Baltimore (If outside city or town, give township or district)

(d) Street No. 2207 Brookfield Ave. John St & Lafayette Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Baby Boy Farrell

3 (b) If veteran, name war No

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Newborn

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1st 1946

8. AGE: Years	Months	Days	If less than one day
—	—	—	15 hr. 46 min

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Newborn

11. Industry or business none

FATHER

12. Name John Wesley Farrell

13. Birthplace Oyster Bay Long Island N.Y.

MOTHER

14. Maiden Name Madeleine B. Tinsley

15. Birthplace Richmond Hill Long Island N.Y.

16 (a) Informant Mother

(b) Address 2207 Brookfield Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location University Medical School JUN 5 1946

18 (a) Funeral director Commissioner of Health

(b) Address

JUN 5 1946 Huntington Williams M.D. Registrar

(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2nd 1946, at 3 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1st 1946, to June 2nd 1946, and that I last saw h im alive on June 2nd 1946.

Immediate cause of death Respiratory failure

Due to atelectasis

Due to

Other Conditions Congenital Hernia Rt. Kidney, Patent Ductus.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

atelectasis, Congenital Hernia of autopsy: Rt. Kidney. Patent Ductus

Duration
2 hrs.
15 hrs 46 m

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M.D.

Address Women's Hospital Date signed 6/3/46

M. D.

F 3548

161a

G40900

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 48B

G40900 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3613 Pulaski Highway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3613 Pulaski Highway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bertha Bishop

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1886

8. AGE: Years 60 | Months 4 | Days | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

MOTHER / FATHER
12. Name August Wambrier
13. Birthplace Germany
14. Maiden Name Dont Know
15. Birthplace

16 (a) Informant Joseph Bishop
(b) Address 3613 Pulaski Hwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7 1946 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Co Md

18 (a) Funeral director Leland Funeral Home
(b) Address 2008 Orleans St

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1946, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 - 1946 to June 4 - 1946 and that I last saw h[illegible] alive on June 3 1946.

Immediate cause of death: Carcinoma Uterus — Duration 6 mo.
Metastasis to Pelvis.
Due to Nephritis and Myocarditis — Duration 10 d
Due to Pulmonary Oedema.
Other Conditions Acute Infection
Guaiacolum
(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm E Greene MD M. D.
Address 1 E Chase St Date signed 6/5/46

X

G40901 — BALTIMORE CITY HEALTH DEPARTMENT — G40901 Registered No.

CERTIFICATE OF DEATH 1937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Gilmanware Apts. 1-a
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. Gilman Apts. Colored 7 31 46 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary alice Clay

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30, 1853

8. AGE: Years	Months	Days	If less than one day
93	2	4	hr. min.

9. Birthplace Frederick Co Md. (Town, county, and state)
10. Usual Occupation home keeper
11. Industry or business home

FATHER
12. Name George M Clay
13. Birthplace Frederick Co. Md

MOTHER
14. Maiden Name Martha Mary King
15. Birthplace Carroll Co Md.

16 (a) Informant Miss Mary Carling
(b) Address Gilman apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6/46 (month) (day) (year)
(c) Cemetery or crematory Mt Airy
Location "

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

JUN 5 - 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1946 at 4:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1946 to June 4 1946 and that I last saw her alive on May 20 1946.

Immediate cause of death
Chronic Myocarditis — Duration 7 wks
Due to Arteriosclerosis — 4 yrs
Due to —
Other Conditions Bronchopneumonia — 2 wks
(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Francis W. Gluck M. D.
Address 715 Park ave Date signed 6/7/46

G40.902 BALTIMORE CITY HEALTH DEPARTMENT G40.902

CERTIFICATE OF DEATH 83a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4001 Garrison Bl'vd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4001 Garrison Bl'vd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alexis K. Housman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3 1886

8. AGE: Years	Months	Days	If less than one day
59	11	2	hr. min.

9. Birthplace St. Petersburg Russia
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Shoe merchant

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Rose M. Lupis
(b) Address 4001 Garrison Bl'vd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8 1946 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Harry H. Isaacs
(b) Address 4204 Ridgewood Ave

19 (a) JUN 5 - 1946 (Date rec'd by registrar)

Huntington Peterson, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5th 1946, at 5A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 25 19 45 to June 5th 1946, and that I last saw him alive on June 5th 1946

Immediate cause of death: Cerebral Hemorrhage

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. J. Poulton
Address 6904 Belmont Rd Date signed 6/5/46

VS 150

G40.90.5

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G40.90.5

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3305 Dorchester Rd.
(c) Hospital or institution: DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3305 Dorchester Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country Dorithan

3 (a) FULL NAME Gertrude W. Lovell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age / years

7. Birth date of deceased (mo., day, yr.) Mar 5 1889

8. AGE: Years	Months	Days	If less than one day
57	2 1	26	hr. min.

9. Birthplace Jersey City N.J. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Edward A Munger
(b) Address 135-11 220 St Springfield Garden Long Island N.Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6 1946 (Month) (day) (year)
(c) Cemetery or crematory Saladido
Location Windsor Conn.

18 (a) Funeral director Harry D Annacost
(b) Address 1704 Rockwood Ave.

19 (a) JUN 5 1946 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 3 - 1946 at M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Chronic Myocardial Degeneration

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mercer M.D. Medical Examiner.
Date signed 6-4-46

VS 151

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40.904 — No Counter over — G40.904

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161c

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1Day-5Hrs.-55Min.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore - 29,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4000 Massachusetts Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Carroll Lee Linder

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W,	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-3-46

8. AGE: Years	Months	Days	If less than one day
		1	5 hr. 55 min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles Lewis Linder
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Helen Isabelle Emerson
15. Birthplace Goldsborough Maryland

16 (a) Informant Charles L. Linder
(b) Address 4000 Massachusetts Ave

17 (a) Burial (b) Date thereof June 7/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Londontown
Location Baltimore Md

18 (a) Funeral director Harry T. Amacost
(b) Address 4204 Edgewood Ave

19 (a) [illegible] Barrington Williams Registrar
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-5-46 19 3:45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/3 1946 to 6/5 1946, and that I last saw h[illegible] alive on 6/5 1946.

Immediate cause of death	Duration
Erythroblastosis	
Due to	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. H. Emerton
Address 4109 Pinehurst Ave Date signed M. 6 D. 7/46

* Space will be left blank, when unavailable. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40.905 G40.905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 6, (If outside city or town limits, write RURAL and give town)
(d) Street No. 4430 Belair Road (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Catherine Beckman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	W

6 (b) Name of husband or wife Peter Beckman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1857

8. AGE: Years	Months	Days	If less than one day
88	9	13	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Not any

11. Industry or business

FATHER 12. Name Joseph Bruder

13. Birthplace Germany

MOTHER 14. Maiden Name Mary Baker

15. Birthplace Germany

16 (a) Informant Miss Catherine Beckman

(b) Address 4430 Belair Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-46 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Balto.

18 (a) Funeral director L. J. Lucke

(b) Address 5305 Harford Road

19 (a) (Date received by registrar) JUN 5 - 1946 (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5, 1946 at 6:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1946 to June 5, 1946 and that I last saw her alive on June 5 1946

Immediate cause of death: Obstructive Jaundice — Duration

Due to Probable Acute Cholecystitis and Cholelithiasis

Due to

Other Conditions Arteriosclerotic Heart Disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Eugene J Lucke Address 1400 N Caroline St. Date signed 6/5/46

PHYSICIAN

Underline the cause to which death should be charged statistically.

126

Dr. Sawyer

G40.906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 B

G40.906 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2709 Latona Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2709 Latona Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Pearl Marguerite Claytor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife George Chapman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-22-1893

8. AGE: Years	Months	Days	If less than one day
52	6	13	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Caleb J. Prouty
13. Birthplace Md.

MOTHER
14. Maiden Name Mammie Ruth Auld
15. Birthplace

16 (a) Informant Mr. George Chapman Claytor
(b) Address 2709 Latona Road, 14

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/46 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road

19 (a) (Date rec'd by registrar) JUN 5 1946 (b) Huntington Williams, M.D. Registrar

VS 15b

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5th, 1946 at 6 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 9 1944 to June 5 1946 and that I last saw her alive on June 5 1946

Immediate cause of death: Rheumatic Heart Disease (mitral stenosis) — Duration: 10 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George Sawyer M.D.
Address 4808 Harford Date signed 6/8/46

X

Dr. Grott

G40.907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 21[illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2831 Fleetwood Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2831 Fleetwood Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country.

3 (a) FULL NAME Elizabeth E. Beckley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Frank J. Beckley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1878

8. AGE: Years	Months	Days	If less than one day
67	11	1	hr. min.

9. Birthplace Lancaster Pa. (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name ? Nelson
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant: Mr. Frank J. Beckley
(b) Address 2831 Fleetwood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/46 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Park
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road 14

19 (a) [illegible] (Date received by registrar) (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3rd, 1946 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/2 1946 to 6/3 1946 and that I last saw h[illegible] alive on 6/2 1946

Immediate cause of death

Coronary thrombosis — Duration 2 d.

Due to Hypertension — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold E. Grott M. D.
Address 8100 Harford Rd. Date signed 6/4/46

G40:903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

G40:903

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 140 N. Luzerne Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-2

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 140 N. Luzerne Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary J. Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Alexander E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30 1868

8. AGE: Years 77 | Months 9 | Days 4 | If less than one day hr. min.

9. Birthplace Dorchester Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER

12. Name John Bramble

13. Birthplace Dorchester Md ?

MOTHER

14. Maiden Name Marara

15. Birthplace Dorchester Md.

16 (a) Informant Edith A. Jones

(b) Address 140 N. Luzerne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/46 (month) (day) (year)

(c) Cemetery or crematory St. Mary's Star of Sea

Location Golden Hill, Md.

18 (a) Funeral director M. W. E. Dupre's Sons

(b) Address Fremont & Ann St.

19 (a) JUN 6 - 1946 Huntington Williams, M.D.

(b) Filed by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1946 at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May - 26 1946, to June 4 1946, and that I last saw her alive on June 3 1946.

Immediate cause of death Cerebral Hemorrhage

Due to Right Hemiplegia

Due to Generalized Arteriosclerosis

Due to Myocardial Insufficiency

Other Conditions Acute Cystitis

(Include pregnancy within 3 months of death)

Duration 8 days

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Dr. J. Lloyd Hall

Address 1 Hollins Market Ave Date signed 6/7/46 M. D.

VS 150

G40909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47c

G40909 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 3116 Liberty Parkway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Mrs. Mary Ellen Stover

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) ~~Single~~ ~~married~~, widowed or ~~divorced~~

6 (b) Name of husband or wife Irvin Stover

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1870

8. AGE: Years 75 | Months 9 | Days 23 | If less than one day hr. min. 22

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name George C. Schwarz
13. Birthplace Germany

MOTHER
14. Maiden Name Nora Schuegraeff
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Mary A. Biddison
(b) Address 3116 Liberty Parkway, Dundalk

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6, 1946 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore, Md.

18 (a) Funeral director Roland L. Fisher
(b) Address 2112 Dundalk Ave., Dundalk,

19 (a) JUN 6 - 1946 (Date rec'd by registrar) Huntington Wm. Registrar, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/1/46 19 12:10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/30/46 19 to 6/1/46 19 and that I last saw h[illegible] alive on 6/1/46 19

Immediate cause of death — Duration

Due to Carcinoma of Left Lung

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Bronchogenic Carcinoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work)
(e) Means of injury

23. Signature J. M. Tierney

Address St. Joseph's Hosp. Date signed 6/3/46

VS 150

G40,910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1248

Registered No. G40,910

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fulton and Madison
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2841 Huntington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Susie Virginia Thompkins

3 (b) If veteran, name war: 10
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Otis D. Thompkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 26th 1890

8. AGE: Years 55 | Months 5 | Days 8 | If less than one day hr. min.

9. Birthplace Talbott Co. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Roland Mullikan
13. Birthplace Talbott Co. Md.

MOTHER
14. Maiden Name Susie Caulk
15. Birthplace Unknown

16 (a) Informant Otis D. Thompkins Husband
(b) Address 2841 Huntingdon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/46 (month) (day) (year)
(c) Cemetery Glen Haven
Location Glenburnie A. A. Co. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

JUN 6 - 1946 (Registered by) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4th 1946 at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 15th 1946, to June 4th 1946, and that I last saw her alive on June 4th 1946.

~~Immediate~~ cause of death: Terminal pneumonia — Duration: 21 days
Due to Cirrhosis of Liver
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. E. Lumsden M.D.
Address Maryland Gen. Hosp. Date signed 6/7/46 M. D.

VS 150

G40911 BCH# G40911

BALTIMORE CITY HEALTH DEPARTMENT

D48252 CERTIFICATE OF DEATH 159 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2900 - Woodland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby (girl) Callis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/29/46

8. AGE: Years | Months | Days | If less than one day: 19 hr. 5. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William R. Callis

13. Birthplace Md.

MOTHER 14. Maiden Name Rose Agnes Callis

15. Birthplace Md.

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location Johns Hopkins Medical Schoo JUN 4 1946

18 (a) Funeral director Commissioner of Health

(b) Address

19 JUN 6 1946 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 5. 30 1946 at 7 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-30 1946 to 5-29 1946 and that I last saw h[illegible] alive on 5-30 1946.

Immediate cause of death: Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert Fleming M. D.

Address Johns Hopkins Hosp. Date signed 5-30-46

VS 150

G40:1:2 new

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V160a

G40:1:2 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1059 W. Fayette St.
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Fowman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30 - 1946

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace University Hosp.
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Arlett Fowman
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Lucinda Richardson
15. Birthplace Baltimore Md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUN 4 1946
18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 6 1946 (Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1946, at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 19 46 to June 1 1946, and that I last saw h alive on June 1 19 46

Immediate cause of death	Duration
Cardiac Resp Failure	
Due to Lobar Pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Clarence Thomas M. D.
Address University Hosp Date signed

VS 150

3551

G40313 — Fuller — G40313

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 S Eutaw St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Gunnipseed.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-19-46

8. AGE: Years	Months	Days	If less than one day
		4.	hr. min.

9. Birthplace md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name L-B-Turnpseed

13. Birthplace S.C

MOTHER — 14. Maiden Name Vance, ?

15. Birthplace Ga.

16 (a) Informant Records.

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location Johns Hopkins Medical Schoo JUN 4 1946

18 (a) Funeral director Commissioner of Health

(b) Address

JUN 6 1946 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH, May 23. 1946 at 8. P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1946 to May 23 1946. and that I last saw h Ch alive on May 23 1946

Immediate cause of death Pneumonia

Lemon Rapid Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert Simpson

Address Johns Hopkins Hosp Date signed 5-30-46

VS 150

3550

X

640.3.4 new

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 640.3.4

159 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bon Secours Hosp.
(c) Hospital or institution: 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 829 Belgian Ave. (If rural give location)
(e) Citizen of foreign country? Belgium (Yes or No) If yes, name country

3 (a) FULL NAME Infant Harris

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	S.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/3/46

8. AGE: Years	Months	Days	If less than one day
			hr. 40 min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Joseph Harris
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Elizabeth Markey
15. Birthplace Ireland

16 (a) Informant Mary Elizabeth Harris
(b) Address 829 Belgian Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical Schoo JUN 4 1946
18 (a) Funeral director Commissioner of Health
(b) Address
JUN 6 1946 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/3/1946 at 12 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/3/1946, to 6/3/1946 and that I last saw h[illegible] alive on 6/3/1946.

Immediate cause of death	Duration
Prematurity	5 mo.
Due to —	
Due to —	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H. Williams Jr. M. D.
Address Bon Secours Hosp. Date signed 6/3/46

VS 3

3549

X

PRINT WRITE PLAINLY, WITH UNFADING INK. Any omission or inaccuracy should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40915 G40915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 625 N. Lanvale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 - 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 625 N. Lanvale St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Fannie Dorsey

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife Henson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 11, 1875

8. AGE: Years	Months	Days	If less than one day
71	4	21	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name	Levi Davis
13. Birthplace	Red River, Md.
MOTHER 14. Maiden Name	Laura Watts
15. Birthplace	Somerset Co. Md.

16 (a) Informant Mrs. Belle Linell
(b) Address 626 N. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6, 1946 (month) (day) (year)
(c) Cemetery or crematory Laurel Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williams M.D.

JUN 6 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1946 at 1 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1946 to June 1 1946 and that I last saw h[illegible] alive on June 1 1946.

Immediate cause of death

Cerebral Hemorrhage

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

Duration: 3 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 619 Arlington Ave. Date signed 6-8-46

X

G40916 ✓ G40916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Caroline St.
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 St. Paul St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herman R. Gleichman

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 215-07-9615

4. Sex: Male | 5. Color or race: White | 6 (a) Single, ~~married~~, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: Lillian Gleichman
6 (c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) Oct 13-1883

8. AGE: Years 62 | Months 5 7 | Days 21 | If less than one day: hr. min.

9. Birthplace GERMANY (Town, county, and state)

10. Usual Occupation SUPERINTENDENT
11. Industry or business PIANO FACTORY

FATHER 12. Name THEODORE GLEICHMAN
13. Birthplace GERMANY

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant MRS LILYAN GLEICHMAN
(b) Address 1101 St Paul St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof JUNE 7-46 (month) (day) (year)
(c) Cemetery or crematory PARKWOOD
Location TAYLOR AVE

18 (a) Funeral director CHAS. F. EVANS & SON
(b) Address 118 W Mt Royal Ave

19 (a) (Date rec'd by registrar) JUN 6 - 1946 (b) Huntington Millspaugh, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/4/46 19 10155 at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/3/46 to 6/4/46 19 ; and that I last saw h[illegible] alive on 6/4/46

Immediate cause of death — Duration

Due to Cerebral Thrombosis

Due to Mural Thrombus in Rt. Ventricle

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Tierney M.D.
Address St Josephs Hosp. Date signed 6/7/46

X

G40917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G40917

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville 28
(If outside city or town limits, write RURAL and give town)
(d) Street No. Dominican Nuns, Nunnery Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Sister Mary of the Angels (Genevieve D. Rice de Marsacq)

3 (b) If veteran, name war * *
3 (c) Social Security Account No. * *

4. Sex F | 5. Color or race W | 6 (a) (Single) married, widowed, or divorced.

6 (b) Name of husband or wife * * *
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/20/1876

8. AGE: Years 70 | Months 3 | Days 15 | If less than one day hr. min.

9. Birthplace Parigeux, France (Town, county, and state)

10. Usual Occupation Religious

11. Industry or business Dominican Nuns Convent

FATHER
12. Name Jean L. de Marsacuet
13. Birthplace France

MOTHER
14. Maiden Name Genevieve Stafford
15. Birthplace Ireland

16 (a) Informant Records
(b) Address Dominican Nuns Convent

17 (a) Burial (Burial, cremation, removal) (b) Date thereof June 7-46 (month) (day) (year)
(c) Cemetery or crematory Dominican Nuns
Location Catonsville, Md

18 (a) Funeral director Chas. F. Evans & Son
(b) Address 118 W. Mt Royal Ave

19 (a) [redacted] (b) [redacted]
(Date received by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/5/46 19 at 0528 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/2/46 19 to 6/5/46 19 and that I last saw h[illegible] alive on 6/4/46 19

Immediate cause of death Cerebral Thrombosis — Duration
Due to arteriosclerosis
Due to Diabetes
Other Conditions Myocarditis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sr. M. Tierney M. D.
Address St. Joseph's Hosp Date signed 6/5/46

VS 150

G40.118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G40.118

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2138 Hollins St.
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 44yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2138 Hollins St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence E. Gale

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-1391

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1870

8. AGE: Years	Months	Days	If less than one day
76	2	1	hr. min.

9. Birthplace Queen Ann Md
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Same

FATHER
12. Name Garrison R. Gale
13. Birthplace Queen Ann Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. B. Lott
(b) Address 2138 Hollins St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8th 1946 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location

18 (a) Funeral director Charles P. Jowell
(b) Address 2427 Edmondson Ave

19 (Date received by registrar) JUN 6 - 1946 Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/5 1946 at 7:00 a. M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic cardio-vascular disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard A. Kelly M.D.
Medical Examiner.
Date signed 6/5/46

G40.1.9

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

✓

G40.1.9

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 5107 Richard Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 → 3

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 5107 Richard Ave.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE STEWART CARLYLE

3 (b) If veteran, name war: --

3 (c) Social Security Account No.: --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary A. Carlyle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 25, 1866

8. AGE: Years	Months	Days	If less than one day
79	9	10	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation Supt. of Mailing Dept.

11. Industry or business Gas & Elec. Co.

FATHER

12. Name Harry Carlyle

13. Birthplace N. J.

MOTHER

14. Maiden Name Mary Elizabeth ?

15. Birthplace N. J.

16 (a) Informant Miss Rosalind M. Carlyle

(b) Address 5107 Richard Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/46 (month) (day) (year)

(c) Cemetery or crematory Balto. Cem.

Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS

(b) Address Balto., Md.

19 (a) (Date received by registrar) (b) Hereby certify that I attended deceased from 1/1/46 to 6/5/46 and that I last saw deceased alive on 6/5/46 and that death occurred on the date stated above at 3 Hours P.M.

VS 150

JUN 6 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5, 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1946 to 6/5 1946 and that I last saw deceased alive on 6/5 1946

Immediate cause of death Hypertensive Cardio-Vascular Disease

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Wm. J. Tickner & Sons M. D.

Date signed 6/5/46

G40,960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G40,960 Registered No. 121a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Ft. Howard
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE J. CHRIST

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Lucy Christ
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Jen. 10, 1864
8. AGE: Years 82 | Months 4 | Days 24 | If less than one day hr. min.
9. Birthplace: Balto., Md. (Town, county, and state)
10. Usual Occupation: Carpenter
11. Industry or business: Ft. Howard

FATHER
12. Name -- Christ
13. Birthplace ?

MOTHER
14. Maiden Name ? Schieffler
15. Birthplace ?

16 (a) Informant: Mrs. Lucy Christ
(b) Address: Edgewood Home

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/46 (month) (day) (year)
(c) Cemetery or crematory: Parkwood Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) (Date rec'd by registrar) JUN 6 - 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4, 1946, at 2½ M

21. I certify that death occurred on the date above stated; that I attended deceased from Da 1943 to June 1946, and that I last saw h alive on 19

Immediate cause of death: Chronic Myocarditis — Duration: Mod

Due to:

Due to:

Other Conditions: Pyelitis Chronic — Mod

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address 113 W. 26 Date signed June 5-46

VS 150

G40921 ✓ G40921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 a.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 N. Durham st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16, 1892

8. AGE: Years 53 | Months 7 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Handy man

11. Industry or business

FATHER
12. Name George Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Carrie ?
15. Birthplace Md.

16 (a) Informant Edith Gaines
(b) Address 2046 E. Eager st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Brantly ave

19 (a) (Registered by Registrar) (b) Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2, 1946, at 12 40 M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Squamous carcinoma of larynx.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard A Andrews M.D.
Medical Examiner.
Date signed 6-4-46

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G10.5.24

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124B

Registered No. 5.24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2151 Mt. Holly St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2151 Mt. Holly St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Robert Hatheway

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
—	215-16-1597	Male	White	Married

6 (b) Name of husband or wife Madge De. Hatheway
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10-1892

8. AGE: Years	Months	Days	If less than one day
54	2	24	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Warren T. Hatheway
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary Rose Walstreum
15. Birthplace Baltimore Md.

16 (a) Informant Madge Cramer Hatheway
(b) Address 2151 Mt. Holly St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6-46 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Edmondson & Longwood Sts.

18 (a) Funeral director Elizabeth Hark Doe.
(b) Address 115 E. West St.

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 6 - 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1946, at 9:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1945 to June 3 1946, and that I last saw him alive on June 3 1946.

Immediate cause of death Myocardial insufficiency, Chronic Endocarditis and Mitro Aortal Disease with Cardiac Hypertrophy and congestive failure. — Duration: Several years

Due to — Duration:

Due to — Duration:

Other Conditions Cirrhosis of Liver. — Duration: 3 years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. O. Mitchell M. D.
Address 901 Edmondson Ave Date signed June 5 46

927

G40.923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 53

G40.923 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24H
(e) Length of stay in Baltimore (yrs., mos., or days) About 23 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 W Fayette St (If rural give location)
(e) Citizen of foreign country? ------ (Yes or No) If yes, name country ------

3 (a) FULL NAME Walter W. Fisher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) --------

8. AGE: Years	Months	Days	If less than one day
About 23	--	---	-- hr. --- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name ------- Fisher
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie Bell
15. Birthplace Maryland

16 (a) Informant Mrs. Elizabeth D. Arthur
(b) Address 4805 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/6/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director H. W. Means and Son
(b) Address 805 N. Calvert Street

19 (a) Filed JUN 6 1946 (b) Recorded by Huntington Williams, Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 June 19 46, at M

21. I certify that I took charge of the remains described above, held an Autopsy & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Carcinoma of face

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William F. Kehoe M.D. Medical Examiner
Date signed 5 June 46

G40.924 peer

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170c

✓ G40.924 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 25
(c) Hospital or institution: South Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2715 Booker Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ronald Royster

3 (b) If veteran, name war

3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1943

8. AGE: Years	Months	Days	If less than one day
2	6	18	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Albert Royster
13. Birthplace Md.

MOTHER
14. Maiden Name Spencer
15. Birthplace Va.

16 (a) Informant Mr. Royster
(b) Address 2715 Booker Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-46 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Hailand
(b) Address 918 Druid Hill Ave.

19 (a) JUN 6 - 1946 (Date received by Registrar) Hunting for Williams, [illegible]

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3, 1946, at 4 p. M. 25

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy, Inspection or Inquiry), Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Ruptured liver, fractured pelvis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-3-46 at 3 P. M. 25/2
(b) Where did injury occur? In front of 2824 Booker Drive
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian struck by truck

23. Signature Howard J. Mueller M.D. Medical Examiner.
Date signed 6-4-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40925 ✓ G40925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 310 S. Washington (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Peter ~~Kralezyk~~ Kralezyk
3 (b) If veteran, name war
3 (c) Social Security Account No. 212-03-8225

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Bertha
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 5-24-[illegible]
8. AGE: Years 67 | Months - | Days 12 | If less than one day: hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Stanley Kralezyk
13. Birthplace Poland

MOTHER
14. Maiden Name ? ?
15. Birthplace Poland

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-46 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore Md
18 (a) Funeral director George A Weber
(b) Address 702 S. Linn st
19 (a) (Filed) (b) Huntington Maryland

JUN 6 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1946 at 11 55 M
21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1946 to June 5 1946 and that I last saw h alive on June 5 1946.
Immediate cause of death Uremia
Due to Bladder carcinoma
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 5/28/46
Major findings of operation: Malignant tumor of bladder inoperable
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work)
(e) Means of injury
23. Signature Eugene Troyer M. D.
Address Johns Hopkins Hosp Date signed June 6, '46

G40936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1242

Registered No. G40936

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address. Sinai Hospital
(c) Hospital or institution: Monument & Rutland Ave 15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2201 Presbury St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BERGER, Joseph

3 (b) If veteran, name war

3 (c) Social Security Account No. 578-26-5518

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Late Rebecca
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1874

8. AGE: Years	Months	Days	If less than one day
71	10	20	hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business Tailor

FATHER
12. Name Edward Berger
13. Birthplace Russia

MOTHER
14. Maiden Name Shandel ?
15. Birthplace Russia

16 (a) Informant Louis Berger
(b) Address 2201 Presbury St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7, 1946 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cem
Location 3600 E Baltimore St

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 June 6, 1946 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1946, at 11:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1946 to June 4 1946 and that I last saw him alive on June 4 1946

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Bleeding duodenal Ulcer

Due to

Other Conditions Carcinoma of Liver
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Carcinoma Liver - duodenal ulcer

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. Kruger M. D.
Address Sinai Hosp. Date signed 6/4/46

VS 150

G40327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 939

G40327

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3222 Elliott St.
(c) Hospital or institution:

26

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3222 Elliott St. (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Lydia J. Benner

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife George F.
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 13, 1872

8. AGE: Years	Months	Days	If less than one day
73	6	21 20	hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Joseph Greenville
13. Birthplace Baltimore

MOTHER
14. Maiden Name Harriett Davis
15. Birthplace Va.

16 (a) Informant Mrs. Catherine Stokes
(b) Address 3222 Elliott St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O'Donnell St.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) ..... (b) Huntington Ave. Baltimore

JUN 8 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/3/1946 at 5:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/27/1946 to 6/3/1946 and that I last saw h[er] alive on 6/3/1946.

Immediate cause of death Cerebral Apoplexy — Duration 8 days

Due to Hypertension Cardio-Vascular Renal disease

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Dr. Tobias F. Hunkoma M. D.
Address 1076 S. East Ave. Date signed 6/6/46

X

640.928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c ✓

640.928

Registered No. _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edmondson Ave
(c) Hospital or institution: Univ. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 9
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt.
(c) City or town Balt. 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3502 Old York Rd
(If rural give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country —

3 (a) FULL NAME Louis J. Sherman

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Donald

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Sept 24 1894

8. AGE: Years	Months	Days	If less than one day
51	8	15	hr. _____ min.

9. Birthplace Luray Va
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Nathaniel Thrower
13. Birthplace Luray Va

MOTHER
14. Maiden Name Catherine Lewis
15. Birthplace Luray Va

16 (a) Informant Mildred Thurman
(b) Address 3502 Old York Rd

17 (a) Removal (b) Date thereof 6 7 46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Catholic
Location Catholic Md

18 (a) Funeral director Wilson & Son
(b) Address 1614 Eutaw St

19 (a) [illegible] (b) [illegible]
(Signature of registrar)

JUN 8 1946

[illegible] Hill

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/6 1946, at 1.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/31 1946 to 6/6 1946
and that I last saw h[illegible] alive on 6/6 1946.

Immediate cause of death Cardiac failure

Due to cardiac decompensation

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation _____

Major findings of operation: —

of autopsy: _____

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____
(Specify type of place)
(e) Means of injury _____

23. Signature [illegible] M.D.
Address [illegible] Date signed 6/6/46

X

G40923 G40923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1634 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3 E.A.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1419 Homestead St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elsie D. KAPSONIS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife George A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21, 1900

8. AGE: Years	Months	Days	If less than one day
45	7	14	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles A. Dasch
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Emeline P. Miller
15. Birthplace Balto. Md.

16 (a) Informant Geo. A. Kapsonis
(b) Address 1419 Homestead St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 8 46 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Fulton Funeral Home
(b) Address 2707 Fait Ave

19 (a) JUN 6 1946 (Date rec'd by registrar) Hunting for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/5 1946, at 4 45 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Asphyxia due to
Illuminating gas
Due to
Other Conditions Despondency
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/5/46 at about 2 P.M.
(b) Where did injury occur? 1419 Homestead St
(c) Did injury occur at home, on farm, industrial place, in public place? at home While at work? No
(d) Means of injury Gas and suicide by turning on gas stove

23. Signature G. F. Julian Medical Examiner. M.D.
Date signed 6/6/46

VS 151

G40930 BALTIMORE CITY HEALTH DEPARTMENT G40930

CERTIFICATE OF DEATH 83a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 211 N. Pearl St
(c) Hospital or institution: 4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 211 N. Pearl st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hattie Young.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Widowed

6 (b) Name of husband or wife unknown

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12-23-1894

8. AGE: Years	Months	Days	If less than one day
51	5	13	hr. . min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mamie Williams
(b) Address 211 N. Pearl st

17 (a) Burial (b) Date thereof 6-9-46
(burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Penna ave

JUN 6 1946 (b)
(Date) (Registrar) Registrar

Huntington Williams MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1946, at 4.10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1, 1946, to June 5 1946
and that I last saw him alive on June 5 1946.

Immediate cause of death Cerebral Hemorrhage — Duration 5 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H Stewart M. D.
Address 632 Brookhurst Date signed June 6, 46

X

G40931 BALTIMORE CITY HEALTH DEPARTMENT G40931
Registered No.

CERTIFICATE OF DEATH 48B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1924 Division St.
(c) Hospital or institution: 14

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1924 Division St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julia Mc Scott

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Widowed

6 (b) Name of husband or wife unknown
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 11-29-1898

8. AGE: Years	Months	Days	If less than one day
47	6	8 7	hr. min.

9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name Albert Baron.
13. Birthplace Ga

MOTHER
14. Maiden Name Julia Davis
15. Birthplace Ga

16 (a) Informant Hattie Carter
(b) Address 1924 Division St

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 6-8-46 (month) (day) (year)
(c) Cemetery or crematory Knoxville cem
Location Knoxville Tennessee

18 (a) Funeral director William A Jackson
(b) Address 916 Penna ave

19 (a) 1946 (Date rec'd by registrar) (b) Registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1946 at 4:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 18 1945 to June 6 1946 and that I last saw him alive on June 6 1946.

Immediate cause of death: Uterine Malignancy — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo H. Pinkerton M. D.
Address 1723 David Ave Date signed 6/8/46

VS 150

Case X

G10.3.32BCH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ G10.3.32

Registered No. 18665 106a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Herring Run.
(c) Hospital or institution:
SYDENHAM HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2033 BOYD ST.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

3 (a) FULL NAME RONALD JAMES MILLER ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single.

6 (b) Name of husband or wife NONE.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/5/45

8. AGE: Years	Months	Days	If less than one day
1 0	10 4	1	— hr. — min.

9. Birthplace Baltimore Maryland.
(Town, county, and state)
10. Usual Occupation (child)
11. Industry or business —

FATHER
12. Name LEROY MILLER
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Ada MORRIS
15. Birthplace Baltimore.

16 (a) Informant Father
(b) Address 2033 BOYD ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/46. (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director John Bowers & Son
(b) Address 901-03 Baltimore St.

19 (a) Date received 6 1946 (b) Registrar Livingston Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/6 19 46 at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/5 19 46 to 6/6 19 46.
and that I last saw him alive on 6/6 19 46.

Immediate cause of death: Laryngo - Tracheo - bronchitis (acute)

Due to: B - hemolytic streptococcus infection.

Due to: (over)

Other Conditions: ~~Measles~~ Tracheotomy.
(Include pregnancy within 3 months of death)

Date of operation 6/5/46

Major findings of operation: Tracheitis

of autopsy:

Duration
3 days.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul H Hanby
Address Sydenham Hosp. Date signed 6/6/46

VS 150

X

G10933 G10933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 157a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: FRANKLIN SQUARE HOSP.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 8 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County None
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 315 Whitridge ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Manna

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4 1946

8. AGE: Years | Months | Days | If less than one day: 8 hr 31 min.

9. Birthplace Baltimore Md. (Town, county and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Phillip Manna
13. Birthplace Unknown

MOTHER
14. Maiden Name Alice Mary Morningstar
15. Birthplace Unknown

16 (a) Informant E. H. Southwick
(b) Address Franklin Square Hosp Balto

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY JUN 6 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 6 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1946, at 10 25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jun 4 1946, to June 4 1946, and that I last saw her alive on June 4 1946.

Immediate cause of death: Respiratory Arrest — Duration

Due to: Hydrocephalus and Prematurity & Spina Bifida

Due to:

Other Conditions: Club feet, Spina-Bifida Paralysis of Legs, hips + thighs
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Edwards, M.D.
Address 607 Med Arts Bldg Date signed 6/7/46

X

G40934 over G40934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: FRANKLIN SQUARE HOSP

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 hrs

(e) Length of stay in Baltimore (yrs., mos., or days) 19 hrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (Nation)

(b) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1907 Boone St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Williamson

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2 1946

8. AGE: Years | Months | Days | If less than one day 19 hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER

12. Name George E. Williamson

13. Birthplace Unknown

MOTHER

14. Maiden Name Lorrayne Kinney

15. Birthplace Unknown

16 (a) Informant E. H. Southwick

(b) Address Franklin Square Hosp

17 (a) (Burial, cremation, or removal) **(b) Date thereof** (month) (day) (year)

(c) Cemetery or crematory PUBLIC CEMETERY JUN 6 1946

Location

18 (a) Funeral director Commissioner of Health

(b) Address

JUN 6 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1946, at 12:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1946, to June 3 1946, and that I last saw h.c.r alive on June 2 1946.

Immediate cause of death Premature Birth — **Duration** ~~1 hr~~

Due to Trans Prolapsed cord

Due to Transverse presentation

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Wilfred K. Knispel, M.D.

Address 1211 Eutaw Pl Date signed 6/3/46

VS 180

640.5.55 over

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1159

Registered No. 640.5.55

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3017 Thrasher Co.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3017 Thrasher Court
(If rural give location)
(e) Citizen of foreign country? Thrasher (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Allen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			1-2- hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Sam Allen
13. Birthplace Spartinsburg, S.C.

MOTHER
14. Maiden Name Hattie Williams
15. Birthplace Spartinsburg, S.C

16 (a) Informant Mother
(b) Address 3017 Thrasher Co.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY JUN 6 1946

18 (a) Funeral director Commissioner of Health
(b) Address

JUN 6 1946 Hunter for Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-1- 1946 at M

21. I certify that I took charge of the remains described above, held an Autopsy: thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Prematurety.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature W. L. Pelpuch M.D.
Medical Examiner.
Date signed 3 June 46

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

LARI

640:936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

640:936

Registered No. _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edwardt Greene
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore 13
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2401 Pelham Ave
(If rural give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3 (a) FULL NAME Bruno Lari

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of ~~husband~~ wife Matilda
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) July 18 1897

8. AGE: Years	Months	Days	If less than one day
49	11 10	17	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Auto Repair Business
11. Industry or business

MOTHER'S FATHER'S
12. Name Joseph
13. Birthplace Italy
14. Maiden Name Judith
15. Birthplace Italy

16 (a) Informant Mrs Matilda Lari
(b) Address 2401 Pelham Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Catty

18 (a) Funeral director Lillich Funeral Home
(b) Address 2008 Edgar St

19 (a) ~~June 8 1946~~ Huntington, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1946, at 7 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1946 to June 5 1946 and that I last saw ~~him~~ alive on June 6 1946

Immediate cause of death Coronary Thrombosis — Duration

Due to _____

Due to _____

Other Conditions _____
(Include pregnancy within 3 months of death)

Date of operation _____

Major findings of operations _____

of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____
(Specify type of place)
(e) Means of injury _____

23. Signature M. Dorcas Clark M. D.
Address University Hosp. Date signed 6-5-46

VS 150

X

G10937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47

Registered No. G10937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3647 Elm Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 D.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3647 Elm Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William M. Burns.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Ada M. Burns.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 20, 1872.

8. AGE: Years	Months	Days	If less than one day
73	7	15	hr. min.

9. Birthplace maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Wm. H. Burns.
13. Birthplace maryland.

MOTHER
14. Maiden Name Mary A. Melvin
15. Birthplace Maryland.

16 (a) Informant Ada M. Burns.
(b) Address 3647 Elm Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7/46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn.
Location

18 (a) Funeral director Thomas R. Donovan
(b) Address 3615-17 Chestnut Ave

19 JUN 7 - 1946 (Date rec'd by Registrar) (b) Huntington Williamsburg, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4, 1946 at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1946 to June 4 1946 and that I last saw him alive on June 4 1946.

Immediate cause of death Carcinoma Left Lung — Duration 3 Mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J M Wilson
Address 617 W. 40th St Date signed 6/6/46 M.D.

VS 150

G40938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937 (over)

G40938 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Municipal Hosp. 9-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1807 E 31st
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Laurence Joseph Bannon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed, or~~ divorced. ~~(write)~~ Divorced
M	W	

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 11, 1884

8. AGE:	Years	Months	Days	If less than one day
	61	9	25	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Md. Biscuit Co.

FATHER
12. Name Michael H Bannon
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Caroline Ryan
15. Birthplace Md

16 (a) Informant Nina Agnes Bannon
(b) Address 1807 E. 31st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/46 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 127 St. Paul St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1946, at 4:36 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1946 to June 5 1946, and that I last saw him alive on June 2 1946.

Immediate cause of death Cardiac failure

Due to A. S. H. D.

Antemortem Coronary Heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George H. Pettingill M.D.
Address U. Md. Hosp. Date signed 6/5/46

JUN 7 - 1946 Huntington Williams, M.D.

G40939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓123

Registered No. G40939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 53 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2714 Elliott Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Gilner

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15-1874

8. AGE: Years	Months	Days	If less than one day
72	3	19	hr. min.

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Frank Gilner
13. Birthplace Poland

MOTHER
14. Maiden Name Agnes ?
15. Birthplace Poland

16 (a) Informant Records-Balto. City Hospitals
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof JUNE 8/46 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location BALTIMORE

18 (a) Funeral director Fred W. Ozazewski
(b) Address 1930 Eastern Ave.

19 (a) JUN 7 1946 (Local registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

P

20. DATE OF DEATH June 4 1946, at 2:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1946 to June 4 1946, and that I last saw him alive on June 4 1946.

Immediate cause of death
Mesenteric Thrombosis (of Superior Mesenteric Artery with gangrene of small bowel, ascending and transverse colon)

Duration 8 0 hrs

Other Conditions Arteriosclerotic Cardiovascular Disease

(Include pregnancy within 3 months of death)
Date of operation June 3, 1946
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Maurice M. Leary M. D.
Address Baltimore City Hosp Date signed June 4 1946

VS 150

G40940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √61

G40940 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 613 S. Paca
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 8

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 2
(d) Street No. 613 S Paca (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Ambrose

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/15/1892

8. AGE: Years 53 | Months 5 | Days 20 | If less than one day hr. min

9. Birthplace Tillary Ark (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Miles Fulden
13. Birthplace S. C.

MOTHER
14. Maiden Name Nettie Burks
15. Birthplace Ala

16 (a) Informant Alma Jones
(b) Address 613 S. Paca

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co., Md

18 (a) Funeral director Isaiah L Brown Sons
(b) Address 108 W Montgomery St

19 (Signature of local registrar) JUN 7 - 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/4/46 19 , at 10:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1946 to June 3 1946 and that I last saw her alive on June 3 1946.

Immediate cause of death	Duration
Diabetes Mellitus	4
Due to	1
Due to	
Other Conditions Coma	—

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E B Hughes M. D.
Address 1613 Druid Hill Av Date June 6-46

VS 150 Huntington Williams, MD

G40341 BALTIMORE CITY HEALTH DEPARTMENT G40341

CERTIFICATE OF DEATH 30C

Registered No.

HB #92393

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 25 22
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 825 Warner St. Zone #30 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Steve Wise ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Widowed

6 (b) Name of husband or wife Mary (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 1900

8. AGE: Years	Months	Days	If less than one day
46	1	0	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Hope
13. Birthplace Va.

MOTHER
14. Maiden Name Lizzie Wise
15. Birthplace Va.

16 (a) Informant Balto. City Hospitals (Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7 46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md

18 (a) Funeral director Isaiah D Brown Son
(b) Address 1068 W Montgomery Street

19 (a) JUN 7 1946 (Date filed by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3, 1946 at 3:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 8, 1946 to June 3, 1946 and that I last saw h. alive on June 3, 1946

Immediate cause of death Respiratory Failure — Duration Immediate
Due to Bronchopneumonia
Due to
Other Conditions Blood Wass Pa
Central Nervous System Syphilis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Autopsy? Confirmation of autopsy: Syphilitic vascularity

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund H Beacham M. D.
Address Balto City Hosp Date signed June 7 46

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G40942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G40942

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1306 Myrtle Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-5
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1306 Myrtle ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henrietta Dorsey.

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Married

6 (b) Name of husband or wife ?
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4-30-1907

8. AGE: Years	Months	Days	If less than one day
39	1	7	hr. min.

9. Birthplace South Carolina (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER 12. Name unknown
13. Birthplace

MOTHER 14. Maiden Name Lucinda Williamson
15. Birthplace S. C.

16 (a) Informant Samuel Dorsey
(b) Address 1306 Myrtle ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-8-46 (month) (day) (year)
(c) Cemetery or crematory Rock Hill Cem
Location Rock Hill S. C.

18 (a) Funeral director William A Jackson
(b) Address 916 Penna Ave

19 (Signature of registrar) JUN 7 1946 Huntington W. Va. (Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1946, at 7.45 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/21/46 to 6/6/46 and that I last saw h[illegible] alive on 6/5/46.

Immediate cause of death	Duration
Hemorrhage	2 days
Due to Carcinoma Breast & Cerebral Tumor	2/21/46
Due to	
Other Conditions	over

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lee Ellis M. D.
Address 724 Mark[illegible] Date signed 6/7/46

VS 150

X

G40943

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 112

Registered No. G40943

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 424 N. Bruce Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19d
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 424 N. Bruce Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mamie Ellen Bankins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife George Bankins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace St. Mary Co. Md. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Louis Warnton
13. Birthplace St. Mary Co. Md.

MOTHER
14. Maiden Name Eliza Ann Swell
15. Birthplace St. Mary Co. Md.

16 (a) Informant Cleola Williams
(b) Address 1506 Mc Culloh St.

17 (a) Burial (burial, cremation, or removal) (b) Date thereof June 7 1946 (month) (day) (year)
(c) Cemetery or crematory St. Peters Cem.
Location

18 (a) Funeral director Mrs Katie R. Wellington
(b) Address 322 N. Schroeder St

19 (a) June 7 1946 (Date received by Registrar) (b) Registrar
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4, 1946 at 2:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 30, 1946, to June 4, 1946, and that I last saw her alive on June 1, 1946.

Immediate cause of death	Duration
Cardiac Failure	30 min
Due to Bronchial Asthma	several Months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard H. Hunt
Address 1607 W. Mulberry St. Date signed 6/7/46 M. D.

X

G40944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G40944 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 Scott St. 2nd floor
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 600 Scott St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosa Butler

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	—

6 (b) Name of husband or wife Harry Butler
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) June 27 - 1861

8. AGE: Years	Months	Days	If less than one day
84	11	9	hr. min.

9. Birthplace Chambersburg Pa (town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER — 12. Name	Sellers Montgomery
FATHER — 13. Birthplace	Chambersburg Pa
MOTHER — 14. Maiden Name	Mary Ritzmeman
MOTHER — 15. Birthplace	Chambersburg Pa

16 (a) Informant Naomi R. Hershey
(b) Address 199 Oak Drive, Govd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-46 (month) (day) (year)
(c) Cemetery or Crematory Cedar Hill
Location Chambersburg, Pa

18 (a) Funeral director Chas P. Powell
(b) Address 2427 Edmondson Ave

19 (a) JUN 7 - 1946 (Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-6- 1946, at 9:20 A.M.

21. I certify that I took charge of the remains described above, held an Inspection & Inquest (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑; accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Arteriosclerosis Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 6-6-46

Rosa Butler 600 Scott St. 2nd floor Chambersburg Pa. Female White Married 84 11 9 June 27 1861 Retired Sellers Montgomery Chambersburg Pa Mary Ritzmeman Chambersburg Pa Naomi R. Hershey 199 Oak Drive, Govd. Burial 6-9-46 Cedar Hill Chambersburg, Pa Chas P. Powell 2427 Edmondson Ave JUN 7 - 1946 Registrar

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √124 B

Registered No. G40945

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Broadway & Fairmount

(c) Hospital or institution: Church Home & Hospital 13

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks

(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4119 Roland Ave (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) **FULL NAME** TYDINGS, MRS. HELEN V.

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife: Tydings, Charles O.

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 11/10/97

8. AGE: Years	Months	Days	If less than one day
48	6	26	____ hr. ____ min.

9. Birthplace NEW JERSEY (Trenton) (Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER

12. Name VAN ZANDT, JOHN

13. Birthplace NEW JERSEY

14. Maiden Name FOX, SUE

15. Birthplace NEW JERSEY

16 (a) Informant Mr. Charles O. Tydings

(b) Address 4119 Roland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/46 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem.

Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Balto., Md.

19 (a) JUN 7 - 1946 (Registered by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/6 1946, at 12:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/22 1946, to 6/6 1946, and that I last saw her alive on 6/6 1946.

Immediate cause of death	Duration
Acute Hepatic Degeneration	6 hrs
Due to Cirrhosis of Liver ?	2 mos
Due to Hepatitis ?	2 mos
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation NONE

Major findings of operation:

of autopsy: ABOVE - MICROSCOPIC LATER

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. P. Fallon, M.D.

Address Church Home Date signed 6/6

VS 150

X

G30946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G30946

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address D.O.A.
(c) Hospital or institution: Providence Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 726 Bruce St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Carroll

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name unknown.
13. Birthplace unknown

MOTHER
14. Maiden Name unknown.
15. Birthplace unknown

16 (a) Informant Carrie Carroll
(b) Address 726 N. Bruce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location K. of C. Md.

18 (a) Funeral director Metropolitan Funeral Home
(b) Address 927 N. Mount St

19 (a) (Filed by registrar) (b) Registrar

JUN 7 - 1946
VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/5/46, at 11:20 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature D. J. Pedrinelli M.D.
Medical Examiner.
Date signed 6/6/46

G10944 3 or 4 Months or Kirkwood - U. Wise

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1132

G10947 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 528 Burgundy St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22-2

(e) Length of stay in Baltimore (yrs., mos., or days) 28

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town Balto. Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 528 Burgundy St (If rural give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3 (a) FULL NAME Harry Wright

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-1841

4. Sex: Male | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Thelma Wright

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 17-1918

8. AGE: Years 28 | Months 2 | Days 20 | If less than one day: hr. ..... min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER 12. Name Matthews Wright

13. Birthplace Maryland

MOTHER 14. Maiden Name Mary Miller

15. Birthplace Maryland

16 (a) Informant Myrtle Yanatory

(b) Address 915 Leadenhall St.

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 6 10 1946 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cemty

Location Balto. Md.

18 (a) Funeral director Walter D. Long

(b) Address 1338 Hamlen St.

19 JUN 7 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1946, at 6 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-5- 1946 to 6-6- 1946, and that I last saw him alive on 6-5- 1946.

Immediate cause of death: Pulmonary Tuberculosis — Duration 6 mos.

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature [signature]

Address 120 Marlington Date signed 6/7/46 M. D.

VS 150

G40948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 192a

Registered No. G40948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 614 division
(c) Hospital or institution: President Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days) 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1025 N. Gilmor St (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Clyde Bryant
3 (b) If veteran, name war
3 (c) Social Security Account No. 225-10-0260

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	Negro	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6. 1902

8. AGE: Years	Months	Days	If less than one day
43	11	29	hr. min.

9. Birthplace Salisbury N.C. (Town, county, and state)
10. Usual Occupation unemployed
11. Industry or business

FATHER 12. Name Will Bryant
13. Birthplace South Carolina

MOTHER 14. Maiden Name Nettie Miller
15. Birthplace South Carolina

16 (a) Informant Garnie Bryant
(b) Address 1613 N. George Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9 1946 (month) (day) (year)
(c) Cemetery or crematory Western Star Cemetery
Location Baltimore County, Md

18 (a) Funeral director Joseph A Linby
(b) Address 660 W Saratoga St

19 (a) (Date rec'd by registrar) (b) Registrar

VS JUN 7 - 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1946 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-4 1946 to 6-4 1946 and that I last saw h[illegible] alive on 6-4 1946.

Immediate cause of death Congestive Heart failure — Duration Several months

Due to Aortic regurgitation Generalized anasarca.

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. Hamblin Phillips M.D.
Address 1543 Hanover Ave Date signed 6/5/46

Phillips

G40949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G40949 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Unknown (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Twardowski

3 (b) If veteran, name war | 3 (c) Social Security Account No. 229-09-8564

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Alice Twardowski
(b) Address 1933 Allendale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-46 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore, Md.

18 (a) Funeral director George A. Weber
(b) Address 705 S. Linn St

19 (a) (b)

JUN 7 1946 Registrar
Huntington Hillcrest, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-6-1946, at 3. P. M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured Skull

Due to

Other Conditions Brain burns, bruises, & abrasions.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/5/46 at 3/2 9:15 P. M.
(b) Where did injury occur? Central Ave & Aisquith St.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Fell from trailer truck

23. Signature Howard J. Clemens M.D.
Medical Examiner.
Date signed 6-7-46

G40450 JL - 86873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G40950 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 - 2- 26
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Salvation Army (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carroll John Carroll

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1887

8. AGE: Years	Months	Days	If less than one day
58	9 7	27	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Edward Carroll
13. Birthplace Md.

MOTHER
14. Maiden Name Charlotte Medby
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 8, 1946 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 900 E. Biddle St

19 (a) (b)
Date rec'd by registrar JUN 7 - 1946 Registrar
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6, 1946 19 , at 3:5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 10 1946 to June 6 1946, and that I last saw h im alive on June 6 1946

Immediate cause of death: Pulmonary tbc far advanced — Duration 2 Years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A.A. Hartz
Address Balto City Hosp Date signed 6/7/46 M D

Burlington, Williams, Mo.

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G40951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 132

Registered No. G40951

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Bon Secours Hospital
(c) Hospital or institution:
20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2635 Lauretta Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Emma Sermons (EMMA LEKES SERMONS)

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife: Wm. L. Sermons
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1900

8. AGE: Years	Months	Days	If less than one day
45	8	25 24	hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Albert Hartmeyer
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden Name: Louisa Buenger
15. Birthplace: Baltimore, Maryland

16 (a) Informant: Mr. Wm. L. Sermons
(b) Address: 2635 Lauretta Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/46 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cemetery
Location: Baltimore, Maryland

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY

19 (a) JUN 7 - 1946 (Date filed by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5, 1946, at 2:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1946, to June 5 1946, and that I last saw h m alive on June 5, 1946.

Immediate cause of death: Respiratory failure

Due to: uremia

Due to:

Other Conditions: —

(Include pregnancy within 3 months of death)

Date of operation: June 4, 1946

Major findings of operations: —

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature: H. Solomon M.D.

Address: Bon Secours Hosp. Date signed 6/5/46 M. D.

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6409-2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1231a

Registered No. 6409-2

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution:
US Marine Hospital, Balto, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days
(e) Length of stay in Baltimore (yrs., mos., or days) 33 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Somerset
(c) City or town Princess Anne
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Taylor, James Thomas

3 (b) If veteran, name war: WW I

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Violet Wallace Taylor

6 (c) If alive, give age: 42 years

7. Birth date of deceased (mo., day, yr.): Nov. 17, 1897

8. AGE: Years 48 | Months 6 | Days 19 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: Broker

11. Industry or business

FATHER
12. Name: John T. Taylor
13. Birthplace: Salisbury, Md.

MOTHER
14. Maiden Name: Lois Sands
15. Birthplace: Balto, Md.

16 (a) Informant: Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9, 1946 (month) (day) (year)
(c) Cemetery or crematory St address
Location Princess Anne, Md.

18 (a) Funeral director Charles Dashiell
(b) Address Princess Anne, Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Registrar

VS 150 JUN 7 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1946, at 5:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1946 to June 6 1946, and that I last saw him alive on June 6 1946.

Immediate cause of death	Duration
Nephrosclerosis	UNKNOWN
Due to: Cardiac hypertrophy, hypertensive	UNKNOWN
Due to: Uremia (terminal)	UNKNOWN
Due to:	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Clifford F. Moran
Clifford F. Moran, PA Surgeon M. D.
Address US Marine Hospital, Balto, Md. Date signed 6/7/46

X

RESNICK

640953

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

640953 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 308 So Hanover St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3714 Belle ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Max Resnick

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 61 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Upholsterer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace Russia

MOTHER
14. Maiden Name unknown
15. Birthplace Russia

16 (a) Informant Ida Resnick
(b) Address 3714 Belle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-46 (month) (day) (year)
(c) Cemetery or crematory Woodmere Cemetery
Location Mt Carmel

18 (a) Funeral director Jack Lewis Inc
(b) Address 1432 E. Baltimore St

19 JUN 7 - 1946 (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-6-1946 at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 21, 1941 to June 6, 1946 and that I last saw him alive on March 1, 1946.

Immediate cause of death: Apparently Coronary Occlusion — Duration: Sudden

Due to: Coronary Thrombosis Myocardial Insufficiency — Duration: About 5 yrs.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Wellens, M.D.

Address 1810 Eutaw Pl. Date signed 6/7/46

Howard J. Wellens, M.D.

VS 190

MARY Smith ROBINSON

G40954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 B

Registered No. G40954

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Community Hospital 21
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1319 Bayard St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Smith Robinson

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	None	Female	Black	married.

6 (b) Name of husband or wife Eldie Robinson
6 (c) If alive, give age 42 years
7. Birth date of deceased (mo., day, yr.) 5-1-1904

8. AGE: Years	Months	Days	If less than one day
42	1	4	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Smith
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Ella Williams
15. Birthplace Balto. Md.

16 (a) Informant Evelyn Robinson (D)
(b) Address 1319 Bayard St.

17 (a) Burial (b) Date thereof 6/9/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cemetery
Location Balto. County, Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 2012 N. Carrollton Ave.

19 JUN 7 - 1946 (Huntington Williams, M.D.)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1946, at 2:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1946, to June 5 1946, and that I last saw h er alive on June 5 1946.

Immediate cause of death	Duration
Cardiac failure	
Due to Ventricular tachycardia & stroke	
Due to mitral stenosis	
Other Conditions Cardiac hypertrophy & dilatation	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James A Vaughan M. D.
Address Union Hospital Date signed 6-5-46

VS 150

G40955 HR # 100633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G40955 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 21 17
(e) Length of stay in Baltimore (yrs., mos., or days) 28 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 511 N. Orchard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Thomas Cooper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1917

8. AGE: Years	Months	Days	If less than one day
28	11	17	hr. min.

9. Birthplace New Jersey (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Phillip Cooper (d)
13. Birthplace ?

MOTHER
14. Maiden Name Frances Booze(d)
15. Birthplace Md.

16 (a) Informant Balto. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Hofstead
(b) Address 48 Druid Hill Ave

19 (a) JUN 7 - 1946 (Date rec'd by registrar)
Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6, 1946 at 5:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1946 to June 6 1946, and that I last saw him alive on June 6, 1946

Immediate cause of death: Pulmonary tbc — Duration 2 Mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alvin L Harts M.D.
Address Balto City Hosp Date signed 6/7/46

X

G40956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G40956 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 202 N. Chester Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-4
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 202 N. Chester Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Victoria Wiesprecht

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Ludwik Wiesprecht 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 23 1876

8. AGE: Years	Months	Days	If less than one day
69 70	5	13	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Pruchniewski
13. Birthplace Poland

MOTHER 14. Maiden Name Josephine ?
15. Birthplace Poland

16 (a) Informant Mary Wiesprecht daughter
(b) Address 202 N. Chester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-46 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Balto. County

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester Street

19 (a) (b) Registrar

JUN 7 1946

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION 9 15

20. DATE OF DEATH June 5 1946 at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1946 to June 5 1946 that I last saw h. alive on June 4 1946.

Immediate cause of death	Duration
Myocardial Insufficiency	3 days
Due to Hypertension	12 yr
Due to Diabetes mellitus	12 yr.
Other Conditions Gangrene toes of right leg.	2 wks.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John V. Zagrobelny

Address 1802 Eastern Ave Date signed 6-6-46 M. D.

G40957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. G40957

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1909 McCulloh St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 4 3
(e) Length of stay in Baltimore (yrs., mos., or days) 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) Country
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1909 McCulloh St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Willie Lee Boozer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col.	Married

6 (b) Name of husband or wife Cleophus Boozer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 28, 1909

8. AGE: Years	Months	Days	If less than one day
36	9	9	hr. min.

9. Birthplace Newberry S.C.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Elliott Moore
13. Birthplace Newberry S.C.

MOTHER
14. Maiden Name Pinkie ?
15. Birthplace Newberry S.C.

16 (a) Informant Cleophus Boozer
(b) Address 1909 McCulloh St

17 (a) Shipped (b) Date thereof June 8, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Newberry S.C.
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 32[illegible] N Schroeder St

19 JUN 8 - 1946 (Date rec'd by registrar) Huntington Williams, M.D.

JUN [illegible] 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1946 at 8P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1 1946 to 6/6 1946 and that I last saw h alive on 6/6/1946

Immediate cause of death Pulmonary Pathosis + Myocardiotis — Duration 6 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B. J. Hale Jr.
Address 1778 Park Date signed 6/9/46 M.D.

X

G40958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

G40958

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2514 Division
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days). 42 da
(e) Length of stay in Baltimore (yrs., mos., or days) 17 ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 865 W. Pierce St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3 (a) FULL NAME Mamie Murray

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex: female | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 3-20-1905

8. AGE: Years 41 | Months 2 | Days 17 | If less than one day hr. ..... min. 15

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business .....

FATHER
12. Name Luke W Williamson
13. Birthplace Franklinton N C

MOTHER
14. Maiden Name Lucinda Green
15. Birthplace Franklinton N C

16 (a) Informant Kate Murry
(b) Address 865 W. Pierce St

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof June 8, 1946 (month) (day) (year)
(c) Cemetery or crematory Franklinton N. C
Location .....

18 (a) Funeral director Mrs Kate R. Williamson
(b) Address 322 Schroeder St

19 (a) JUN 8 - 1946 (Date rec'd) (b) [redacted] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-5 1946 at 11:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-24 1946 to 6-5 1946 and that I last saw her alive on 6-5 1946.

Immediate cause of death Intestinal Obstruction — Duration (?)

Due to Gastric Carcinoma with metastases to

Due to Lower intestinal tract and liver

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: Cary Stewart

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

H. D. Carr M.D.
Address 515 Madison St Baltimore Md
M. D.
Date signed 6-6-46

VS 150

G40959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1463

G40959 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd st.
(c) Hospital or institution: Union Mem. Hosp. 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt. City
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1619 Park Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Donaldson Linton

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Margaret Bradshaw
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 23 1887

8. AGE: Years	Months	Days	If less than one day hr.	min.
58	9	15		

9. Birthplace Nevada (Town, county and state)
10. Usual Occupation Mechanical Engineer
11. Industry or business

FATHER 12. Name W^m D Linton
13. Birthplace

MOTHER 14. Maiden Name Esther Phillips
15. Birthplace

16 (a) Informant Hospital Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/8/46 (month) (day) (year)
(c) Cemetery or crematory Dunham
Location Dunham Md

18 (a) Funeral director Fulhorn Funeral Home
(b) Address 1217 N Carey

JUN 8 - 1946 (b) Huntington McNamara, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1946, at 12 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 17 1946 to June 7 1946, and that I last saw h[illegible] alive on June 7 1946

Immediate cause of death

Carcinomatosis — Duration ?

Due to Carcinoma of Stomach

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward H. Jones M. D.
Address Date signed

VS 150

X

G40960 J

Prewett

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1647

G40960 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.C. (b) County
(c) City or town Wananish
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Prewett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Beulah H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-29-1895

8. AGE: Years	Months	Days	If less than one day
50 52	9	9	hr. min.

9. Birthplace Texas (Town, county and state)
10. Usual Occupation Merchant
11. Industry or business

FATHER
12. Name Edwin L. Prewett
13. Birthplace Ala.

MOTHER
14. Maiden Name Anna. Gaines
15. Birthplace Miss.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/46 (month) (day) (year)
(c) Cemetery or crematory WACCAMAW N.C.
Location

18 (a) Funeral director Wm. J. Tuchman & Son
(b) Address NORTH PENN & Gittings
(b) Date received JUN 8 1946 (b) Transcribed for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1946 at 1 25/60 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1946 to June 7 1946 and that I last saw deceased alive on June 7 1946.

Immediate cause of death	Exsanguination	Duration
Due to	Laceration of tissues & blood vessels, N. side of neck	
Due to		
Other Conditions	Severe psychotic depression with confusion	

(Include pregnancy within 3 months of death)

Date of operation 6 June 46
Major findings of operation: Severed large blood vessels, N. neck
of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence 6 June 1946 at 6 15 P.M.
(c) Where did injury occur? Baltimore (City or town) Maryland (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Hospital (Specify type of place) While at work? no
(e) Means of injury razor blade
23. Signature Edward Archer
Address Johns Hopk. Hospital Date signed 7 June 46

Howard J. Clemens, M.D.

VS 150

G40961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E

Registered No. G40961

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 1404 36th St. N.W. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marguerite Andrews

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Capt. M.C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-1-84

8. AGE: Years	Months	Days	If less than one day
61	7	29	hr. min.

9. Birthplace MD (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Col. C. B. McClellan
13. Birthplace Scotland

MOTHER
14. Maiden Name Margaret Kilsa
15. Birthplace MD.

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 6/10/46 (month) (day) (year)
(c) Cemetery or crematory ARLINGTON VA.
Location

18 (a) Funeral director Wm. J. Flaherty & Sons
(b) Address North & Penna. Avenues

19 JUN 8 1946 (b) Hunting for Wilmington, N.C.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1946 at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1946 to June 7 1946 and that I last saw her alive on June 7 1946

Immediate cause of death Coronary Spasm — Duration 10 a.

Due to

Due to — Duration 6 mos

Other Conditions Coronosina-tosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Paul Boggiano M.D.
Address Johns Hopkins Hospital Date signed June 8

VS 150

G10962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48a

Registered No. G10962

HB #100001

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 18
(e) Length of stay in Baltimore (yrs., mos., or days) 51 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street N115 S. Exeter St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Mirabile

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Rosario Mirabile
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1893

8. AGE: Years	Months	Days	If less than one day
52	10	23	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business home

FATHER
12. Name Richard Beach
13. Birthplace Va.

MOTHER
14. Maiden Name Mary A. Turner
15. Birthplace Va.

16 (a) Informant Balto. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof June 8/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Purnell Bella Hess
(b) Address 52 N. Morley St.

19 JUN 8 - 1946 (b) Huntington Williams, M.D.
(Date received by local registrar) (Signature of local registrar)

MEDICAL CERTIFICATION

A

20. DATE OF DEATH June 6, 1946 at 10:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 18 1946 to June 6, 1946, and that I last saw h er alive on June 6, 1946.

Immediate cause of death Carcinoma of the Cervix — Duration

Due to

Due to

Other Conditions Recto-Vaginal fistula
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Green
Address Baltimore City Hospitals Date signed 6/6/46 (M.D.)

VS 150

X

G40963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G40963

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sweden & Madison Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 Brentwood Ave # 2 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Keith W Dressel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband~~ or wife: Della Dressel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31st 1875

8. AGE: Years 71 | Months 9 | Days 6 | If less than one day: hr. min.

9. Birthplace: Glen Rock Pa. (Town, county, and state)

10. Usual Occupation: Stock Clerk

11. Industry or business: L. L. Benson Co. Inc.

FATHER
12. Name: T. C. Dressel
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Emma Shaffer
15. Birthplace: Pa.

16 (a) Informant: Mrs. Della Dressel
(b) Address: 1214 Brentwood Ave.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6/10/46 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location: Parkville Md.

18 (a) Funeral director: William Cook Inc.
(b) Address: 1317 St. Paul St.

19 JUN 8 - 1946 (Date rec'd by registrar) (b) Washington Williamson, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7th 1946 at 6 15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/25/1946 to 6/7/1946 and that I last saw him alive on 6/7/1946.

Immediate cause of death: Heart failure
Due to: Left cerebral hemorrhage
Due to: Generalized arteriosclerosis

Duration: 13 days

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. E. Gonzalez M.D. M. D.
Address Maryland Gen. Hosp. Date signed 6/7/46

G40:31:4

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

Registered No. G40:31:4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1921 E Hoffman St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1921 E Hoffman St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Charles H. Allison

3 (b) If veteran, name war: NS
3 (c) Social Security Account No. none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Caroline

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25 1877

8. AGE: Years 68 | Months 5 | Days 10 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Manufacturer

11. Industry or business

FATHER — 12. Name Unknown
13. Birthplace

MOTHER — 14. Maiden Name
15. Birthplace

16 (a) Informant Carlisle Allison
(b) Address 1921 E Hoffman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Tilghman Co Inc
(b) Address 2101 Gant St

JUN 8 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1946 at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 20 May 1946 to 5 June 1946 and that I last saw him alive on 5 June 1946.

Immediate cause of death: Coronary occlusion — Duration 4 Days

Due to: Myocardial degeneration, Arteriosclerosis — Duration 3 Months 16 years

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. Jeffries

Address 3025 Belair Rd Date signed 6-7-46 (M. D.)

VS 150

6409:5

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 816

6409:5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Allegany
(c) City or town Cumberland
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Nettie Michael

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Married

6 (b) Name of husband or wife Harry E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 23, 1892

8. AGE: Years	Months	Days	If less than one day
54	2	14	hr. min.

9. Birthplace Westernport Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Dayton
13. Birthplace Md.

MOTHER
14. Maiden Name Emma Dawson
15. Birthplace Md.

16 (a) Informant Harry E. Michael
(b) Address Cumberland Md.

17 (a) Cremated (b) Date thereof 6-8-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cumberland
Location Cumberland Md.

18 (a) Funeral director Gillom & Kane
(b) Address 129 S. Centre St.

19 JUN 8 1946 (b) [illegible] Williams M.D.
Registered by

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/7 1946, at 2 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/21 1946 to 6/7 1946 and that I last saw her alive on 6/7 1946.

Immediate cause of death Respiratory failure.

Due to cardio-vascular accident. (?)

Due to

Other Conditions Constrictive arteriosclerotic diabetes
(Include pregnancy within 3 months of death)

Date of operation 6/25/46

Major findings of operation constrictive arteriosclerotic stenosis (aorta)

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. W. Lyerly, Jr
Address Virginia Hospital Date signed 6/7/46 M.D.

VS 150

G-10,946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

HB # 82473 309

Registered No. G-10,946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 10 29 15-1
(e) Length of stay in Baltimore (yrs., mos., or days) 62 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1311 N. Carey St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maurice Spencer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Ada
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1883

8. AGE: Years	Months	Days	If less than one day
62	9	21	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Spencer
13. Birthplace Md.

MOTHER
14. Maiden Name Maira Ireland
15. Birthplace Md.

16 (a) Informant Balto. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 6-13-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arlington
Location Balto. Co.

18 (a) Funeral director Sam'l. T. Sullivan Jr.
(b) Address 1511 N. Arlington Ave.

19 JUN 8 - 1946 (Date received by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6, 1946, at 9:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1943 June 6 1946 and that I last saw him alive on June 6 1946.

Immediate cause of death	Duration
Respiratory failure	
Due to Pulmonary Edema	
Due to Hemiplegia, bilateral	1 mo.
Other Conditions Syphilis (Blood & Spinal fluid +)	?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas S. Beecham M. D.
Address Balto City Hosp Date signed 7 Jun 46

VS 150

X

G10,967

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

Registered No. G10,967

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 714 Dolphin
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 714 Dolphin (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah A. Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/12/78

8. AGE: Years	Months	Days	If less than one day
67	5	23 24	hr. min.

9. Birthplace Balto. Md. (town, county, and state)
10. Usual Occupation Sewing Operator
11. Industry or business

FATHER
12. Name Lozier Jackson
13. Birthplace Md.

MOTHER
14. Maiden Name Rebecca Mason
15. Birthplace Md.

16 (a) Informant Lillie Jackson
(b) Address 714 Dolphin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. Co.

18 (a) Funeral director Lloyd M. Sullivan Jr.
(b) Address 1011 W. Arlington Ave

19 (a) ~~JUN 8 1946~~ (Delivered to registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1946, at 3:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3-26- 1941, to 2-4- 1946 and that I last saw her alive on 6-1- 1946.

Immediate cause of death	Duration
Chronic myocarditis	
Due to	
Due to	
Other Conditions Arteriosclerosis with hypertension (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operations	
of autopsy	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. R. Campbell M. D.
Address 718 Dolphin St. Date signed 6-7-46

VS 3

G40968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 83a

Registered No. G40968

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct. Age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1535 Mystic ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lee Parker

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-4502

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Colored	Married

6 (b) Name of husband or wife Bertha Parker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Delia Collins

15. Birthplace Virginia

16 (a) Informant Bertha Parker (wife)

(b) Address 1335 Mystic Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10-46 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet cemetery

Location Laydalstown, Va

18 (a) Funeral director Brooks

(b) Address 1440 N. Carey St

19 JUN 8 - 1946 (Date rec'd by registrar) (b) Registrar Washington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-6- 1946 at 10 12 P. M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: ~~natural causes~~ ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Intracerebral hemorrhage, spontaneous.

Due to

Other Conditions Fractured skull

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Howard J. Mueser M.D.
Medical Examiner.

Date signed 6-7-46

VS 151

6109:9 BALTIMORE CITY HEALTH DEPARTMENT 6109:9

CERTIFICATE OF DEATH 1937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County 2
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7 S. Penn St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isaac J. Ball

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rosa Ball
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years: 65 | Months | Days | If less than one day: hr. min.

9. Birthplace: Miami, Florida
(Town, county, and state)

10. Usual Occupation: Scowman

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace

MOTHER
14. Maiden Name: Unknown
15. Birthplace

16 (a) Informant: Rosa Ball
(b) Address: 7 S. Penn St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/46 (month) (day) (year)
(c) Cemetery or crematory: St. Peters
Location

18 (a) Funeral director: James A. Glazer
(b) Address: 1144 W. Pratt St.

19 (a) JUN 8 - 1946 (Date rec'd by registrar) Huntington, Maryland

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-7 1946, at 11:30 AM

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardio-Vascular disease.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Andrews M.D.
Medical Examiner.
Date signed 6-7-46

VS 151

6409.0

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. 6409.0

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1328 N. Chester St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1328 N. Chester St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eva May Gough

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife John B.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1877

8. AGE: Years	Months	Days	If less than one day
68	11	18	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation house wife
11. Industry or business

FATHER
12. Name Job. W. McAfee
13. Birthplace Baltimore

MOTHER
14. Maiden Name Catherine Cline
15. Birthplace Va.

16 (a) Informant John B. Gough
(b) Address 1328 N. Chester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

JUN 8 1946 (Date Rec'd) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6, 1946 at 11:00

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 3, 1946 to June 6, 1946 and that I last saw her alive on June 3, 1946.

Immediate cause of death: Carcinoma of Colon & General Matastases — Duration: 1 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert E. Dingenald, M.D.
Address 1613 E. North Ave. Date signed 6-7-46

VS 180

G40971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 94a

G40971 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lake Drive Apts.
(c) Hospital or institution: Lake Drive near Linden Ave.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-1

(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Lake Drive Apts.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELLA SCHUMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Jacob P. Schuman.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1873.

8. AGE: Years	Months	Days	If less than one day
73	-	26	hr. min.

9. Birthplace Russia.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Abraham Levitas,
13. Birthplace Russia.

MOTHER
14. Maiden Name Marcia Kaplan,
15. Birthplace Russia.

16 (a) Informant Mr. T. Schuman,
(b) Address Lake Drive Apts.

17 (a) Burial (b) Date thereof 6.9.46.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oheb Shalom
Location Balto. Md.

18 (a) Funeral director Edward Sonnenschein & Son
(b) Address 1902 Eutaw Place.

JUN 8 - 1946 Huntington Williams M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7th. 1946, at P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1944 to May 28 1946 and that I last saw her alive on May 20 1946.

Immediate cause of death Coronary thrombosis

Due to Coronary sclerosis

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hurtt H. Bix M. D.
Address Georgian Ct. Apts. Date signed

VS 150

X

G40972 BC# G41144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 119a

Registered No. G40972

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly. DO NOT FOLD FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood
(c) Hospital or institution: Union Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 313 Birkwood Place
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frank [redacted] Bridges

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5 1946

8. AGE: Years	Months	Days	If less than one day
0	4	5	hr. min.

9. Birthplace Balto Md.
(town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Leggett Bridges
13. Birthplace Mississippi

MOTHER
14. Maiden Name Harriet Adams
15. Birthplace Virginia

16 (a) Informant Hallett Bridges
(b) Address 313 Birkwood Place

17 (a) Burial (b) Date thereof June 8 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Tag 1er Ave.

18 (a) Funeral director Isaac B. Mitchell & Son
(b) Address 1900 Eutaw Place

JUN 8 1946 (Date received by local registrar) Huntington Williams, M.D. (Signature of local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/6/46 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 11 P.M. 6/5 - 6/6/46 and that I last saw h alive on 6/5/46 19 3 P.M.

Immediate cause of death

Cardio-respiratory failure

Due to Acute dilatation

Due to Severe anemia

Other Conditions Uncontrollable diarrhea

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hallett Bridges, M.D.
Address Union Hosp. Date signed 6/7/46

VS 150

G40973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G40973

Registered No. 943

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2432 Barclay St.,

(c) Hospital or institution: Baltimore, Md. 12

(d) Length of stay in hospital or inst. (yrs., mos., or days) ----

(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town 2432 Barclay St.
(If outside city or town limits, write RURAL and give town)

(d) Street No. Baltimore, Md.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amos Weaver Wagner

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Widower

6 (b) Name of husband or wife ---- --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19th. 1873.

8. AGE: Years	Months	Days	If less than one day
72	11	20 19	hr. min.

9. Birthplace Carroll County, Md.
(Town, county, and state)

10. Usual Occupation farmer

11. Industry or business -----

FATHER

12. Name Samuel Wagner

13. Birthplace Carroll Co. Md.

MOTHER

14. Maiden Name Caroline Louise Sellman

15. Birthplace Carroll Co., Md.

16 (a) Informant Emory B. Kaufman.

(b) Address 2432 Barclay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11- 1946 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery

Location Harr Funeral Dir.

18 (a) Funeral director D D Keefer Long

(b) Address Union Bridge & Hampstead Md. Hunting for Williams, Md.

19 (Registered) JUN 8 - 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8th. 1946. at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7th. 1946 to June 8th. 1946, and that I last saw him alive on June 7th. 1946.

Immediate cause of death	Duration
Angina Pectoris	few hrs.
Due to -----	
Due to --- -	
Other Conditions. Arteriosclerosis	unknown

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Geo W Mangold M.D.

Address 401 E. 25th. St. Date signed 6/8/46.

Howard J. Mueller M.D.

VS 150

G40974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170 c

G40974 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 11 + 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 820 N. Eutaw St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Caritas Carrie Sentenne

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876 ?

8. AGE: Years	Months	Days	If less than one day
70?		0	hr. min.

9. Birthplace Watertown Wisconsin
(Town, county, and state)
10. Usual Occupation Sister
11. Industry or business Mission Work

FATHER
12. Name Sentenne
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Sister Katrina
(b) Address 820 N. Eutaw St Balto

17 (a) Removal (b) Date thereof June 8 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Fond du Lac Wis.

18 (a) Funeral director Henry W. Jenkins Funeral Home
(b) Address Mt. Vernon Place & Charles St. Baltimore, Md.

19 JUN 8 - 1946
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1946, at 2 P. M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Shock

Due to Multiple fractures
" Contusions of head
Other Conditions bruises, excoriations and
avulsion of tissues
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-7-46 at 12:05 P. M.
(b) Where did injury occur? Howard & Lexington Streets
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
Means of injury Pedestrian struck by auto.

23. Signature Howard A. Mavrelis M.D.
Medical Examiner.
Date signed 6-7-46

VS 151

C-10975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95B

Registered No. C-10975

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

REGION RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Church Broadway
(c) Hospital or institution: Church Home + Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1241 Darley Ave.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Carmony, Mrs Daisy

3 (b) If veteran, name war No. | 3 (c) Social Security Account No. None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Mr. L Carmony.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1893

8. AGE: Years	Months	Days	If less than one day
53 52 yrs	0	2	hr. min.

9. Birthplace Keswick, Va.
(Town, county, and state)
10. Usual Occupation Home Maker
11. Industry or business Home maker.

FATHER
12. Name John W Johnston
13. Birthplace Keswick Va

MOTHER
14. Maiden Name Elizabeth Dabney.
15. Birthplace Keswick Va

16 (a) Informant Mrs Daisy Carmony. (Husband)
(b) Address 1241 Darley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-46 (month) (day) (year)
(c) Cemetery or crematory Moreland PK.
Location Balto

18 (a) Funeral director L. J. Rusk
(b) Address 530 E Fayette St.

19 JUN 8 - 1946 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1946, at 2:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1946 to June 7 1946, and that I last saw her alive on June 7 1946.

	Duration
Immediate cause of death Pulmonary embolism	4½ hrs
Due to Mural thrombosis (at apex of L ventricle)	
Due to Rheumatic heart disease.	20 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Autopsy? Yes Pulmonary embolism
of autopsy: Mural thrombus (at apex)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Bachman M. D.
Address Church Home Hospital Date signed June 7 46

VS 150

G40976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 168

G40976 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Do correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 512 Archer Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Victoria Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife John Scott

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16 1907

8. AGE: Years	Months	Days	If less than one day
39	-	16	hr. min.

9. Birthplace Elizabeth City, N. C. (Town, county, and state)

10. Usual Occupation Housemaid

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Pennie Morgan
15. Birthplace N. C.

16 (a) Informant John Scott
(b) Address 512 Archer St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy D. Wilson
(b) Address 2020 Brantly Ave

19 (Date Received) JUN 8 - 1946 Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION 40

20. DATE OF DEATH June 5, 1946, at 8 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Compound Fracture leg bones, Gangrene and Senecio
Due to Septicemia,

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 5-21- at ? M.
(b) Where did injury occur? 512 Archer St
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Running Scuffle with Woman knife

23. Signature Howard A. Wilder Jr. M.D. Medical Examiner.
Date signed 5-6-46

G40977 Amer

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G40977 Registered No. 1160c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd STREET
(c) Hospital or institution:
UNION MEMORIAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Baltimore
(c) City or town ESSEX, 21
(If outside city or town limits, write RURAL and give town)
(d) Street No. 144 EDGEWATER APTS.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

3 (a) FULL NAME BABY BOY VANCE

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	-

6 (b) Name of husband or wife -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-24-46

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace BALTIMORE, MD.
(Town, county, and state)
10. Usual Occupation -
11. Industry or business -

FATHER
12. Name ARTHUR W. VANCE
13. Birthplace MARYLAND

MOTHER
14. Maiden Name MARY WATKINS
15. Birthplace SOUTH CAROLINA

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 5-26-46 (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director DISPOSED OF BY HOSPITAL
(b) Address

JUN 8 - 1948 (Date rec'd by Registrar) Huntington Williams, MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 26 MAY 1946, at 7:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 24 MAY 1946, to 26 MAY 1946, and that I last saw him alive on 25 MAY 1946.

Immediate cause of death	Duration
RESPIRATORY FAILURE	
Due to CEREBRAL ANOXIA	
Due to PREMATURE SEPARATION PLACENTA	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Malcolm J. Heard M. D.
Address Union Mem Hosp Date signed 6-6-46

VS 150

G40978 JL - 101611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G40978

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3926 Fait Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Carroll

3 (b) If veteran, name war

3 (c) Social Security Account No. 214 09 8580

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 31, 1886

8. AGE: Years	Months	Days	If less than one day
59	9	6	hr. min.

9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Gunther Brewery

FATHER
12. Name Edwin
13. Birthplace Ohio

MOTHER
14. Maiden Name Margaret Malone
15. Birthplace Missouri

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10 46 (month) (day) (year)
(c) Cemetery or crematory Evergreen Cem Location New Philadelphia Ohio

18 (a) Funeral director Tilly & Zeiler Inc.
(b) Address 403 S. Wolfe St.

19 JUN 8 - 1946 (Date rec'd by reg.) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1946 19 , at 4:10A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1946 to June 7 1946, and that I last saw him alive on June 7, 1946.

Immediate cause of death: Gastro-Intestinal Bleeding - Site Unknown
Due to
Due to
Other Conditions Hypertension Cardio-Vascular Disease
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. R. Scarborough M.D.
Address Balto. City Hosp. Date signed 6-7-46

VS 150

G40979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

G40979 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Cold Spring Nursing Home
(c) Hospital or institution: Cold Spring Ave
(d) Length of stay in hospital or inst. (yrs., mos., days): 1 yr 6 months
(e) Length of stay in Baltimore (yrs., mos., days): Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. Cold Spring Ave. 2929 Riva
(Or rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LOUISE LEIMBACH

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife: Geo W. Leimbach
6 (c) If alive, living or dead: years

7. Birth date of deceased (mo., day, yr.): Sept 4 - 1871

8. AGE: Years	Months	Days	If less than one day: hr.	min.
74	9	4		

9. Birthplace: Balto md.
(Town, county, and state)
10. Usual Occupation: None
11. Industry or business:

FATHER
12. Name: Lew Smith
13. Birthplace: Balto Md.

MOTHER
14. Maiden Name: Not known
15. Birthplace: Balto md.

16 (a) Informant: Geo W. Leimbach
(b) Address: 5 N. Lyndhurst St.

17 (a) Burial (Burial, cremation, removal) (b) Date thereof: 6/11/46 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cemetery
Location: Front Ave

18 (a) Funeral director: Geo Leimbach
(b) Address: 5 N. Lyndhurst St.

19 (a) (Date rec'd by registrar) Filed by registrar Lexington Williams M.D.
JUN 9 - 1946
(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 8 1946, at 445 P M

21. I certify that death occurred on the date above stated; that I attended deceased from FEB. 1 1946, to JUNE 8 1946, and that I last saw her alive on JUNE 8 1946

Immediate cause of death: ARTERIOSCLEROTIC HEART DISEASE — Duration: 15 yrs.
Due to: GENERALIZED ARTERIOSCLEROSIS
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: Norman R. Kleiman M. D.
Address: 3803 Edmondson Ave Date signed: 6/8/46

US 150

G40980 ✓ G40980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 132B

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Monument & Lutland Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2825 Hilldale Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lucille Sanders

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Joe

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day
47 46			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Walter Raven
13. Birthplace Russia

MOTHER
14. Maiden Name Ida ?
15. Birthplace Russia

16 (a) Informant Joe Sanders
(b) Address 2825 Hilldale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9, 1946 (month) (day) (year)
(c) Cemetery or crematory Adas Israel Cemetery
Location North Point & German Hill Rd

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 6-10-46 (Registered by registrar) Registrar for Nathaniel R. Wilkerson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1946, at 3:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 28 1946 to June 8 1946 and that I last saw her alive on June 8 1946

Immediate cause of death Uremia — Duration

Due to Polycystic Kidneys

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5/25/46

Major findings of operation: Polycystic Kidneys

of autopsy: Polycystic kidneys Pyelonephritis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis H. Tank, M.D.
Address Sinai Hospital Date signed 6/8/46

VS 150

a47916 436

G40981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

G40981 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Newcastle (If outside city or town limits, write RURAL and give town)
(d) Street No. 116 E. Moody Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert E. Houk.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-3-39

8. AGE: Years	Months	Days	If less than one day
7	2	6	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John H Houk
13. Birthplace Pa.

MOTHER
14. Maiden Name Mildred Wingo
15. Birthplace N. C.

16 (a) Informant records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Rock Creek
Location Washington D. C.

18 (a) Funeral director W. Symington Owings
(b) Address Silver Spring, Md.

19 (a) (b)

JUN 9 1946 Huntington Williams Baltimore

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June - 9 - 1946 at 3 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-19- 1946 to 6-9- 1946 and that I last saw h alive on 6-9- 1946

Immediate cause of death RETINOBLASTOMA — Duration 3 YRS.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Pick M. D.
Address Johns Hopkins Hospital Date signed 6-9-46

X

G40982 ✓ G40982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 123

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rutland & Laymen.
(c) Hospital or institution: Sinai Hosp. Dr Hoge
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2016 Wilkens Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Goldberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sarah Goldberg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Tailor (Self)
11. Industry or business

FATHER
12. Name Abraham
13. Birthplace Poland

MOTHER
14. Maiden Name
15. Birthplace Poland

16 (a) Informant Wm. Goldberg
(b) Address 2706 Regina Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-46 (month) (day) (year)
(c) Cemetery or crematory United Hebrew
Location Wash. Blvd
18 (a) Funeral director Pace Funeral Home
(b) Address 1424 E. Balto St
19 1946 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 June 1946 at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 27 May 1946 to 8 June 1946 and that I last saw h[illegible] alive on 8 June 1946.

Immediate cause of death Peritonitis Gangrenous Bowel
Due to Thrombosis Coronary Art. Arteriosclerosis
Due to Arteriosclerosis Generalized (?)
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Above
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Lester A Stall Jr M. D.
Address Sinai Hosp Date signed 6/8/46

VS 150

G40983 ✓ G40983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2755 Baker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(b) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2755 Baker St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** ROSE A. WILLIAMS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Charles C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace Balto Md
(Town, county and state)
10. Usual Occupation Home Work
11. Industry or business

FATHER
12. Name David Hoffman
13. Birthplace Russia

MOTHER
14. Maiden Name Anna
15. Birthplace Russia

16 (a) Informant Husband
(b) Address

17 (a) Burial (b) Date thereof 6-9-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudale
Location Balto. Md & Hamilton Ave

18 (a) Funeral director Jos C Lewis Bro
(b) Address 1432 E. Balto St.

19 (a) 1946 (b) Huntington Williams M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-8-46 19 at 1 05 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1946 to June 1946 and that I last saw him alive on 6/7 1946

Immediate cause of death Carcinoma of ovary — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: papilloma Ca of ovary

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm Potter
Address 1801 Eutaw Pl Date signed 6/8/46

VS 150

Potter ×

G40984 ✓ G40984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ~~Baltimore~~
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 116 N. Callington Sq.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Rachel Hamson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-25-1876

8. AGE: Years	Months	Days	If less than one day
70	3	12	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Segal
13. Birthplace Russia

MOTHER
14. Maiden Name Minna Bloyer
15. Birthplace Russia

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Rhode Island & Hamilton Ave.

18 (a) Funeral director Jacob Levin
(b) Address 1439 E. Baltimore St.

19 (a) Date received by registrar 6-10-1946 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1946 at 5:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1946 to June 7 1946 and that I last saw her alive on June 7 1946.

Immediate cause of death Disseminated miliary tuberculosis of lungs

Due to Diabetes mellitus

Due to —

Other Conditions Coronary thrombosis

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James O'Shaw M. D.
Address Mercy Hosp. Date signed 6/7/46

VS 150

X

G40985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G40985 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2202 Ofurden Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Isaac Schonebaum

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced:
Male	White	Married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Poland (town, county, and state)

10. Usual Occupation Grocer

11. Industry or business

FATHER 12. Name Abraham

FATHER 13. Birthplace Poland

MOTHER 14. Maiden Name Schiz

MOTHER 15. Birthplace Poland

16 (a) Informant Wife

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-46 (month) (day) (year)

(c) Cemetery or crematory Herring Run

Location Philadelphia & Rappleyea Lane

18 (a) Funeral director Jos. L. Levy & Son

(b) Address 1439 E. Baltimore St.

19 (a) 1946 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1946, at 7:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1946, to June 7 1946, and that I last saw him alive on June 7 1946.

Immediate cause of death	Duration
Cardiac failure	
Due to Hypertensive cardio-vascular disease.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Abrahamson M. D.

Address Sinai Hospital Date signed 6/7/46

VS 150

G40936 ✓ G40936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 216 N. Monroe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 216 N. Monroe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Anna E. Grese

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22 - 1856

8. AGE: Years 90 | Months 3 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Home Duties

11. Industry or business

FATHER
12. Name Caspar Grese
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Bopfi
15. Birthplace Germany

16 (a) Informant Miss Katherine E. Grese
(b) Address 216 N. Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11 - 1946 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore Md

18 (a) Funeral director Jennie C. Syfer
(b) Address 1600 W. North Ave.

19 1946 Rec'd by registrar Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1946 at 7-30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1945 to June 8 1946 and that I last saw h[illegible] alive on June 6 1946.

Immediate cause of death: Cardiac Coronary Occlusion — Duration: Sudden

Due to Chr Arteriosclerosis — Duration: Many Years

Due to Old age &c

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. J. Keown

Address 1938 Linden Ave Date signed 6/8/46

Approval of Dr Maddrix

G40987

T.N. 101867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G40987 ✓ Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4608 Marble Hall Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Blanche Corrigan

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NV	NONE	Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
63	?	?	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business —

FATHER 12. Name James Corrigan
FATHER 13. Birthplace Md
MOTHER 14. Maiden Name Mary Doyle
MOTHER 15. Birthplace Md

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto., Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St

19 (a) [illegible] (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION A

20. DATE OF DEATH June 8th 1946 19 , at 9.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7th 1946 to June 8th 1946 and that I last saw her alive on June 8th 1946

Immediate cause of death Uremia

Due to Hypertensive Cardio-Vascular Renal Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation —

of autopsy: —

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert R. Faulkner, M.D.
Address Balt. City. Hosps Date signed 8 June 46

9 Jun 1946

VS 150

X

G40938 ✓ G40938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Raynor & Dukeland
(c) Hospital or institution: Jno. F. Baltz Gen Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2444 Edmondson Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella A. Borom

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	White	Married

6 (b) Name of husband Charles R. Borom
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6th 1892

8. AGE: Years	Months	Days	If less than one day
54	2	2	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Marker
11. Industry or business Hub Dept. Store

FATHER
12. Name George Ensor
13. Birthplace Md.

MOTHER
14. Maiden Name Ella (Unknown)
15. Birthplace Md.

16 (a) Informant Charles A. Borom
(b) Address 2444 Edmondson Ave

17 (a) Burial (b) Date thereof 6/11/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location Dorsey Md.

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul St.

19 (a) 1946 (b) Huntington for Williams, Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH ~~14 May~~ 8 June 1946, at 8:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 14 May 1946 to 8 June 1946 and that I last saw her alive on 8 June 1946.

Immediate cause of death Cerebral thrombosis

Due to Myocardial Infarction

Due to Coronary Heart Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lester A. Steele
Address Jno. F. Baltz Gen Hosp. Date signed 6/8/46 M. D.

VS 150

G40989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G40989 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 S. Chapel Gate Lane
(c) ~~Hospital or~~ institution: Pinecrest Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 600 S. Chapel Gate Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellen Lynch

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Abt 1858

8. AGE: Years	Months	Days	If less than one day
Abt 88			hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Dressmaker

FATHER
12. Name Michael Lynch
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Kennedy
15. Birthplace Md.

16 (a) Informant Joseph M. Lynch Jr
(b) Address 803 N. St. Sparrows Point Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/46 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Cross
Location Hanford Rd Balto Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) 1946 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7th 1946. 4:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1945 to June 7 1946, and that I last saw her alive on June 1 1946.

Immediate cause of death: Left Cerebral Hemorrhage — Duration 4 Hrs

Due to

Due to

Other Conditions Arteriosclerosis — ?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. P. Adams
Address 3326 Hudson Ave Date signed 6/7/46

VS 150

G40990 BALTIMORE CITY HEALTH DEPARTMENT G40990

Registered No.

CERTIFICATE OF DEATH 94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Rd
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs 6 mo 24 da
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs 6 mo 24

2. USUAL RESIDENCE OF DECEASED:
(a) State Georgia (b) County —?—
(c) City or town Atlanta (If outside city or town limits, write RURAL and give town)
(d) Street No. —?— (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Wilson P. B. Dempsey

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 7 1863

8. AGE: Years	Months	Days	If less than one day
83	4	0	hr. min.

9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Thomas Dempsey
13. Birthplace Ireland

MOTHER
14. Maiden Name Marie Aldea
15. Birthplace Pennsylvania

16 (a) Informant Mount Hope Retreat
(b) Address 6420 Reisterstown Rd Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-1946 (month) (day) (year)
(c) Cemetery or crematory Rose Hill
Location Macon, Ga.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (R. F. WOODEN SUC.) 100 W. NORTH AVENUE

19 (a) Filed JUN 9 1946 (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1946, at 10:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1937 to June 7 1946, and that I last saw h[illegible] alive on June 7 1946.

Immediate cause of death Myocardial Infarcts — Duration 2 mo.

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed

G40991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G40991 Registered No. 83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution: Elmhurst Nursing Home 8
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3221 Lyndale Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Augusta Rudiger

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 24th., 1876

8. AGE: Years 69 | Months 6 | Days 14 | If less than one day ######### min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Charles F. H. Rudiger
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth K. Mayenschein
15. Birthplace Germany

16 (a) Informant John L. Rudiger (Brother)
(b) Address 3221 Lyndale Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Rd. Balti: Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) (Date rec'd by registrar) (b) Huntington Williamsport, Md.

JUN 9 - 1946

JUN 9 1946

MEDICAL CERTIFICATION 30

20. DATE OF DEATH June 7th 1946, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 - 1946, to June 6 1946, and that I last saw her alive on June 6 - 1946.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to: Adv. atherosclerosis

Due to: Paraplegia - right - due to

Other Conditions: Cerebral Hemorrhage

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Jacobs M. D.
Address 1700 Eutaw Pl. Date signed June 8-1946

G40992

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 131a

G40992 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2 S Augusta ave
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 S Augusta Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James E Lovell

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary E Lovell
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Feb 24 1872

8. AGE: Years	Months	Days	If less than one day
74	3	12	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Lovell
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Hothers
15. Birthplace Md

16 (a) Informant Mrs Mary E Lovell
(b) Address 2 S Augusta ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-46 (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location Baltimore Md

18 (a) Funeral director Geo F Berger Jr
(b) Address 151 N Fulton Ave Huntington for Millersville, Md

JUN 9 1946 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6, 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-23 1944 to June 6 1946 and that I last saw him alive on 6/5/ 1946.

Immediate cause of death Hypertensive cardio vascular renal disease — Duration 2 yr

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Deitel
Address 1126 Harlem St. Date signed 6/8/46

VS 150

B40993 BALTIMORE CITY HEALTH DEPARTMENT B40993
CERTIFICATE OF DEATH
Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address D.H
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Rural - Hookton Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hookton Md
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kenneth Skipper

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 19, 1945

8. AGE: Years	Months	Days	If less than one day
1	3/5	19	hr. min.

9. Birthplace Balto County
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Lawrence Skipper
13. Birthplace Balto County

MOTHER
14. Maiden Name Alma Wisner
15. Birthplace Carroll County

16 (a) Informant Lawrence Skipper
(b) Address Hookton Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10 46
(month) (day) (year)
(c) Cemetery or crematory Cedar Grove
Location Balto Co.

18 (a) Funeral director J. Elem Sons
(b) Address [illegible] Md

19 (a) JUN 9 - 1946 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/8 1946 11 PM

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bronchopneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature E. J. Lubinski M.D.
Medical Examiner.
Date signed 6/9/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

G40994 BALTIMORE CITY HEALTH DEPARTMENT G40994
Registered No.

CERTIFICATE OF DEATH 51B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkins + Caton Aves
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Wilkins Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Charles Hoffer

3 (b) If veteran, name war —

3 (c) Social Security Account No. 147-70-899

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Matilda Hoffer
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4/22/1874

8. AGE: Years	Months	Days	If less than one day
73	1	16	15 hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Charles Geo Hoffer
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine Margaret Schilling
15. Birthplace Maryland

16 (a) Informant Daughter
(b) Address Wilkins Ave. Catonsville Md

17 (a) Burial (b) Date thereof 6/10/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director J. B. Weishaupt Son
(b) Address 300 Eutaw Place

19 (a) (b)
(Date rec'd by reg.) Huntington Williams, M.D.

JUN 9 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/7 1946 8:33 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/4 1946 to 6/7 1946.
and that I last saw him alive on 6/7 1946.

Immediate cause of death: Cardio Resp. Failure — Duration
Due to Cardiac Decompensation
Due to Arteriosclerotic C-V Dis.
Other Conditions Carcinoma of Prostate
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas E. Gorb
Address St Agnes Hosp Date signed 6/7/46 M. D.

G40995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 135a

G40995 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days approx.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 W. Hill St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME William Emerson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, (married) widowed, or divorced.

6 (b) Name of husband or wife Hester Emerson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name William Emerson
13. Birthplace Cape Charles Va

MOTHER
14. Maiden Name Mason
15. Birthplace Cape Charles Va

16 (a) Informant Hester Emerson
(b) Address 111 W Hill St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 9 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Wm Kate R Williams
(b) Address 222 N. Schroeder St

19 (a) JUN 10 1946 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-5-1946, at 12 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-5-1946 to 6-5-1946, and that I last saw h alive on 6-5-1946.

Immediate cause of death	Duration
Respiratory failure	
Due to Uremia & toxemia	
Due to Acute urinary retention & Concomitant cystitis & peritonitis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: Tumor of bladder, Papillary

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. R. Kingsley M. D.
Address University Hospital Date signed 6-6-46

X

G40996 G40996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1236 W.Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1236 W.Lafayette Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah Yerby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	Widow

6 (b) Name of husband or wife Julius Yerby
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1875

8. AGE: Years	Months	Days	If less than one day
71 70	-	27	hr. min.

9. Birthplace Northumbland Co.Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ?----Thomas
13. Birthplace Va.

MOTHER
14. Maiden Name Sylvia ?
15. Birthplace Va.

16 (a) Informant Viola Bleckwell
(b) Address 1014 N.Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13 1946 (month) (day) (year)
(c) Cemetery or crematory Edwardsville Co.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

19 (a) (b) (State registrar) Registrar

JUN 10 1946

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1946, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/16 1946 to 6/6 1946, and that I last saw her alive on June 6 1946

Immediate cause of death: Congestive Heart Failure — Duration: 1 Mo.

Due to: Hypertensive Cardio-Vascular Disease — ?

Due to:

Other Conditions: None

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operations:

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George McDonald M.D.

Address 844 N.Carey Street signed 6/8/46 M.D.

X

G40997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G40997

83a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 360 Magnolia Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Catherine Weis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married.

6 (b) Name of husband or wife Joseph Weis
(c) If give, give age years

7. Birth date of deceased (mo., day, yr.) May 4 - 1895

8. AGE: Years	Months	Days	If less than one day
51	1	4	hr. min.

9. Birthplace West Newton Pa.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Conglemour
13. Birthplace Pa.

MOTHER
14. Maiden Name Eliz. Willard
15. Birthplace Pa.

16 (a) Informant Joseph Weis
(b) Address 360 Magnolia Terrace

17 (a) Removal (b) Date thereof June 9/46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Westmoreland Co. Pa

18 (a) Funeral director John S Connelly
(b) Address 418 Eastern Ave, Essex Md

19 JUN 10 1946 (b) [illegible]
(Date Rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1946, at 10 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1946, to June 8 1946, and that I last saw her alive on June 8 1946.

Immediate cause of death	Duration
Congestive failure	
Due to Cerebral adenoma -	
Due to Pulmonary congestion	
Other Conditions Malignant Hypertension.	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. E. McCurdy M. D.
Address University Hosp Date signed 6-10-46

VS 150

640998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

640998 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOH
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 720 Pennsylvania Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clifton L Burroughs

3 (b) If veteran, name war

3 (c) Social Security Account No. 216.05.9520

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Rosebell

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 6-2-1894

8. AGE: Years 52 | Months — | Days 5 — | If less than one day hr. min.

9. Birthplace Lynchburg, Va
(Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace Unknown

16. (a) Informant Francis Ryder
(b) Address 720 Penna ave. #1

17. (a) Burial (b) Date thereof 6 11 46
(Burial, cremation, or removal) (Day) (Month) (Year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore, Md

18 (a) Funeral director Gilligan & Jackson
(b) Address 916 Pennsylvania ave

JUN 10 1946 Huntington Williams, Jr.
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 June 1946, at 8 P M

21. I certify that I took charge of the remains described above, held an Aut in Situ thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Acute pulmonary Edema

Due to (Mec)

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William J Krefeld M.D.
Medical Examiner
Date signed 8 June 46

VS 151

G40:99

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. G40:99

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 31 N. Mount Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David Saunders

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-3980

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Samuel Cargill
13. Birthplace Md

MOTHER
14. Maiden Name Linsey Evans
15. Birthplace Md

16 (a) Informant Mr. Percy Saunders
(b) Address 509 N. Strickers St

17 (a) Burial (b) Date thereof 6-11-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore, Md

18 (a) Funeral director Mrs. Francis H. Henry
(b) Address 518 W. Biddle St

19 (a) JUN 10 1946 (b) Huntington Williams M.D.
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1946, at 2:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Stab wound of chest involving heart & lung

Due to

Other Conditions Multiple stab wounds.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-7-46 at 1:40 A. M.
(b) Where did injury occur? 31 N. Mount Street
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Stabbing — Sharp instrument

23. Signature Howard J. Thomsen M.D.
Medical Examiner.
Date signed 6-7-46

VS 151

G4,000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G4,000 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 318 n Streeker St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 318 n. Streeker St
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3 (a) FULL NAME Mary Angelo Gibson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3/7/1929

8. AGE: Years 17 | Months 3 | Days 2 | If less than one day — hr. — min.

9. Birthplace md (Town, county and State)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Louise Gibson

13. Birthplace md

MOTHER 14. Maiden Name Anna Stafford

15. Birthplace md

16 (a) Informant Mary E. Warren

(b) Address 318 N. Streeker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/46 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location md

18 (a) Funeral director Geo. H. Kelly

(b) Address 303 Pressman

JUN 10 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1946, at 99 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1946, to June 6 1946, and that I last saw her alive on June 6 1946.

Immediate cause of death Pulmonary Embolism — Duration 5 days

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature C. M. Pixon M.D.

Address 536 W. Lanvale St Date signed 6-7-46

VS 3

64-001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a

64-001 Registered No.

EN. 101760

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 503 N. Bruce St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Martha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8th 1891

8. AGE: Years 55 | Months 2 | Days 0 | If less than one day hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Armstead Green
13. Birthplace Va.

MOTHER
14. Maiden Name Maria ?
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balt

18 (a) Funeral director George G. Nelson
(b) Address 1303 Pennsylvania Ave
JUN 10 1946 (Date rec'd by local registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8th 1946 at 3.50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 4th 1946 to June 8th 1946 and that I last saw him alive on June 8th 1946

Immediate cause of death: Arteriosclerotic Heart Disease & Cardiac Insufficiency — Duration: ?
Due to Acute Congestive Heart Failure
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation
of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ruth E. Nitterouse M. D.
Address Balt. City Hosp. Date signed 6-9-46

VS 150

64-1002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. 64-1002

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1913 Eutaw Place
(c) Hospital or institution: Twilight Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3404 Elgin Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MRS. HATTIE F. STIVERS

3 (b) If veteran, name war: no

3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John H. Stivers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 22, 1862

8. AGE: Years	Months	Days	If less than one day
84	2	15	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Nothnagle
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Herman Blamberg
(b) Address 3404 Elgin Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 10 1946 (Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1946, at 2:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1926 to 6/7 1946 and that I last saw h[illegible] alive on 6/7 1946

Immediate cause of death: Myocardial degen. — Duration 4 yrs
Due to Arteria-sclerosis — 10 yrs
Due to Diabetes mellitus — 20 yrs
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas L. Todd M. D.
Address 2108 St Paul St Date signed 6/8/46

VS 150

X

G41003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G41003

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1420 Wilmer C.T.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1420 Wilmer Court (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James M. Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col.	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years 48 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Paper hanger

11. Industry or business

FATHER 12. Name Anthony Jackson

13. Birthplace Va.

MOTHER 14. Maiden Name Elenora Green

15. Birthplace Md

16 (a) Informant Edith Holland

(b) Address 1808 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-46 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Elroy O Wilson

(b) Address 1000 Edmondson Ave (Huntington Williams Mgr.)

MH 6-10-1946 (Date received by Local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-6-1946 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1-1946 to 6-6-1946 and that I last saw h[illegible] alive on 6-6-1946.

Immediate cause of death Cerebral Apoplexy

Duration 6 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature B. M. Hatcher

Address 1755 Pennsylvania Ave Date signed 6-7-1946

VS 150

64-004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

Registration No. 64-004

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4 33rd Street
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 14 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Eastpoint Eastport
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 Boucher ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Baby Boy McPherson (Arthur Stephen)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1946

8. AGE: Years	Months	Days	If less than one day
0	0	3	hr. min.

9. Birthplace Annapolis, Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Arthur McPherson
13. Birthplace West Virginia

MOTHER
14. Maiden Name Barbara Ellen Teasy
15. Birthplace West Virginia

16 (a) Informant Arthur R. McPherson
(b) Address Eastport Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 11 46 (month) (day) (year)
(c) Cemetery or crematory Cedar Bluff
Location A. A. Co. Md.

18 (a) Funeral director P. F. Lazzaretti
(b) Address 1403 N. Bello St. B

JUN 10 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1946, at 5:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1946, to June 10 1946, and that I last saw him alive on June 9 1946

Immediate cause of death Respiratory failure — Duration

Due to Intracranial Hemorrhage

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature George H. Jefferson M. D.
Address Union Mem. Hosp. Date signed 6-10-46

VS 150

Baltimore Md. X

54,005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 939

Registered No. 54,005

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1106 N. Kenwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 N. Kenwood (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bernard C. Roeder

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-10-9296

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Jennie M. Roeder
(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Oct-25-1867

8. AGE: Years 78 | Months 7 | Days 12 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation
11. Industry or business Canton R. R.

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Jennie M. Roeder
(b) Address 1106 N. Kenwood Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-10-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O'Donnell St.

18 (a) Funeral director Kelly & Mellyn
(b) Address 2435 E. Oliver St.

JUN 10 1946 (Date received by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-6- 1946 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/6 1946 to 6/6 1946 and that I last saw h. alive on 1946.

Immediate cause of death: Arteriosclerotic Heart Disease and Chronic Nephritis. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Tankey, M.D.
Address 441 N. Edmondson Ave Date signed 6/7/46

VS 150

Honora J. Medaris, Dr. 4

G4.006 BC# 47684 G4.006

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 157B

Registered No. G4.006

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore - 18
(If outside city or town limits, write RURAL and give town)
(d) Street No. 312 E. Lorraine Ave.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME John Edward Schroen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-18-46

8. AGE: Years	Months	Days	If less than one day
0	0	22	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Edward Nickolas Schroen
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Margaret Elizabeth Marks
15. Birthplace Baltimore Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10, 1946 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balt. Co. & B.M. City

18 (a) Funeral director Walter Pratt Steptor & Sons
(b) Address Huntington Williams, Md.

JUN 10 1946 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-9-1946, at 5:27 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 6-9 1946 and that I last saw h[illegible] alive on 6-9 1946

Immediate cause of death: respiratory — Duration

Due to spina bifida

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S.D. Solomon M. D.
Address Bon Secours Hospital Date signed 6-9-46

64.007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 64.007

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1016 Forrest St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1016 Forrest St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Patrick J. McDonnell

3 (b) If veteran, name war: no

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary A. McDonnell
Nee McKeown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1885

8. AGE: Years 61 | Months | Days 23 | If less than one day: hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Repair Work R.R. Shop

11. Industry or business Steam Transmitt Co.

FATHER
12. Name Patrick J. McDonnell
13. Birthplace Ireland

MOTHER
14. Maiden Name Hagah Welsh
15. Birthplace Ireland

16 (a) Informant Mrs. Mary A. McDonnell
(b) Address 1016 Forrest St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12 1946 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cemetery
Location 4300 Old Frederick Rd

18 (a) Funeral director Elmer W. Conklin & Son
(b) Address 924 E. Eager St.

19 JUN 10 1946 (Date received by Registrar) (b) Huntington Millquist, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8, 1946, at 8 a M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1946 to June 8 1946 and that I last saw h[illegible] alive on June 7 1946

Immediate cause of death: Arteriosclerotic Heart Disease — and

Due to: Chronic Myocarditis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Tankey M. D.
Address 1441 N. Ellwood Av Date signed 6/7/46

G4.008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

G4.008 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address FAYETTE & BOLLMAN
(c) Hospital or institution: FRANKLIN SQUARE HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3419 Chestnut Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EMELINE COOPER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Wm. W. Cooper

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8, 1858

8. AGE: Years 87 | Months 11 | Days 29 | If less than one day: hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housework.

11. Industry or business

FATHER 12. Name George W. Day.
13. Birthplace Maryland.

MOTHER 14. Maiden Name Sarah F. Hobbs.
15. Birthplace Marylands

16 (a) Informant Mrs. Ranna.
(b) Address 3419 Chestnut Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10/46 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden

18 (a) Funeral director Ehrenfried & Donovan
(b) Address 3645-47 Eastern Ave

JUN 10 1946 (Date rec'd by registrar) Huntington Williams M.E. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 JUNE 1946 at 11:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2 JUNE 1946 to 7 JUNE 1946, and that I last saw her alive on 7 JUNE 1946.

Immediate cause of death	Duration
BOWEL OBSTRUCTION	
Due to CARCINOMA OF RECTUM	
Due to	
Other Conditions MYOCARDIAL FAILURE; HYPOSTATIC PNEUMONIA (Include pregnancy within 3 months of death)	

Date of operation 5 JUNE 1946

Major findings of operation: OBSTRUCTION OF LARGE BOWEL

of autopsy: CA OF RECTUM

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jno. Oliver Gordon M. D.

Address 211 EATON ST Date signed 7 JUNE 1946

64-009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. 64-009

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton Rd.
(c) Hospital or institution: Arlington Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2724 Remington Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mina B. Shook.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Joseph H. Shook
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1862

8. AGE: Years	Months	Days	If less than one day
84	2	7	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Thomas Ford.
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Nichols
15. Birthplace Md.

16 (a) Informant Walter W. Shook.
(b) Address 2724 Remington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12 1946 (month) (day) (year)
(c) Cemetery or crematory London Park.
Location Frederick Ave.

18 (a) Funeral director Abercrombie & Donaran
(b) Address 2615-17 Reisterstown Ave.

JUN 10 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9, 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1945 to June 9, 1946, and that I last saw h[illegible] alive on June 8, 1946.

Immediate cause of death Diabetic Coma — Duration 2 days.
Due to Diabetes Mellitus — 20 yrs
Due to Hypertensive Cardio-Vascular disease — 10 yrs
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas H. Ames M. D.
Address 28 W 25th St. Date signed 6-10-46

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1735 Hollins St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1735 Hollins St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Blanche Ahern

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Cornelius

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14, 1882

8. AGE: Years 64 | Months 3 | Days 22 | If less than one day: hr. min.

9. Birthplace Atlanta, Ga. (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER — 12. Name Haddock
13. Birthplace Va.

MOTHER — 14. Maiden Name Pledge
15. Birthplace Ky.

16 (a) Informant J. Warren Price (Son)
(b) Address 1735 Hollins St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10/46 (month) (day) (year)
(c) Cemetery or crematory London Pk.
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Nitzke
(b) Address 401 E. Lexington St. Undertaking for Williams

JUN 10 1946 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6/46. 19 at 8:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1946 to June 6 1946 and that I last saw h.&s. alive on June 6 1946.

Immediate cause of death: Cerebral Hemorrhage — Duration 3 hrs 24 46

Due to: Hypertensive Cardio-vascular Disease — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carl P. Roskey M. D.
Address 316 N. Lombard St. Date signed 6/11/46

VS 150

G4.011 — BALTIMORE CITY HEALTH DEPARTMENT — G4.011 Registered No.

CERTIFICATE OF DEATH

109a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2609 Chelsea Ter.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie V. Aaron ✓

3 (b) If veteran, name war –
3 (c) Social Security Account No. –

4. Sex: Female (White)
5. Color or race:
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Joseph Aaron
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 6 1862
8. AGE: Years: abt. 93 ? Months: 11 Days: 2 If less than one day: hr. min.
9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name: John Fitzpatrick
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Elizabeth Bugh
15. Birthplace: Baltimore Md.

16 (a) Informant: Mrs Alice Jacobs
(b) Address: 3110 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-1946 (month) (day) (year)
(c) Cemetery or crematory: Cedar Hill
Location: A. G. Co. Md.

18 (a) Funeral director: Tippett & Fleming
(b) Address: 1476 Light St. Washington Williamsport, Md.

19 (a) JUN 10 1946 (Date rec'd by reg'r.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 19 46 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/26 1946 to 6/8/ 1946 and that I last saw him alive on 6/7/ 1946

Immediate cause of death: Virus pneumonia — Duration: 13 days

Due to

Due to

Other Conditions: General arterio sclerosis — Duration: 2
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature: Harry Deitel M. D.
Address 1226 Hanover St. Date signed 6/9/46

VS 150

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64 1012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √50

Registered No. 6420

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 870 S. Dallas Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 870 S. Dallas Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME THERESA OSTENDORF

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Wm. Louis Ostendorf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Mar. 22, 1878

8. AGE: Years 68 | Months 2 | Days 17 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Germany

16 (a) Informant: Mrs. Wm. Sherman
(b) Address: 870 Dallas Street

17 (a) Burial (b) Date thereof 6-11-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn Cemetery
Location: Baltimore, Maryland

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY

19 (a) JUN 10 1946 (Date received by registrar) Huntington Williams M.D.
(b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1946, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1945 to June 8 1946, and that I last saw h alive on June 7 1946.

Immediate cause of death: Carcinoma of Left breast
Generalized Metastatic
Due to: carcinomatosis.

Duration: 10-15-45

Due to:

Other Conditions: None
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation: None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eric Schimmerik M. D.
Address 842 S. Conkling Date signed 6-9-46

VS 150

X

BC# 48457

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 63013 / 161a / 63013

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 703½ W. Saratoga (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jeanie Mae Bishop

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 5/29/19[illegible]

8. AGE: Years	Months	Days	If less than one day
		9	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Eugene Bishop
FATHER 13. Birthplace Murfreesboro - N.C
MOTHER 14. Maiden Name Cindie Mae Rogers
MOTHER 15. Birthplace

16 (a) Informant Mrs. Eugene Bishop
(b) Address 703½ W. Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 3727 N. Belnord Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-8-1946 at 9:05 AM

21. I certify that I took charge of the remains described above, held an Autopsy + Inq thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerosis Coronary Thrombosis

Due to

Other Conditions Hemiplegia.

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
Means of injury

23. Signature Howard J. Claus M.D. Medical Examiner.
Date signed 6-8-46

VS 151

X

64.014

HB # 101864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

64.014 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) ? LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County BALTO.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 152 N. Ellwood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anthony Staab ANTHONY STAAB

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 7 1912

8. AGE: Years	Months	Days	If less than one day
33 ?	10	0	hr. 5 min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation PAPER ROUT
11. Industry or business FOR SELF

FATHER
12. Name ? JOHN STAAB
13. Birthplace ? BALTO. MD.

MOTHER
14. Maiden Name ? JENNIE CROWLEY
15. Birthplace BALTO. MD.

16 (a) Informant Balto. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 10/46 (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS
Location HARFORD ROAD

18 (a) Funeral director Tilly & Zeiler inc.
(b) Address 403 S. WOLFE

19 JUN 10 1946 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

28. DATE OF DEATH June 7 1946 at 12:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7, 1946 to June 7 1946 and that I last saw h. alive on June 7 1946.

Immediate cause of death
(a) Congestive heart failure
(b) Acute Bilemafay
Due to Edema

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations

of autopsy:

Duration
5
5

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John F. Kelsey
Address City Hosp Date signed 6-7-46

VS 150

(To Be Approved by the Medical Examiner) Howard J. Thaeuer M.D.

G41015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1927

Registered No. G41015

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2616 Maryland ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 448 E. Lorraine Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Duncan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Ida J. Duncan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 14, 1868

8. AGE: Years	Months	Days	If less than one day
77	9	24	hr. min.

9. Birthplace Pikesville, Md.
(Town, county and state)
10. Usual Occupation Iron Worker
11. Industry or business Dietrich Bros.

FATHER
12. Name Andrew B. Duncan
13. Birthplace Md.

MOTHER
14. Maiden Name Rebecca Heaps
15. Birthplace Md.

16 (a) Informant Mrs Ida J. Duncan
(b) Address 448 E. Lorraine Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10 1946 (month) (day) (year)
(c) Cemetery or crematory Moreland Park.
Location Baltimore, Md.

18 (a) Funeral director Roland L. Fisher
(b) Address 2112 Dundalk Ave.

19 JUN 10 1946 (b) (Date received by Registrar) Registrar Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1946, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/8/1943 to 6/7 1946 and that I last saw h[illegible] alive on 6/7 1946.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerotic Hypertensive Cardio-vascular

Due to disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. Heras M. D.
Address 2902 Huntingdon Ave Date signed 6/10/46

VS 150

C 1016 — Registered No. 1016

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 72 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1713 Westwood ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Bernard Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Mildred Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/9/1923

8. AGE: Years	Months	Days	If less than one day
23	2	28	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Carter
11. Industry or business

FATHER
12. Name Milton Hynson
13. Birthplace Md

MOTHER
14. Maiden Name Katherine Smith
15. Birthplace Md

16 (a) Informant Mildred Smith
(b) Address 1713 Westwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/46 (month) (day) (year)
(c) Cemetery or crematory St Peters
Location Md

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Presstman St

19 (a) Date received JUN 10 1946 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-7 1946, at 1.40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-27 1946 to 6-7 1946, and that I last saw him alive on 6-7 1946

Immediate cause of death: Acute Pulmonary Collapse — Duration

Due to Uremia

Due to Chronic parenchymatous Nephritis

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Bonsell

Address Broadend Hospital Date signed 6/8/46

X

G4.017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G4.017 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Gun
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Bal
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1524 Leslie St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bertha Conaway

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 18 1903

8. AGE: Years	Months	Days	If less than one day
42	8	20	hr. min.

9. Birthplace Balto Md Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Thomas Conway
13. Birthplace Md

MOTHER
14. Maiden Name Rose Thompson
15. Birthplace Md

16 (a) Informant Rose Conway
(b) Address 1820 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md.

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Prestman St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-8 1946, at 7:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-8 1946, to 6-8 1946, and that I last saw h alive on 6-8 1946.

Immediate cause of death Diabetic Coma — Duration
Causing Cardiac failure
Due to Diabetes Mellitus
Due to
Other Conditions Carbuncle of back some ankle edema
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James G. Vaughan M. D.
Address Univ. Hospital Date signed 6-9-46

VS 150

X

G4.018 new

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1600a

G4.018 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette & John ST.
(c) Hospital or institution:
Hospital for Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Maryland~~ (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 333 North Ch
Hosp. for Women of Md.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Kayler

3 (b) If veteran, name war -
3 (c) Social Security Account No. -

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-7-46

8. AGE: Years 0 | Months 0 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore, Baltimore Md
(Town, county, and state)

10. Usual Occupation -
11. Industry or business -

FATHER
12. Name Harry Oslin Kayler
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Marguerite May Knudsen
15. Birthplace Baltimore, Md

16 (a) Informant Harry O. Kayler
(b) Address 333 E. North Avenue

17 (a) Burial (b) Date thereof June 10-1946
(Burial, cremation, or removal) (Month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-7-46 19 at 2:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-7 1946 to 6-7 1946, and that I last saw h alive on 6-7 1946.

Immediate cause of death Respiratory paralysis — Duration

Due to Intracranial Hemorrhage

Due to unknown

Other Conditions none

(Include pregnancy within 3 months of death)
Date of operation -
Major findings of operation -
of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Anthony F. DiPaula M. D.
Address Date signed

VS 180

6/19/46

G4:0:9

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G4:0:9

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 749 Wilmer Ct
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 749 Wilmer Ct. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah Jane Bell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: colored | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 68 | Months | Days | If less than one day hr. min.

9. Birthplace Millersville, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Thomas H. Bell
13. Birthplace Virginia

MOTHER
14. Maiden Name Margaret Taylor
15. Birthplace Maryland

16 (a) Informant Romaine Watkins
(b) Address 749 Wilmer Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemetery
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

JUN 10 1946 (Date rec'd by Registrar) Huntington Williams M.D. (Signature)

MEDICAL CERTIFICATION 45

20. DATE OF DEATH June 5, 1946 at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/13 1946 to 6/5 1946 and that I last saw h[illegible] alive on 6/5 1946

Immediate cause of death: Arteriosclerotic Coma — Duration: yrs

Due to: Cerebral Hemorrhage

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]

Address 77 Wilmer Ct Date signed 6/8/46

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64-020 TH. 100252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64-020 124 B Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 854½ W. Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Lithuanian

3 (a) FULL NAME Matthew Dovidaitis

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-12-8022

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1884

8. AGE: Years	Months	Days	If less than one day
62	?	?	hr. min.

9. Birthplace Lithuanian (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Dovidaitis
13. Birthplace Lithuanian

MOTHER
14. Maiden Name Nellie ?
15. Birthplace Lithuanian

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 11 46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Chas H. Linthicum
(b) Address 703 McHenry St

19 (a) (Date received by registrar) (b) Huntington Williams M.D.

JUN 10 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7th 1946 at 11.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 29th 19 46 to June 7th 19 46 and that I last saw him alive on June 7th 19 46

Immediate cause of death: Cachexia of Liver — Duration

Due to

Due to

Other Conditions Empyema of Gall Bladder.
(Include pregnancy within 3 months of death)

Date of operation 5-29-46

Major findings of operation: Cachexia Liver; Empyema of Gall Bladder

of autopsy: Not done.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Maximin M. Lang M. D.
Address Baltimore City Hospitals Date signed 6-7-46

Balt-24, Md.

64.021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard + Madison Sts.
(c) Hospital or institution:
Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. 105 1/2 Penn. Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SUSAN O. BOYLAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 31 1873

8. AGE: Years	Months	Days	If less than one day
72	7	8 9	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William Payne
13. Birthplace Va.

MOTHER
14. Maiden Name Annie Grimsard
15. Birthplace Va.

16 (a) Informant:
(b) Address

17 (a) Burial (b) Date thereof June 12-1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Johns cemetery
Location Westminster, Md.

18 (a) Funeral director H Bankard & Son
(b) Address Westminster, Md.

19 (a) 6-10-46
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-9 1946, at 5 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-30 1946 to 6-9 1946, and that I last saw h[illegible] alive on 6-9 1946.

Immediate cause of death Congestive Cardio-vascular Disease
Hypostatic Pneumonia
Due to Fracture, intercapsular, neck of right femur, post operative
Due to Hemorrhage, partial, inter side
Bilateral Cataracts
Other Conditions Senility + Marasmus
Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation 6-5-46
Major findings of operation: Fracture, Int. Imp.
of autopsy: None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5-30 at M
(c) Where did injury occur? Chestnut Pa.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? None While at work? No.
(Specify type of place)
(e) Means of injury Fell in home.

23. Signature Carlton Brinsfield, M.D.
Address Maryland Gen. Hosp. Date signed 6-9-46
M. D.

Howard J. Sheeran, Mar-Dir

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

641022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

641022 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4700 Kernwood a
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4700 Kernwood a
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John E. Hughes

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-05-4336

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary

6 (c) If alive, age years

7. Birth date of deceased (mo., day, yr.): Oct. 9-1887

8. AGE: Years 58 | Months 7 | Days 29 | If less than one day: hr. min.

9. Birthplace: Balto. Md.
(City or town, county and state)

10. Usual Occupation: Clerk

11. Industry or business: U. S. Government

FATHER
12. Name: Franklin P. Hughes
13. Birthplace: Balto. Co. Md.

MOTHER
14. Maiden Name: Elizabeth R. Pinkerton
15. Birthplace: Baltimore Md.

16 (a) Informant: Mary Hughes
(b) Address: 4700 Kernwood a

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/11/46 (Month) (Day) (Year)
(c) Cemetery or crematory: Loudon Park
Location: Frederick Rd.

18 (a) Funeral director: Jno. A. Hogan
(b) Address: 800 E. Balto. St.

19 (a) (Signature of registrar) (b) Registrar

JUN 10 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1946, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-6- 1946 to 6-8- 1946 and that I last saw him alive on 6-3- 1946.

Immediate cause of death
Coronary Sclerosis - Encephalopathy -
Due to Hypertensive - Arterio sclerotic Disease - - -
Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration
6 mos -
3 yrs -
?
-

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Dr. Thomas Hogan
Address 5217 York Rd (Date signed) 6/8/46

Huntington Williams, M.D. Registrar

G41023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 138

G41023

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 610 VENABLE AVE

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9

(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 610 VENABLE AVE (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME LILLIAN BELLE SWEENEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or ~~wife~~ ROBERT SWEENEY

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) 9/16/1914

8. AGE: Years 31 | Months 8 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace BALTIMORE (Town, county, and state)

10. Usual Occupation HOUSE WIFE - SEAMSTRESS

11. Industry or business CLOTHING

FATHER

12. Name ALBERT JOSEPH SABOURY

13. Birthplace AA COUNTY, Maryland

MOTHER

14. Maiden Name ELEANOR MARIE SEARS

15. Birthplace AA COUNTY, Maryland.

16 (a) Informant MRS. AGNES L. SMITH

(b) Address 36 LINGANORE AVE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-1946 (month) (day) (year)

(c) Cemetery or crematory Baldwin Md

Location Millersville Md

18 (a) Funeral director Leo Gulbrook

(b) Address 701-03 N. Patterson Park Ave

19 (a) Washington Williams, Registrar (Date rec'd by registrar)

JUN 10 1946

VS Form 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/8 1946, at 9:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/2 1946 to 6/8 1946 and that I last saw her alive on 6/1 1946

Immediate cause of death PULMONARY TUBERCULOSIS Duration 3 YRS 3 MOS

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John A. Wedel M.D.

Address 6919 HARFORD Rd Date signed 6/8/46

X

G4,024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 B

G4,024
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address "035 Ellsworth St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2035 Ellsworth St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Justena Scheidegger

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Peter Scheidegger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11. 1854

8. AGE: Years	Months	Days	If less than one day
91	7	27	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John Scheidegger
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Ebert
15. Birthplace Germany

16 (a) Informant John Scheidegger
(b) Address 2035 Ellsworth St

17 (a) Burial (b) Date thereof June 11/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Trinity Cem.
Location Balto Md

18 (a) Funeral director Phillips Henry & Sons
(b) Address 2024 Orleans St

19 (a) JUN 10 1946 (b) Huntington Williams M.D.
(Date received) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8/46 19 . at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1946 to June 8 1946. and that I last saw her alive on June 6 1946.

Immediate cause of death	Duration
Edema Lungs	2 days
Due to Mitral Stenosis	6 yrs
Due to	
Other Conditions Arterio-Sclerosis	10 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E. North ave. Date signed June 9-46

VS 150

G4:035 BALTIMORE CITY HEALTH DEPARTMENT G4:035

CERTIFICATE OF DEATH 497

Registered No.

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: Sa. Balto. Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto - Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 20 E Hamburg St
(If none give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Annie M. Williams

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Married.

6 (b) Name of husband or wife Milton J. Williams
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 5-5-93.

8. AGE: Years	Months	Days	If less than one day
53	X	29	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Michael
13. Birthplace Balto

MOTHER
14. Maiden Name Lola Frank
15. Birthplace Balto

16 (a) Informant Hospital records
(b) Address 1213 Light St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12/1946 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location A. A. 60

18 (a) Funeral director A. Howard Evans
(b) Address 1410 St Charles St

19 (a) JUN 10 1946 (Filed by registrar) (b) Registrar
Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1946, at 6 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26 1946 to 6-8 1946 and that I last saw her alive on 6-8 1946

Immediate cause of death Cardiac Failure — Duration

Due to Ca of Uterus & metastasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 4-27-46.
Major findings of operation: Ca growing.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Leonard Rosenthal M.D.
Address 20 E. Balto Gen'l Hosp Date signed 6-8-46

Sawin Dell

64,026 — 64,026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 532 N Mulberry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 532 N Mulberry St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Deborah Foley

3 (b) If veteran, name war

3 (c) Social Security Account No. 147-20-8485

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Daniel F. Foley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2 1886

8. AGE: Years	Months	Days	If less than one day
60	2	8	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation ~~Housework~~ WAITRESS
11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Daniel F. Foley.
(b) Address 532 N Mulberry St

17 (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JUNE 10 1946 (month) (day) (year)
(c) Cemetery or crematory ST. JOHN'S
Location WORCESTER, MASS.

18 (a) Funeral director WILLIAM COOK, INC.
(b) Address 1217 ST. PAUL ST.

19 (a) Filed JUN 12 1946 (Date filed by registrar) (b) Huntington-Williams, Inc.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1946, at 1a M

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1946, to June 10 1946 and that I last saw her alive on June 4 1946.

Immediate cause of death: Apoplexy — Duration 5 days

Due to (Paralysis on left side)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. R. Johnson M. D.
Address 403 Medical Date signed 6/10/46

VS 150

× 69

G41027 — BALTIMORE CITY HEALTH DEPARTMENT — G41027 Registered No.

CERTIFICATE OF DEATH 1946

MARGIN RESERVED FOR BINDING. The PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Stoneleigh (If outside city or town limits, write RURAL and give town)
(d) Street No. 7111 Rich Hill Rd. Stoneleigh (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Miss Anna M Snyder

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1868

8. AGE: Years	Months	Days	If less than one day
78	3	10	hr. min.

9. Birthplace Frederick Co. Md. (Town, county, and state)
10. Usual Occupation Registered Nurse
11. Industry or business

FATHER
12. Name Daniel P. Snyder
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Mullen
15. Birthplace Md.

16 (a) Informant (Mrs) Edward J. McCall
(b) Address 7111 Rich Hill Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11, 1946 (month) (day) (year)
(c) Cemetery or crematory ST. John's
Location Frederick, Md

18 (a) Funeral director Howard D. Covington
(b) Address 21 W. 25th ST.

19 (a) (b) (Date received) (Registrar) Huntington Williams, M.D. Registrar
JN 10 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1946, at 10:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1946 to June 8 1946, and that I last saw h[illegible] alive on June 8 1946.

Immediate cause of death: Cardio Resp failure — Duration
Due to Uremia
Due to Hypertension Arteriosclerosis C-V Dis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Clara E. Gant M.D.
Address [illegible] Date signed 6/8/46

Carr X

G4i0c8

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 94a

G4i0c8 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline Street
(c) Hospital or institution: St. Josepha Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 79 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 101 Ingleside Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Theresa Kreitzburg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	Widowed

6 (b) Name of husband or wife Henry Kreitzburg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1868.

8. AGE: Years	Months	Days	If less than one day
79	7	4	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Raditan
13. Birthplace Elkhart Mines, Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Miss A nna Kreitzburg
(b) Address 855 Poplar Grove St. Baltimore.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/46. (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Baltimore, Md.

18 (a) Funeral director Easton Sons
(b) Address 608 Frederick Ave. Catonsville, Md

19 (a) JUN 1946 (Date rec'd by registrar) Tunstall Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1946 at 7:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1946 to June 7 1946 and that I last saw him alive on June 7 1946

Immediate cause of death	Duration
Cardio-respiratory failure	
Due to cardiac failure	
Due to possible coronary occlusion	
Other Conditions Cholecystitis dehydration (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eugene L. Riley M.D.
Address 1400 N. Caroline St. Date signed 6/11/46

VS 150

X

G4.029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G4.029 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: MARYLAND GENERAL HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2851 Mayfield
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EVA E. SCHILDGEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 23 1867

8. AGE: Years	Months	Days	If less than one day
78	7	16	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Dont Know
13. Birthplace

MOTHER
14. Maiden Name Dont Know
15. Birthplace

16 (a) Informant Elmer Schildgen
(b) Address 2856 Mayfield

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11 46 (month) (day) (year)
(c) Cemetery or crematory Ft Marys
Location Balto Md

18 (a) Funeral director Leland Funeral Home
(b) Address 1008 Orleans St

19 (a) (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/8 1946, at 6 40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/25 1946, to 6/8 1946, and that I last saw her alive on 6/8 1946.

Immediate cause of death CONGESTIVE HEART FAILURE — Duration 14 DAYS

Due to HYPERTENSIVE CARDIOVASCULAR DISEASE

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles W. Stewart Jr. M.D.
Address Md. GEN. HOSP. Date signed 6/8/46

VS 150

G4,030 BALTIMORE CITY HEALTH DEPARTMENT G4,030

CERTIFICATE OF DEATH 131a

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2310 Garrett Ave
(c) Hospital or institution: 9th
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2310 Garrett Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bertha Miller

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Harry Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jul 21 / 1890

8. AGE: Years 55 | Months 10 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name William Preston
13. Birthplace Balto

MOTHER
14. Maiden Name Martha Dorsey
15. Birthplace Balto

16 (a) Informant Dorothy Levin
(b) Address 2310 Garrett Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12 (month) (day) (year)
(c) Cemetery or crematory Balto Lawn
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 200 E Preston St

19 (a) 10 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9th 1946, at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1946 to June 9 1946, and that I last saw her alive on June 8 1946:

Immediate cause of death Hemiplegia (right) — Duration 6 days
Due to Hypertensive Cardiovascular Renal Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel D. Wolfe, M.D.
Address 1331 E Northline Date signed 6-9-46

VS 180

G41031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1248

G41031 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1626 Guilford Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1626 Guilford Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Pierre Taymans

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Delia Fox
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1872

8. AGE: Years	Months	Days	If less than one day
73	11	8	hr. min.

9. Birthplace Belgium
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Gustave Taymans
13. Birthplace Belgium

MOTHER
14. Maiden Name Marie Vanderbeck
15. Birthplace Belgium

16 (a) Informant Mr. Joseph G. Taymans
(b) Address 5011 York Road

17 (a) Burial (b) Date thereof 6/11/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director H. W. Meamson
(b) Address 805 N. Calvert St.

19 (a) JUN 10 1946 (b)
(Date received by registrar) Registrar

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1946 at 9:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1946 to 8 June 1946 and that I last saw him alive on 8 June 1946

Immediate cause of death: Portal Cirrhosis of the Liver — Duration about 2½ years
Due to: Undetermined Cause
Due to:
Other Conditions: Ascites, Emaciation — 1 year
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. A. Callahan
Address 1014 St Paul St Date signed 10 June 46

X

G41032 G41032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 186a

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lanvale & Madison Sts
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 46 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1409 W Lanvale St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Marion L. Armstrong

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Wilmore Armstrong
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 20-1868

8. AGE: Years	Months	Days	If less than one day
77	5	16	hr. min.

9. Birthplace Harford Co Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Edward Sweeting
13. Birthplace Md

MOTHER
14. Maiden Name Ruth McCauley
15. Birthplace Md

16 (a) Informant Mrs. J. C. Dawson Jr.
(b) Address 1409 W Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-46 (month) (day) (year)
(c) Cemetery or crematory Abingdon Cem.
Location Abingdon Md

18 (a) Funeral director Geo L Berger Jr
(b) Address 1512 Hollins St

(c) JUN 10 1946 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1946, at 3 00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1946, to June 8 1946, and that I last saw her alive on June 7 1946.

Immediate cause of death Cardio vascular Collapse

Due to General Debility

Due to Fractured Femur - left

Other Conditions Hypertensive Cardiovascular Disease (Include pregnancy within 3 months of death)

Date of operation 5/21/46

Major findings of operation:

of autopsy: Not Performed.

Duration
1 month & 19 days.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 19/3
(b) Date of occurrence May 20, 1946 at M
(c) Where did injury occur? Baltimore (City or town) (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury Slipping & Fell to floor

23. Signature H. J. Lentz M.D.
Address Md General Hospital Date signed 6/5/46

Howard J. Lentz M.D. X

VS 190

D 41033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

838

Registered No. D41033

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 414 E. 22nd St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth C. Watts

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	W

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-26-1871

8. AGE: Years	Months	Days	If less than one day
75	0	14	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Louis B. Cook
13. Birthplace Baltimore

MOTHER
14. Maiden Name Lucretia Eggleston
15. Birthplace Baltimore

16 (a) Informant Mrs. Watson
(b) Address 414 E. 22nd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Wiedefeld & Son
(b) Address Greenmount Ave & 22nd St.

19 JUN 10 1946 (Date rec'd by registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1946 at 11:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1946 to June 9 1946 and that I last saw [illegible] alive on June 9 1946

Immediate cause of death Cardiac Asphyxiation Failure — Duration
Due to Acute Intestinal Obstruction
Due to Acute Strangulation
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James O'Hara
Address Mercy Hosp Date 6/9/46

VS 150

G4L0.34 G4L0.34

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carolina
(c) Hospital or institution: St. Joseph Hosp. 94
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 min
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Ba Co
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2325 E. Hoffman
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frank C. Abel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Gertrude E. Abel
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1898

8. AGE: Years	Months	Days	If less than one day
47	8	7	hr. min.

9. Birthplace Ft. Ritta. Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business Deputy Clerk

FATHER
12. Name Charles H. Abel
13. Birthplace Pa.

MOTHER
14. Maiden Name Mary Fragers
15. Birthplace Md.

16 (a) Informant Gertrude E. Abel
(b) Address 2325 E. Hoffman St.

17 (a) Burial (b) Date thereof 6-11-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director John E. Miller Inc.
(b) Address 2424 E. Oliver St

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

JUN 10 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-8 1946, at 4:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-8 1946 to 6-8 1946, and that I last saw h alive on 6-8 1946.

Immediate cause of death Coronary occlusion

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eugene J. Riley M.D.
Address 1400 N Carolina St Date signed 6/10/46

For O-H. H. Kemmer, by Howard J. Masseria, M.D.

G4.10.35 G4.10.35

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Maryland Gen. Hosp. 9
(d) Length of stay in hospital or inst: (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3115 Alameda Blvd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Virginia W. Lynch. (Lizzie W. Lynch)

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	None	F	W	Widow

6 (b) Name of husband or wife George Tucker Lynch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1863

8. AGE: Years	Months	Days	If less than one day
83	10	26	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name William Henry Welsh
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Elizabeth Wood
15. Birthplace Baltimore, Md.

16 (a) Informant Rev. Francis F. Lynch
(b) Address 3115 Alameda Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/46 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) (Date rec'd by registrar) (b) Waiting for Williams, M.E.

JUN 10 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-9-46 1946, at 3 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-3 1946, to 6-9 1946, and that I last saw h alive on 6-8 1946.

Immediate cause of death Pneumonia

Due to Cerebral arteriosclerosis

Due to

Other Conditions Diabetes mellitus + fractured femur rt. & left.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 9/6
(b) Date of occurrence 6-3-46 at 7 M
(c) Where did injury occur? Baltimore Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Fall in home (bath?)

23. Signature C. M. Caudill M. D.
Address Maryland Gen. Hosp. Date signed 6-9-46
For Mrs Helfand by Howard J. Sanders, M.D.

G4.0.56

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G4.0.56 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1106 N. Lakewood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 N. Lakewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Maria Webster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	widow

6 (b) Name of husband or wife Jacob J. Webster
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 2, 1866

8. AGE: Years	Months	Days	If less than one day
79	7	7	hr. min.

9. Birthplace Deale Maryland (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name James Walter
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Johnson
15. Birthplace Md

16 (a) Informant Mrs Pauline White
(b) Address 1106 N. Lakewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-46 (month) (day) (year)
(c) Cemetery or crematory Deale Maryland
Location Deale Maryland Md.

18 (a) Funeral director Leonard J. Beale
(b) Address 5315 Harford Rd

(a) JUN 10 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9th 1946, at 6.35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 20 1945 to June 9 1946.
and that I last saw h.er alive on June 6 1946.

Immediate cause of death Chronic Myocarditis — Duration 6 mos +

Due to

Due to

Other Conditions Chronic Arthritis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Dr Yap
PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Schwenker M. D.
Address 1101 N Wilton Ave Date signed 6-10-46

X

BC#

G4103 D43903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G4103 / 122a

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 Laurens St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Paul Bell

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4 Sex: Male | 5 Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7 1946

8. AGE: Years | Months: 3 | Days: 2 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Roscoe Bell
13. Birthplace W. Virginia

MOTHER
14. Maiden Name Hazel Peyton
15. Birthplace Spring Hill Va

16 (a) Informant Hazel Peyton
(b) Address 1213 Laurens St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10/46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location West Port

18 (a) Funeral director Jas Brookes
(b) Address 1463 N. Carey St

19 (a) 6-10-1946 (Date rec'd by registrar) Huntington Williams, MD Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/9/46 19 , at 2:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/25 1946 to 6/9 1946.
and that I last saw him alive on 6/9 1946

Immediate cause of death: Cardio respiratory failure — Duration
Due to: Severe Malnutrition
Due to:
Other Conditions: Bilateral suppurative pneumonia. Enlarged & tender liver
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank J. Lyde Jr
Address Univ. Hosp. Date signed 6/9/46

X

G4.0.58

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 462

G4.0.58 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1804 N Smallwood St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1804 N Smallwood St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Gruber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Fannie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23, 1881

8. AGE: Years	Months	Days	If less than one day
64	11	17	hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business Builder

FATHER
12. Name Simon Gruber
13. Birthplace Russia

MOTHER
14. Maiden Name Hannah Olesfram
15. Birthplace Russia

16 (a) Informant Samuel Gruber
(b) Address 4304 Garrison Blvd

17 (a) Burial (b) Date thereof June 11, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Young Men Cem
Location Windsor Mill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 (a) JUN 10 1946 (Date received) Thurlington Williams, M.D. Registrar
(b)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1946, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/3 1946 to 6/10 1946, and that I last saw him alive on 6/11 1946.

Immediate cause of death	Duration
Carcinoma of stomach with pernicious anemia	1 yr
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 1946
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Gruber M. D.
Address 4340 Eastern Ave Date signed 6/10/46

VS 150

G41039 BC# 148535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V160a

Registered No. G 41039

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 264 S. Paca St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country —

3 (a) FULL NAME Baby Boy Wright

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	—

6 (b) Name of husband or wife Dora McDuffie Wright
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/1/46

8. AGE: Years	Months	Days	If less than one day
—	—	2	hr. — min.

9. Birthplace University Hosp. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name John A Wright
13. Birthplace Altoona Blair Co Penn

MOTHER
14. Maiden Name Dora May McDuffie
15. Birthplace Currie Black Carbon

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUN 7 1946
18 (a) Funeral director Commissioner of Health
(b) Address

JUN 11 1946 Huntington Williams M.D.
(Date received by registrar) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 June 1946, at 12:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1 1946 to June 3 1946, and that I last saw him alive on 6-2 1946.

Immediate cause of death	Duration
Congen Resp failure	
Due to Intracranial hemorrhage	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Clarence W Mosher M. D.
Address Univ. Hosp. Date signed June 6

F 3556

64.1.0.0 — null — 64.1.0.0

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. 147 E. Main St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Lafferty

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/1/46

8. AGE: Years	Months	Days	If less than one day
—	—	5	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER — 12. Name James Harrison Lafferty
13. Birthplace Altoona, Pa.

MOTHER — 14. Maiden Name Dorothy Ruth Resch
15. Birthplace Gallitzin, Pa

16 (a) Informant —
(b) Address —

17 (a) _____ (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location University Medical School JUN 7 1946
Commissioner of Health

18 (a) Funeral director
(b) Address

19 JUN 11 1946 Huntington Williams, M.D.
Registrar

VS 180

F 3555

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6, 1946, at 8:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1, 1946 to June 6, 1946, and that I last saw him alive on June 6, 1946.

Immediate cause of death — Duration

Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Mary C. Hill M.D.
M. D.

Address University Hosp. Date signed 6/6/46

X

G4:0:1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5 C

Registered No. G4:0:1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd Street

(c) Hospital or institution: Union Memorial Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Roxton

(If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) **FULL NAME** Charles Parsons Clifford

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife Grace Clifford

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19 05

8. AGE: Years	Months	Days	If less than one day
41	2	21	hr. min.

9. Birthplace Massachusetts (Town, county, and state)

10. Usual Occupation Sales Manager

11. Industry or business

FATHER

12. Name Charles P. Clifford

13. Birthplace Mass

MOTHER

14. Maiden Name Edith Stone

15. Birthplace Mass

16 (a) Informant Grace Roberts Clifford

(b) Address Roxton Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12 46 (month) (day) (year)

(c) Cemetery or crematory Melton Cemetery

Location Boston Mass.

18 (a) Funeral director John C. Mitchell Sons

(b) Address 1900 Eutaw Place

JUN 11 1946

(Date received) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1946, at 10 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1946 to June 9 1946, and that I last saw him alive on June 10 1946.

Immediate cause of death Metastases from Testicular tumor

Due to

Due to

Other Conditions Diabetes Insipidus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration
6 Yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Edward H. Jones Jr. M. D.

Address Union Memorial Hosp. Date signed 6-9-46

X

G4102 ✓ G4102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2816 Kentucky Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edna Hunt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Wm Hunt
13. Birthplace Balto

MOTHER 14. Maiden Name Susanna Moore
15. Birthplace Balto

16 (a) Informant Mr Geo Fritsch
(b) Address 2816 Kentucky Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11-46 (month) (day) (year)
(c) Cemetery or crematory Lorraines Cem
Location Balto

18 (a) Funeral director Wm J Stevenson
(b) Address 3001 Kentucky Ave

JUN 11 1946 (Date rec'd by Registrar) Huntington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1946, at 8:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1946 to June 8 1946, and that I last saw her alive on June 7, 1946.

Immediate cause of death: Cardiac failure
Pulmonary edema
Due to Arteriosclerotic Cardio-vascular disease.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Kirschmann M. D.
Address Sinai Hospital Date signed 6/10/46

VS 150

X

64043 HUHN ✓ 64043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4627 Asbury Ave
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4627 Asbury Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Huhn

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John Huhn
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Nov 23 - 1875

8. AGE: Years 70 | Months 6 | Days 17 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name Wm Thomas
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant John Huhn
(b) Address 4627 Asbury St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2108 Pleasant St Huntington Williams, M.D.

JUN 11 1946 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1946 at 12:32 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1946 to June 10 1946 and that I last saw h[illegible] alive on June 10 1946

Immediate cause of death Paralysis — Duration 1 Month

Due to —

Due to —

Other Conditions Cerebral Hemorrhage

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature [illegible] M.D.
Address 117 W. 25th St Date signed June 11 1946

VS 180

X

64104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93c ✓

Registered No. 64104

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1906 Cedric Rd.
(c) Hospital or institution: 15

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1906 Cedric Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY K. GREASLEY

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Charles A. Greasley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1860

8. AGE: Years	Months	Days	If less than one day
85	8	11	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Rice
13. Birthplace

MOTHER
14. Maiden Name Almira Bowman
15. Birthplace

16 (a) Informant Mr. Charles R. Greasley
(b) Address 2410 Poplar Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

JUN 11 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10, 1946, at 3:10A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1946 to June 10 1946 and that I last saw her alive on June 9 1946.

Immediate cause of death	Duration
Myocardial Degeneration	3 months
Acute Dilatation	3 days
Due to	
Due to	
Other Conditions Hypertension	
Arthritis Deformans	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. W. Hoffman M.D.
Address 8 East Read St Date signed 6/10/46 M. D.

VS 180

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

G4.0.5

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1243

Registered No. G4.0.5

1. PLACE OF DEATH:
(a) Baltimore City, Maryland ✓
(b) Street address
(c) Hospital or institution: Church Home & Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2110 N. Calvert St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary Lloyd Habercam

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	

6 (b) Name of husband or wife: Mr. Wellington B. Habercam
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 12, 1906

8. AGE: Years	Months	Days	If less than one day
39	9	28	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Adam Lang
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Malinda Heinz
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Lucie E. Segwalt, Sister
(b) Address 3625 Kimble Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 JUN 11 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1946, at 5:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1946 to June 10 1946, and that I last saw h[illegible] alive on June 10 1946

Immediate cause of death: Cirrhosis of liver. — Duration: 2

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lois F. Jordan M. D.
Address Church Home & Hospital Date signed June 10, 1946

VS 150

X

G4.046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. G4.046

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3316 Liberty Hgts Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Entire

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3316 Liberty Hgts
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elsie Sulen Justis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 6 1876

8. AGE: Years	Months	Days	If less than one day
69	8	3	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name	John C. C. Justis
FATHER 13. Birthplace	Philadelphia Pa.
MOTHER 14. Maiden Name	Louisa Lewis
MOTHER 15. Birthplace	Philadelphia Pa.

16 (a) Informant Thos Wm. M. Justis
(b) Address 3314 Edgerton Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/46 (month) (day) (year)

(c) Cemetery or crematory Greenmount Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 JUN 11 1946 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION 15

20. DATE OF DEATH June 9 1946, at 2: P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1925 to June 9 1946 and that I last saw alive on June 9 1946.

Immediate cause of death: Uraemia, pediatria
Due to Arteriosclerosis
& hypertension
Due to Cardio-vascular renal disease
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:

of autopsy: None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles L. Wurst, M. D.
Address 421 Med. Arts Date signed 6/9/46
Baltimore, Md

VS 150

(1)

G4.0.7 ✓ G4.0.7

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. _____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 623 Edgewood St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 623 Edgewood St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LOUISE CATHERINE SHAEFFER

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Clarence L. Shaeffer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 24, 1874

8. AGE: Years	Months	Days	If less than one day
72	4	15	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Phillip Steinmuller
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret M. Meister
15. Birthplace Germany

16 (a) Informant Mr. Charles McEvoy
(b) Address 623 Edgewood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/46 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 11 1946 (Date rec'd by registrar) (b) Huntington for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9, 1946, at 10:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 8, 1944 to June 9, 1946 and that I last saw her alive on June 8, 1946.

Immediate cause of death	Duration
Hypostatic Pneumonia Bilateral	
Due to Chr. Myocarditis	
Due to	
Other Conditions Chr. Nephritis	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George E. Shannon M.D.
Address 820 Medical Arts Building Date signed 6/10/46 M. D.

VS 150

G41048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

112

G41048 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore #30
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 S. Charles
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs KAROLINE THANNER

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife OTTO THANER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT 27, 1888

8. AGE: Years	Months	Days	If less than one day
57 58	8	10	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name — Konig
13. Birthplace — Germany

MOTHER
14. Maiden Name — unknown
15. Birthplace — unknown

16 (a) Informant Miss Elizabeth Thanner
(b) Address 1605 S. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/46 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Ritchie Highway

18 (a) Funeral director John F. Kenny Inc
(b) Address 765 Light St.

19 (a) 6-11-1946 Hattie for Williams M.D. Registrar
(Date received by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/7/46 19 46, at 3:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from JUNE 5 1946, to JUNE 7, 1946, and that I last saw HER alive on JUNE 7, 1946.

Immediate cause of death Cardiac failure from right ventricular dilatation
Due to Status asthmaticus
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Earl R. Paul M. D.
Address Mercy Hosp. Date signed 6/7/46

VS 150

X

64:0:9

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. 64:0:9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 45 E. Montgomery St.
(d) Length of stay in hospital or (not, yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 45 E. Montgomery (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Edward Graham Mathews

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Carrie Insley

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) April 20, 1878

8. AGE: Years	Months	Days	If less than one day
68	1	18	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Electric Service

FATHER 12. Name Graham

FATHER 13. Birthplace unknown

MOTHER 14. Maiden Name unknown

MOTHER 15. Birthplace unknown

16 (a) Informant Robert E. Mathews

(b) Address 222 E. Montgomery

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/11/46 (month) (day) (year)

(c) Cemetery or crematory Lorraine Cem.

Location Windsor Hills

18 (a) Funeral director J. F. Devine Jr.

(b) Address 1211 Light St.

19 (a) JUN 11 1946 (Date registered) (b) Huntington Williams M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8th 1946 at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 4, 1946, to June 8, 1946, and that I last saw him alive on June 8, 1946,

Immediate cause of death Cardiac arrest Due to Stroke.

Due to Hemorrhage Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. E. Friedman, M.D.

Address 1319 Eutaw Pl. Date signed 6/10/46

X

G4:050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

✓ G4:050 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St City
(c) Hospital or institution:
Lasalle Sisters of the Poor 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John F. Coyne

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	widower

6 (b) Name of husband or wife Ethel Dell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1879

8. AGE: Years	Months	Days	If less than one day
67 66	0	8	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation salesman
11. Industry or business

FATHER
12. Name Patrick Coyne
13. Birthplace Ireland

MOTHER
14. Maiden Name Kathryn Ducan
15. Birthplace Ireland

16 (a) Informant Lasalle Sisters of the Poor
(b) Address 1200 Valley St

17 (a) Cathedral (Burial, cremation, or removal) (b) Date thereof June 12, 1946 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
Address 1200 E. Biddle St
JUN 11 1946
19 (a) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 – 1946, at 4:45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 – 1946, to June 10 1946, and that I last saw him alive on June 9 – 1946.

Immediate cause of death	Duration
Edema Lungs –	2 days
Due to Chronic Myocarditis	3 yrs
Due to	
Other Conditions Arterio Sclerosis	5 yrs

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Gill Hall
Address 1631 E North Av Date signed 7/10/46 M. D.

VS 3

X

64051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. 64051

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Ellicott City
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rogers Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Emma [illegible] Palmer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Roy O Palmer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 3, 1881

8. AGE: Years	Months	Days	If less than one day
64 64	10	6	hr. min.

9. Birthplace Md (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name M Tyson
13. Birthplace Pa

MOTHER
14. Maiden Name unknown
15. Birthplace Pa

16 (a) Informant John Miller
(b) Address Agnes Ave Ellicott City

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-12-46 (month) (day) (year)
(c) Cemetery or crematory Good Shepherd
Location Ellicott City Md

18 (a) Funeral director J. C. Rigg Undertaking
(b) Address Ellicott City Md Huntingtown Williamsport Md

19 (a) [illegible] (b) [illegible] Registrar

JUN 11 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1946, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/5 1946 to 6/9 1946, and that I last saw her alive on 6/9 1946.

Immediate cause of death	Duration
Cardiac Resp failure	
Due to Acute Coronal Thrombosis	
Due to Hypertension Arteriosclerotic C-V dis	
Other Conditions Diabetes mellitus	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos E. Carr MD
Address 20 Agnes Hosp. Date signed 6/9/46

937

G4 10.52

BALTIMORE CITY HEALTH DEPARTMENT

TN. 101680 CERTIFICATE OF DEATH 56B Registered No. G4 10.52

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 462 Walton Ct. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Ellen Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband Paul

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 25th 1902

8. AGE: Years 43 | Months 6 | Days 14 | If less than one day hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Willie Wright
13. Birthplace Va.

MOTHER 14. Maiden Name Mahala Brown (D
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-46 (month) (day) (year)
(c) Cemetery or crematory Dunnsville
Location Virginia

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (b) Registrar

JUN 11 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9th 1946 19 , at 3.25 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 31st 1946 to June 9th 1946 and that I last saw her alive on June 8th 1946

Immediate cause of death Pulmonary Embolism

Due to

Due to

Other Conditions Uterine Fibroids

(Include pregnancy within 3 months of death)

Date of operation 6-5-46 Exploratory

Major findings of operation: Enlarged uterus with degenerating fibroids

of autopsy: Pulmonary Embolism

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice M. Lacy M. D.

Address Baltimore City Hosp. Date signed 6-11-46

X

G4:053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G4:053

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1829 Pennsylvania Ave
(c) Hospital or institution:

14

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1829 Pennsylvania Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Roth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rose
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1. 1895

8. AGE: Years	Months	Days	If less than one day
50	10	10	hr. min.

9. Birthplace Hungary
(Town, county, and state)

10. Usual Occupation
11. Industry or business Merchant

FATHER
12. Name Samuel Roth
13. Birthplace Hungary

MOTHER
14. Maiden Name Amelia Schwartz
15. Birthplace Hungary

16 (a) Informant Samuel Roth
(b) Address 3303 Fairview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/46 (month) (day) (year)
(c) Cemetery or crematory Beth Tfiloh Cemetery
Location Windsor Mill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

JUN 11 1946 (b) Huntington Hilliard M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/11 1946, at 1:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1945 to June 11 1946, and that I last saw h/he alive on June 6 1946.

Immediate cause of death Coronary Thrombosis — Duration Sudden

Due to Arteriosclerosis — ?

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph S. Blum M.D.
Address 206 E Preston St Date signed 6/11/46

VS 150

X

G4 i O 4 JL - 101922 B C# D04797 BALTIMORE CITY HEALTH DEPARTMENT X ✓ Registered No. G4 i O 4

CERTIFICATE OF DEATH

181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2979 York Way- Dundalk
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mildred Ramsey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1945

8. AGE: Years	Months	Days	If less than one day
1	10	29	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Ramsey
13. Birthplace W. Va.

MOTHER
14. Maiden Name Margaret Scott
15. Birthplace W. Va.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave

17 (a) Removal (b) Date thereof 6/11/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Fairmount
Location W. Va.

18 (a) Funeral director William Cook Inc.
(b) Address 127 St. Paul St.

19 (a) Date received by JUN 11 1946 (b) Registrar for Baltimore, Md.

VS 150

MEDICAL CERTIFICATION A

20. DATE OF DEATH June 10 1946 at 12.38 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1946 to June 10 1946 and that I last saw h 9r alive on June 10 1946

Immediate cause of death 10 ; 2° + 3° Burns of body, left arm & leg and right arm.
Due to Hot water
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 7 hrs.

Date of operation 6-5-46
Major findings of operation: Burned area cleansed & dressed.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident Carelessness
(b) Date of occurrence 6-9-46 at 4 30 P M
(c) Where did injury occur? Baltimore (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Burn due to hot water

23. Signature John E. Baybutt M. D.
Address Balt. City Hosp. Date signed 6-10-46

Howard J. Thalheimer M. D. X

G41055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G41055

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4105 Liberty Hights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4105 Liberty Hights Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry P. Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-05-8402

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Delma Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 3rd 1883

8. AGE: Years	Months	Days	If less than one day
62	9	5	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business John Knipp & Son

FATHER
12. Name Levin Smith
13. Birthplace Md.

MOTHER
14. Maiden Name ? Evanna
15. Birthplace Md

16 (a) Informant Delma Smith
(b) Address 4105 Liberty Hights Ave

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 6/11/46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location " Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) JUN 11 1946 (Registered) Huntington Williams, M.D. (Signature)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8th 1946, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 11 1946 to June 8 1946 and that I last saw h.im alive on June 8 1946.

Immediate cause of death	Duration
1) - Hypertension - cardio - Vascular Renal disease	- 6 months
Due to - Generalized Arterio Sclerosis	?
Due to Chronic nephritis.	6 months
Other Conditions - -	

(Include pregnancy within 3 months of death)
Date of operation — None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Earl L. Chambers M.D.
Address 4108 Liberty Hts. **Date signed** 6/9/46

X

G4:056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1939

G4:056 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 810 E. Cold Spring Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John V. Wiseman

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Annie Wiseman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17th 1871

8. AGE: Years	Months	Days	If less than one day
75	0	22	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business Own Business

FATHER
12. Name John Wiseman
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Myrtle Short (Daughter)
(b) Address 3313 Westerwald Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto. Md.

18 (a) Funeral director William Cook, Inc.
(b) Address 1327 E. Baltimore St. Huntington Williams, M.D.

19 (a) JUN 11 1946 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1946, at 11:10 P.M.

21. I certify that I took charge of the remains described above, held an inquest ~~Autopsy, Inspection or Inquiry~~ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☒ or accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Thomas J. Mullen M.D. Medical Examiner.
Date signed 6/10/46

VS 151

G4 i 0:57 G4 i 0:57

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45 B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 712 St. Paul st.
(c) Hospital or institution: 11
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 712 St. Paul St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Chris C. Riewerts

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband or~~ wife Daisy Riewerts

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 30 1881

8. AGE: Years 64 Months 7 Days 02 If less than one day hr. min.

9. Birthplace Petaluma California (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER 12. Name Henry Riewerts

13. Birthplace Germany

MOTHER 14. Maiden Name Matilda Brandt

15. Birthplace Germany

16 (a) Informant Daisy Riewerts

(b) Address Bonneyview, Calif.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6/12/46 (month) (day) (year)

(c) Cemetery or crematory Green Mount

Location Balto Md.

18 (a) Funeral director William Cook Inc.

(b) Address 1217 St. Paul St.

19 JUN 11 1946 (Date rec'd by registrar) (b) Huntington West Virginia

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 June 1946, at 8:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 31 October 1945 to 1 June 1946, and that I last saw him alive on 1 June 1946

Immediate cause of death: Carcinoma of tongue recurrence October 1945 — Duration 11 yrs. 8 mos.

Due to extension into floor of mouth and pharynx and cervical nodes — 6-8 mos

Due to

Other Conditions Pulmonary tuberculosis bilateral — 14 mos.

(Include pregnancy within 3 months of death)

Date of operation 1945

Major findings of operation: Carcinoma of tongue

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur J. Lawinski M.D.

Address 214 Medical Arts Bldg Date signed 2 June 46

VS 180

64:058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

Registered No. 64:058

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 607 Somerset Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 607 Somerset Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Willie Hinds Smith

3 (b) **If veteran, name war** —
3 (c) **Social Security Account No.** none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Wm. Urban Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26th 1870

8. AGE: Years	Months	Days	If less than one day: hr.	min.
76	0	14		

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name William S. Hinds
13. Birthplace Delaware

MOTHER
14. Maiden Name Unknown
15. Birthplace Delaware

16 (a) Informant Mrs Andrew Hinds McCormick
(b) Address 9 E. 34th St

17 (a) (Burial, cremation, or removal) (b) Date thereof 6/12/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md.

18 (a) Funeral director William Cook Inc.
(b) Address 217 St. Paul St.

JUN 11 1946 (b) Huntington Williams M.D.
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10th 1946, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1946 to 10 June 1946 and that I last saw her alive on 9 June 1946.

Immediate cause of death Carcinoma of rectum — Duration 16 Mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William G Hetfick
Address 10 June 46 5006 Date signed

G4.059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. G4.059

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 10 W. 25th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10a 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 10 W. 25th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Morris Cole Turner Jr.

3 (b) If veteran, name war: World War #1

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, (1896) 1897

8. AGE: Years (49) 48 | Months 11 | Days 0 | If less than one day hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Draughtsman

11. Industry or business Penna. R. R.

FATHER
12. Name Morris C. Turner
13. Birthplace A. A. Co.

MOTHER
14. Maiden Name Ida Hare
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Frederick R. Furth
(b) Address 7817 Aberdeen Rd., Bethesda, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

JUN 11 1946

(b) [illegible] Huntington Williams M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-10-1946 at 11 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Occlusion.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Haeberle M.D.
Medical Examiner.
Date signed 6-10-46

64,060 LUCIAN

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

64,060 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Morgue
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 703 N. Mount st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lucian Harris Jr.

3 (b) If veteran, name war WW II

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1925

8. AGE: Years 21 | Months - | Days 9 | If less than one day hr. min.

9. Birthplace md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Lucian Harris Sr
13. Birthplace W. Va.

MOTHER
14. Maiden Name Viola Curry
15. Birthplace Va

16 (a) Informant Viola Harris
(b) Address 1043 Chapel St

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 6-11-46 (month) (day) (year)
(c) Cemetery or crematory Balto Nat
Location md

18 (a) Funeral director George G. Kelson
(b) Address 1303 Pennsylvania Ave

JUN 11 1946 (Date rec'd by registrar) (b) Huntington Ave Baltimore Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-8- 1946 at 9 A.M

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑ or suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 2/3
(a) Date of injury ? at ? M.
(b) Where did injury occur? Harbor: Ft. Jay Area
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No.
(d) Means of injury Found drowned.

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 6-8-46

VS 151

G41061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. G41061

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street Address
(c) Hospital or institution: University Hospital DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1735 N Appleton St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David A Goren

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-4848

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years 52 | Months | Days | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Abraham
13. Birthplace Russia

MOTHER
14. Maiden Name Dora
15. Birthplace Russia

16 (a) Informant Rose Goren
(b) Address 1735 N Appleton St

17 (a) Burial (b) Date thereof 6-11-46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Hebrew Mt Carmel

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E Baltimore St

19 (Filed by registrar) JUN 11 1946 Washington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 Jan 1946, at 4:06 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William Shapiro M.D.
Medical Examiner.
Date signed 11 Jan 46

VS 151

G4:062 BGth 44156 G4:062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

182 B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 34 N. East Ave.

(c) Hospital or institution: Sinai Hospital 6

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0

(e) Length of stay in Baltimore (yrs., mos., or days) 2 M 16 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 34 N. East Ave.
(If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maria Fogler. Maria Santa Fogler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife March 22 1946

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/22/46

8. AGE: Years | Months: 8 | Days: 18 | If less than one day: hr. min.

9. Birthplace Balto, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name John Fogler

13. Birthplace Balto, Md.

MOTHER

14. Maiden Name Maria S. Longo

15. Birthplace Baltimore Md.

16 (a) Informant Maria S. Fogler (Mother)

(b) Address 34 N. East Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12 1946 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rose

(b) Address 52 N. Howard St. Williams, M.D.

19 (a) 6-11-1946 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-9 1946, at 6:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-7 1946 to 6-9 1946

and that I last saw [illegible] alive on [illegible] 19[illegible]

Hand on Arrival

Immediate cause of death Asphyxia

Due to Inhalation of Food

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 6/1

(a) Accident, suicide, or homicide accident

(b) Date of occurrence 6-9-46 at 5:30 A.M.

(c) Where did injury occur? 34 N. East st (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No

(e) Means of injury Asphyxiated while taking food

23. Signature Nathan B. Lyman M.D.

Address Sinai Hosp. Date signed 6-9-46

Howard J. Williams, M.D.

VS 150

1 cpy G4103 G4103

BALTIMORE CITY HEALTH DEPARTMENT G4103 Registered No.

CERTIFICATE OF DEATH V183

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. USE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 414 N. Durham St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Herbert Leon Harrison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1933

8. AGE: Years	Months	Days	If less than one day
12 13	11		hr. min.

9. Birthplace Bath Md (Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER 12. Name Herbert Harrison
13. Birthplace Md

MOTHER 14. Maiden Name Ella Perrin
15. Birthplace Va.

16 (a) Informant Ella Harrison
(b) Address 414 N Durham St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12-1946 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Dr A. Co. Md.

18 (a) Funeral director Robert Williamson
(b) Address 13 [illegible] St

19 (a) 1946 (b) (Filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-9-1946, at 2:30 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 26/4
(a) Date of injury 6/9/46 at 2 P.M.
(b) Where did injury occur? Pond - Highway - Median
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Found drowned had been.

23. Signature Howard L. Mueller M.D.
Medical Examiner
Date signed 6-10-46

VS 151

G4:054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

G4:054 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2817 Spelman Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2817 Spelman Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) Full name: William Henry Richardson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col.	Married

6 (b) Name of husband or wife Mary Richardson
6 (c) If wife, give age years
7. Birth date of deceased (mo., day, yr.) Jan. 12, 1884

8. AGE: Years	Months	Days	If less than one day
62	4	26	hr. min.

9. Birthplace King & Queens Co. Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name James Richardson
13. Birthplace King & Queens Co. Va.

MOTHER
14. Maiden Name Frances ?
15. Birthplace Va

16 (a) Informant Mary Richardson
(b) Address 2817 Spelman Rd.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location
18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St
19 (a) 6-11-1946 Huntington Williams Mortician
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1946, at 11:57 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5/24 1946, to 6/7 1946, and that I last saw h/ alive on 6/7 1946.

Immediate cause of death	Duration
(a) Cardiac Degeneration	
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Frank Hillegas M. D.
Address 1543 Penna Ave Date signed 6/10/46

VS 150

G4,065-2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G4,065

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: MARYLAND GENERAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3730 E. Lombard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY MILLER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14 - 1872

8. AGE: Years	Months	Days	If less than one day
74	3	26	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Phillips
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant John Miller (Son)
(b) Address 3730 E. Lombard St.

17 (a) Burial (b) Date thereof June 13-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto.
Location Meyth Cem.

18 (a) Funeral director John G. Connelly
(b) Address 4[illegible] Eastern Ave. Balto

19 (a) JUN 11 1946 (b) [illegible] Registrar, Md.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/10 1946 at 8[15] A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/7 1946 to 6/10 1946, and that I last saw her alive on 6/9 1946.

Immediate cause of death CONGESTIVE HEART FAILURE — Duration 3 DAYS

Due to HYPERTENSIVE CARDIOVASCULAR DISEASE

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles W. Stewart, Jr. M. D.
Address Md. Gen. Hosp Date signed 6/10/46

VS 150

G44066 — Registered No. G44066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

TH. 100578 — 186a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 x 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 30 E. Wheeling St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME anne Catherine Reblein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ? 1856

8. AGE: Years	Months	Days	If less than one day
90 ?	?	?	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name Martin Reblein (D

FATHER — 13. Birthplace Maryland

MOTHER — 14. Maiden Name Martha Hartlein (D

MOTHER — 15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals

(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-1946 (month) (day) (year)

(c) Cemetery or crematory Holy Cross
Location A. A. Co. Md

18 (a) Funeral director Flynn & Flynning

(b) Address 1476 Light St.

19 (a) JUN 11 1946 (b) Date rec'd by registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8th 1946 19 . at 4.23 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1946 to June 8 1946 and that I last saw h. alive on June 8th 19 46.

Immediate cause of death: Fracture, Intertrochanteric Left Femur — Duration: 3 mos.

Due to Arteriosclerotic Heart Disease & Congestive Failure — Duration: -

Due to Decubitus Ulcer — Duration: 2 mos.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident 23/K
(b) Date of occurrence one or about March 15, 1946 at ? M
(c) Where did injury occur? Baltimore (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Fall Floor

23. Signature Rush E. Pellerville M. D.

Address Balt. City Hosp. Date signed 6-9-46

Approval of Medical Examiner Howard J. Haslett, M.D.

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

G41067 G41067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1205 S. Charles St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 S. Charles St
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Marie A. Bramblett

3 (b) If veteran, name war No
3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife William B. Bramblett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 23, 1866

8. AGE: Years	Months	Days	If less than one day
79	9	13th	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Knickerman
13. Birthplace Germany

MOTHER
14. Maiden Name Mary A. Hunt
15. Birthplace Balto Md

16 (a) Informant William Bramblett
(b) Address 1212 Patapsco St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13-1946 (month) (day) (year)
(c) Cemetery or crematory London Park Cem
Location Baltimore Md

18 (a) Funeral director A. Howard Evans
(b) Address 1400 E. Chase St - Balto 39 Md

19 (a) JUN 11 1946 (Date received by registrar) (b) Registrar

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1946, at 1250 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 to June 10 1946, and that I last saw him alive on May 19 1946.

Immediate cause of death Coronary thrombosis

Due to

Due to arteriosclerosis

Other Conditions senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration
1 week

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

Signature Isaac Nutt M.D. M. D.
Address 1205 S. Charles St Date signed

X 6/10/46

G4106i8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G4106i8 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4800 Hazelwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4800 Hazelwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John P. Bauer

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 23, 1888

8. AGE: Years	Months	Days	If less than one day
57	7	17	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Home detective
11. Industry or business Lord Balto Hotel

FATHER
12. Name Joseph Bauer
13. Birthplace Md

MOTHER
14. Maiden Name Mary Broring
15. Birthplace Md.

16 (a) Informant Catherine Bauer
(b) Address 4809 Hazelwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director J. J. Ruck
(b) Address 5310 Harford Rd

19 (a) JUN 11 1946 (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1946 to June 10 1946, and that I last saw him alive on June 9 1946.

Immediate cause of death Ch. Myocarditis. — Duration 6 years
Due to Arteriosclerosis
Due to Ch. Nephritis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. S. Harding M. D.
Address 4810 Belair Rd Date signed June 10/46

VS 150

X

G41069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1318

G41069 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street City
(c) Hospital or institution:
Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Owen Almoney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Lalia Douglas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 23, 1858

8. AGE: Years	Months	Days	If less than one day
88	2	27	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Arnold Lee Almoney
13. Birthplace ?

MOTHER
14. Maiden Name Jeanette ?
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley Street City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14 1946 (Month) (day) (year)
(c) Cemetery or crematory Bonnie Brae
Location New Park Pa

18 (a) Funeral director J. Howard Hall
(b) Address Farmington Pa

19 JUN 11 1946 (Date rec'd by local reg.) (b) Huntington W. Va. (Signature of local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1946, at 6-18 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1946, to June 11 1946, and that I last saw him alive on June 10 1946.

Immediate cause of death	Duration
Edema Lungs	1 day
Due to Chronic Myocarditis	1 year
Due to	
Other Conditions Chronic Nephritis	3 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E Gill Hall M. D.
Address 1631 E North av Date signed 6/11/46

VS 3

FILL IN WHITE LEAD, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41070

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 92E

Registered No. G41070

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2621 Francies St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 2621 Francis St (If outside city or town limits, write RURAL and give town)
(d) Street No. Balto. Md (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Edgerton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-15-1881

8. AGE: Years	Months	Days	If less than one day
64 65	7	25	hr. min.

9. Birthplace Spartanburg S.C. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Dan Sims
13. Birthplace S.C

MOTHER
14. Maiden Name Julie Sims
15. Birthplace S. C.

16 (a) Informant Dock Edgerton
(b) Address 2621 Francies St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-12-46 (month) (day) (year)
(c) Cemetery or crematory Arbutus Cemetery
Location Md.

18 (a) Funeral director Charles Alexander
(b) Address 1209 McCulloh St

19 JUN 11 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9th 1946 at 9.35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 1st 1946 to June 9, 1946, and that I last saw h[illegible] alive on June 8th 1946.

Immediate cause of death

Due to Endocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
2 mos. 9 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Grant Scott M.D.
Address 354 N. Bl[illegible] Date signed 6-11-46

X

G41071

BALTIMORE CITY HEALTH DEPARTMENT 4

CERTIFICATE OF DEATH 159

G41071 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. Co
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 845 Avondale Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Seake

3 (b) If veteran, name war /

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-28-46

8. AGE: Years	Months	Days	If less than one day
		5	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ? Seake
13. Birthplace ?

MOTHER
14. Maiden Name Martha ?
15. Birthplace ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School JUN 14 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 12 1946 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1946 at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1946 to June 1 1946 and that I last saw h[illegible] alive on June 1 1946.

Immediate cause of death
Uterine Atony
Hemorrhagic Disease

Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert Thumond M.D.
Address Johns Hopkins Hosp Date signed 6-3-46

VS 150

3058

G41072 pwe

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160a

Registered No. G41072

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2581 W. Fairland (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Salmon

3 (b) If veteran, name war /

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-4-46

8. AGE: ~~Years~~ | Months | Days | If less than one day
1day hr. min.

9. Birthplace University Hosp (Town, county, and state)

10. Usual Occupation —
11. Industry or business

FATHER 12. Name Homer R Carey.
13. Birthplace

MOTHER 14. Maiden Name Delain Salmon.
15. Birthplace West Va

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUN 7 1946

18 (a) Funeral director Commissioner of Health
(b) Address

JUN 12 1946 (Date rec'd by registrar) Hamilton Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-4 1946, at 2:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1946 to June 4 1946 and that I last saw alive on June 4 1946

Immediate cause of death	Duration
Cardio resp failure	
Due to Intra Cranial Hemorrhage	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature
Address Univ Hosp Date signed 6 Jun 46 M. D.

VS 150 3557 X

G4.073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V61

G4.073 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 835 Mc. Aleer Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 - 2
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 835 Mc. Aleer Court
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Edelman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Late Rebecca

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) I873

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER
12. Name Unknow
13. Birthplace Russia

MOTHER
14. Maiden Name Unknow
15. Birthplace Russia

16 (a) Informant Harry Edelman
(b) Address 835 Mc. Aleer Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12/46 (month) (day) (year)
(c) Cemetery or crematory Shomrie Zion Cemetery
Location Hamilton Ave. Rosedale

18 (a) Funeral director Sol Levinson Bros
(b) Address 1124-26 W. North ave

19 (a) [illegible] (b) [illegible]
JUN 12 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June II 1946 at 3.40P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1946 to June 11 1946 and that I last saw him alive on June 11 1946.

Immediate cause of death Diabetes
asteriosclerosis
Cerebral hemorrhage

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benj. Kadin M. D.
Address 2306 Eutaw Pl Date signed 6-11-46

X

G41074 BCH G48690 G41074

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1604

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette and Calhoun Sts. #23
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Fullerton
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1 Victory Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Boesche

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26, 1946

8. AGE: Years	Months	Days	If less than one day
			3 hr. — min.

9. Birthplace Baltimore City, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Boesche
13. Birthplace

MOTHER
14. Maiden Name Lola Bergman
15. Birthplace Churchville, Md.

16 (a) Informant
(b) Address

17 (a) Burial (b) Date thereof 5/27/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Presbyterian Church Cem
Location Churchville, Md.

18 (a) Funeral director Howard N. Blight, Jr.
(b) Address 4914 Belair Rd.

19 (a) May 27, 1946 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/26 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/26 1946 to 5/26 1946, and that I last saw her alive on 5/26 1946.

Immediate cause of death Intra cranial hemorrhage — Duration

Due to Prolonged labor Axis traction forceps

Due to R O T Presentation

Other Conditions Gravid Dystocia Pre-eclampsia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isaac Hagerty M.D.
Address 2309 Eutaw Place Date signed 6/3/46

VS 180

G41075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1936

G41075
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 705 Belgian av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 705 Belgian av (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John W. Ryan
3 (b) If veteran, name war Spanish War
3 (c) Social Security Account No.
4 Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Mary A.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 26 1873
8. AGE: Years 69 Months 2 Days 15 If less than one day hr. min.
9. Birthplace Balto. Co. Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Lawrence Ryan
13. Birthplace Balto. Co.

MOTHER
14. Maiden Name Mary O'Brien
15. Birthplace Balto. Co.

16 (a) Informant Mary A. Ryan
(b) Address 705 Belgian av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/46 (month) (day) (year)
(c) Cemetery or crematory New Cath
Location Old Frederick Rd.

18 (a) Funeral director John A. Moran
(b) Address 3000 E. Balto. St.

19 (a) (Date rec'd by registrar) (b) Huntington Williamsport Md.

JUN 12 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 - 1946 at 6:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 15 JAN 1946 to 10 June 1946 and that I last saw him alive on 9 June 1946

Immediate cause of death: Coronary artery occlusion — Duration: Less than 1 day

Due to Arteriosclerosis with hypertension — 5 YRS.

Due to

Other Conditions Ch. Myocarditis — 5 YRS.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lloyd C. Taylor M. D.
Address 3912 Greenmount Ave Date signed 10 June 46

Birth Cert - B-48519

G41076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 157E

G41076 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Severna Park.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Duvall

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife: Ester Ellen Duvall
6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) May 31 - 1946

8. AGE: Years | Months | Days | If less than one day: 0 hr. 5 min.

9. Birthplace: Baltimore Md.
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name: William London Duvall
13. Birthplace: Severna Park. Md.

MOTHER
14. Maiden Name: Ester Ellen Mallonee
15. Birthplace: Baltimore Md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUN 4 1946

18 (a) Funeral director Commissioner of Health
(b) Address

JUN 12 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1946, to May 31 1946, and that I last saw him alive on 5-31 1946.

Immediate cause of death: Unknown — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J B Hanby, M.D.
Address Univ. Hosp. Date signed 5-31-46

VS 8

3561

Please write plainly; typewriter preferred. Be especially careful to write the causes of death clearly and legibly.

G4:077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G4:077

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3154 Ravenwood Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3154 Ravenwood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN F. PICKEL, SR.

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Eve Barbara Pickel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 6, 1863

8. AGE: Years	Months	Days	If less than one day
83	2	4	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mr. John Jacob Pickel
(b) Address 3154 Ravenwood Ave.

17 (a) Burial (b) Date thereof 6/13/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.
18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.
19 (a) JUN 12 1946 (b) Huntington Williams M.D.
Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10, 1946, at 10:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1946 to June 10 1946 and that I last saw him alive on June 10 1946

Immediate cause of death Coronary occlusion — Duration

Due to Arterio Sclerosis — Chronic Nephritis

Due to Chronic Nephritis — Senility

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter A. Anderson M. D.
Address 300 Sharon Bldg. Date signed June 12-46

G41078

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Slater 48
Registered No. 948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2309 Roslyn Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2309 Roslyn Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM FRANK SLATER

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 213-05-9910

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lula M. Slater
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1887

8. AGE: Years	Months	Days	If less than one day
58	7	9	hr. min.

9. Birthplace Rock Hall, Md. (Town, county, and state)
10. Usual Occupation Ass't. Cashier
11. Industry or business Balto. Transit Co.

FATHER
12. Name Henry Theodore Slater
13. Birthplace Queen Anns Co., Md.

MOTHER
14. Maiden Name Alice Colison
15. Birthplace Rock Hall, Md.

16 (a) Informant Mrs. Lula M. Slater
(b) Address 2309 Roslyn Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/46 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) Registrar

JUN 12 1946 Huntington Md.

vs No X

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11, 1946, at 3:45A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1 1946 to 6-11 1946 and that I last saw him alive on 6-10 1946.

Immediate cause of death	Duration
Angina Pectoris	2 Hrs
Due to Arteriosclerosis	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Holtzman M. D.
Address 2604 Garrison Blvd. Date signed 6-11-46

G4.079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G4.079 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 W. Cold Spring Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Luther T. Almond

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widowed

6 (b) Name of husband or wife Betty J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 20, 1869

8. AGE: Years	Months	Days	If less than one day
76	9	19	hr. min.

9. Birthplace Augusta, Va.
(Town, county, and state)
10. Usual Occupation Butch Jager
11. Industry or business

FATHER
12. Name James Almond
13. Birthplace Va.

MOTHER
14. Maiden Name Elizabeth Braddock
15. Birthplace Va.

16 (a) Informant Luther J. Almond.
(b) Address 550 Mountford St. Schenectady, N.Y.

17 (a) removal (b) Date thereof 6/14/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Richmond Va.

18 (a) Funeral director M.W.E. Coppedge Sons
(b) Address Lombard & Ann Sts.

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/6 1946, at 5:30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic C.V. Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. F. Sulzbacher M.D.
Medical Examiner.
Date signed 6/9/46

VS 151

G4.030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G4.030
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4400 Falls Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4400 Falls Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret F Stiffler
3 (b) If veteran, name war W
3 (c) Social Security Account No. None
4. Sex Female
5. Color or race Wht
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife Benjamin F
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 12, 1878
8. AGE: Years 67 Months 5 Days 7 If less than one day hr. min. 29
9. Birthplace Parkton Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Robert Spicer
13. Birthplace Baltimore Co Md

MOTHER
14. Maiden Name Emma Stiffler
15. Birthplace Baltimore Co Md

16 (a) Informant Milburn Stiffler
(b) Address 414 Hawes St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/46 (month) (day) (year)
(c) Cemetery or crematory Pine Grove
Location Baltimore Co Md
18 (a) Funeral director Milburn Stiffler
(b) Address 1314 St Paul St
19 (a) (Date received by Registrar) (b) Huntington Williams Registrar

JUN 12 1946

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/10 1946, at 4:35 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 6/4/1946 to 6/10 1946 and that I last saw h[illegible] alive on 6/8/1946.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Arteriosclerosis C.V.D. with Hypertension	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature X D. Bathaglia M.D.
Address 5829 Belair Rd Date signed 6/12/46

G41081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G41081

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4013 Liberty Hgts Ave
(c) ~~Hospital~~ or institution:
Wells Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3820 Milford Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Wallace Coleman

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
W	None	Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Elizabeth Coleman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25th 1865

8. AGE: Years	Months	Days	If less than one day
81	1	15	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Painter

FATHER
12. Name (Unknown) Coleman
13. Birthplace Balto Md.

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Elmer Coleman
(b) Address 3820 Milford Ave
17 (a) Burial (b) Date thereof 6/13/46
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto. Md.
18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.
19 (a) JUN 12 1946 (b)
(Date received by) Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10th 1946, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1946 to 6-10 1946 and that I last saw him alive on 6-9 1946.

Immediate cause of death	Duration
Cerebral Vascular accident	7 wks
Due to Paralysis	
Due to Arteriosclerosis	10 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos G Abbott M. D.
Address 4509 Liberty Heights signed 6-11-46

X

VS 150

G41082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G41082 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 875 N. Fairmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and name town)
(d) Street No. 875 N. Fairmount Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William JOHNSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Bertie Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 56 | Months | Days | If less than one day hr. min.

9. Birthplace a. a. Co Md (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name William H. Johnson

FATHER 13. Birthplace Davidsonville Md

MOTHER 14. Maiden Name Mary Lucas

MOTHER 15. Birthplace Balto. Md

16 (a) Informant Bertha Ross

(b) Address 619 S. Green St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13, 1946 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem

Location

18 (a) Funeral director Mr. Kate R. Williams

(b) Address 329 N. Schroeder St.

JUN 12 1946 (Date received by registrar) Huntington Williams M.D. (Signature of registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1946 at 10:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1946 to June 9 1946, and that I last saw h alive on June 8 1946

Immediate cause of death Cardiac failure — Duration

Due to Hypertensive Cardio-vascular renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature I. Sborofsky M.D.

Address 601 N. Monroe St Date signed 6/8/46

X

G41083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1702

Registered No. G41083

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 18 N. Bruce Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH WARD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife: Ada

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 7, 1895

8. AGE: Years 51 | Months 5 | Days 1 | If less than one day hr. min.

9. Birthplace: Durham, N.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: Joseph Ward
13. Birthplace: Durham, N.C.

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant: Laura Ward (daughter)
(b) Address: 20 N. Bruce Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13, 1946 (month) (day) (year)
(c) Cemetery or crematory: W.F. Auburn Cem
Location

18 (a) Funeral director: Mrs. Katie R. Williams
(b) Address: 922 N. Schroeder St

19 (a) Date received by local registrar: 6-12-1946 (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 5 1946, at 9:05 P.M.

21. I certify that I took charge of the remains described above, held an Inspection & Inquiry (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Shock

Due to: Multiple fractures

Other Conditions: Brain burns

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-7-46 at 8:50 P. 26/11 M.
(b) Where did injury occur? Eastern & Highland Aves.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury: Pedestrian struck by auto.

23. Signature: Howard J. Mueller M.D. Medical Examiner.
Date signed 6-10-46

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G41084 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address "Dix"
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 120 N. Mount St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louise Rich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Eldridge Rich

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
54 53			hr. min.

9. Birthplace Richmond, Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Anderson
13. Birthplace Va.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Eldridge Rich
(b) Address 120 N. Mount st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

JUN 12 1946 (Date filed by Registrar) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/8 1946 at 10:40 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to h[illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Chronic Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at A.M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature D. H. Sutherland M.D. Medical Examiner.
Date signed 6/9/46

G41085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43D

Registered No. G41085

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1386 Woodyear st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1386 Woodyear st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma Webster

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: W

6 (b) Name of husband or wife John

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 64 | Months | Days | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Horace Webster

(b) Address 1386 Woodyear st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/46 (month) (day) (year)

(c) Cemetery or crematory Arbutus

Location Md.

18 (a) Funeral director Wes. G. Kelson

(b) Address 303 Preastman st.

(c) [illegible] Huntington Nitionwide

JUN 12 1946

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-9-1946 at 7 A M

21. I certify that I took charge of the remains described above, held an Partial Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Howard J. Greene M.D. Medical Examiner.

Date signed 6-10-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G4.086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83 Q

Registered No. G4.086

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 513 S. Robinson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 513 S. Robinson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine R. Myers

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Charles Myers Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1872

8. AGE: Years	Months	Days	If less than one day
73	7	5	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Cornelius Phillips Sr.
13. Birthplace Baltimore

MOTHER
14. Maiden Name Elizabeth Spormer
15. Birthplace Germany

16 (a) Informant Mrs. Margaret Shamer
(b) Address 3431 E. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Ave & Rose St.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (Date received) JUN 10 1946 (Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-10- 1946. at 12:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1946. to June 10 1946. and that I last saw alive on 6-10-1946.

Immediate cause of death Cerebral Hemorrhage — Duration 10 days
Due to Chr arteriosclerosis — 7
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. J. Davidson M. D.
Address 3218 Eastern Date signed 6-11-46

VS 150

X

G4.087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G4.087

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 214 N. Arlington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 214 N. Arlington Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rebecca Moore Hill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1890

8. AGE: Years 55 | Months 9 | Days 29 | If less than one day: hr. min.

9. Birthplace Winnsboro, S.C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER — 12. Name Mitchell Stevenson
13. Birthplace South Carolina

MOTHER — 14. Maiden Name Frances
15. Birthplace South Carolina

16 (a) Informant Millard Fill
(b) Address 1097 N. Appleton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

19 JUN 12 1946 (Date received by registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9, 1946 at 7:08 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1, 1945 to June 9, 1946 and that I last saw h.r alive on June 9 1946.

Immediate cause of death: Cardiac Insufficiency — Duration: 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Watts, M. D.
Address 1754 Arlington Ave. Date signed 6/12/46

VS 150

64,038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. 64,038

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 701 Fearce St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Rice

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2, 1907

8. AGE: Years 39 | Months 4 | Days 5 | If less than one day hr. min.

9. Birthplace Smithfield, Va (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Edward Rice

13. Birthplace Va

MOTHER 14. Maiden Name Nannie Madison

15. Birthplace Va

16 (a) Informant Nannie Duvall

(b) Address 1004 W. Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/46 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location

18 (a) Funeral director Adolphus Halstead

(b) Address 918 Druid Hill Ave

19 (Date received by registrar) JUN 12 1946 Huntington Williams, MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1946, at 7 39 a. M.

21. I certify that I took charge of the remains described above, held an Autopsy Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute congestive cardiac failure

Emphysema lungs

Due to Arteriosclerosis

Early nephrosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Howard J. Mendis M.D. Medical Examiner.

Date signed 6/7/46

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BC#

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1946

64-089 — 44215 — Registered No. 64-089

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 742 W. Franklin st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Jean Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/24/46

8. AGE: Years	Months	Days	If less than one day
	2½	17	hr. min.

9. Birthplace Baltimore, Md.
(Town, county and state)

10. Usual Occupation Baby

11. Industry or business

FATHER
12. Name James White
13. Birthplace Md.

MOTHER
14. Maiden Name Jamie Harris
15. Birthplace S. C.

16 (a) Informant Luella Belton
(b) Address 742 W. Franklin St.

17 (a) Burial (b) Date thereof 6/12/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (date received by registrar) JUN 12 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-10-1946 at 2:50 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Asphyxiation due to suffocation.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 17/3

(a) Date of injury 2 A.M. at 6-10-46
(b) Where did injury occur? 742 W. Franklin st
(c) Did injury occur at home, on farm, industrial place, in public place? home While at work? No
(d) Means of injury Suffocated in bedclothes

23. Signature Howard J. Truscott M.D.
Medical Examiner.
Date signed 6-10-46

VS 151

G4:090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. G4:090

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 11

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 Linden Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura Reeser Alexander

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 28, 1919

8. AGE: Years	Months	Days	If less than one day
26	5	12	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Archie Reason
13. Birthplace Va.

MOTHER 14. Maiden Name Lula Harris
15. Birthplace Va.

16 (a) Informant Lula Reason Young
(b) Address 1011 Linden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halyard
(b) Address 918 Druid Hill Ave

19 (a) (b) Huntington Williams Registrar

JUN 12 1946

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9, 1946 at 1:15 PM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Stab wounds of neck involving sub-clavian artery & Duodenum & lung

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following.
(a) Date of injury 12:25 P.M. 6-9-46
(b) Where did injury occur? 920 Jordan st
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Stabbed - Sharp instrument

23. Signature Howard J. Reese M.D.
Medical Examiner.
Date signed 6-12-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G4.091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G4.091

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3113 Sumter Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3113 Sumter Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELVA V. WALTER

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Charles L. Walter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30, 1883

8. AGE: Years	Months	Days	If less than one day
63	1	10	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Francis Joseph
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Mary E. Andrews
15. Birthplace A. A. Co., Md.

16 (a) Informant Mr. Leslie M. Walter
(b) Address 5907 Highgate Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (b)
(Date received) JUN 12 1946 Huntington Williams, M.D.

VS 10

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10, 1946, at 7:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1946 to June 10 1946 and that I last saw h[illegible] alive on June 10 1946

Immediate cause of death Asturio-Sclerosis
Due to Myocarditis Coronary Thrombosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Benjamin Kadyr M. D.
Address 2306 Eutaw Pl. Date signed 6-11-46

X

64,092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

64,092 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3120 Ferndale Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3120 Ferndale Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Claudius A. D. Freeman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Bessie L. Freeman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 20 1876

8. AGE: Years	Months	Days	If less than one day
69	8	23	hr. min.

9. Birthplace Pittsburgh Pa (Town, county, and state)
10. Usual Occupation Lutheran Minister
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Holland

MOTHER
14. Maiden Name Schentte
15. Birthplace Germany

16 (a) Informant Bessie L. Freeman
(b) Address 3120 Ferndale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15 1946 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md.

18 (a) Funeral director Harry A. Annacook
(b) Address 4204 Ridgewood Ave

19 (a) JUN 12 1946 Registrar Huntington Woods, Md.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 June 1946, at 5 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William G. Hetrick M.D. Medical Examiner
Date signed 17 June 46

G41093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48B

Registered No. G41093

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 Light St.

(c) Hospital or institution: So. Balto. Gen. Hospt.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County A. A. Co.

(c) City or town [illegible]
(If outside city or town limits, write RURAL and give town)

(d) Street No. Margate Drive
(If rural give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Teenie Buenger

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John Buenger

6 (c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): Sept 12, 1899

8. AGE: Years 46 | Months 8 | Days 29 | If less than one day: ____ hr. ____ min.

9. Birthplace: Balto. Md.
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER
12. Name: Joseph Detola
13. Birthplace: Europe

MOTHER
14. Maiden Name: Josephine [illegible]
15. Birthplace: Europe

16 (a) Informant: Deceased

(b) Address:

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 13, 1946 (month) (day) (year)

(c) Cemetery or crematory: Glen Haven

Location: Glen Burnie, Md.

18 (a) Funeral director: Thomas W. Singleton

(b) Address: Glen Burnie, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 150 JUN 12 1946 Huntington for Maryland, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6/11 1946 at 12:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1 1946 to 6/11 1946 and that I last saw h[illegible] alive on 6/11 1946.

Immediate cause of death: Carcinomatosis

Due to: —

Due to: —

Other Conditions: Pulmonary Embolism

(Include pregnancy within three months of death)

Date of operation: 6/2/46

Major findings of operation:

of autopsy:

Duration

over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide: —

(b) Date of occurrence: ____ at ____ M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: V. Earnhardt M. D.

Address: So. Balto. Gen. Hospt. Date signed 6/12/46

X

G4.094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

90 B

G4.094 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 112 Asquith St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 Asquith St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Ann Scott

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Samuel Scott

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 73 | Months | Days | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name George Davis

13. Birthplace Va

MOTHER 14. Maiden Name Caroline ?

15. Birthplace Va

16 (a) Informant Edmonia Burrell

(b) Address 1217 Cloverdale Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 12, 1946 (month, day, year)

(c) Cemetery or crematory Chase Md.

Location

18 (a) Funeral director Mrs Sallie R. Williams

(b) Address 322 N. Schroeder St

19 (a) (Date received by registrar) (b) Registered No.

VS Form JUN 12 1946 Hunting for Records

MEDICAL CERTIFICATION

20. DATE OF DEATH June 8 1946, at 10:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1946, to June 8 1946 and that I last saw h[illegible] alive on June 8 1946.

Immediate cause of death Acute Pericarditis With Hypertension — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Stewart M. D.

Address 6320 W Franklin St Date signed June 11 1946

X

G44095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G44095

Registered No. 937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ~~Baltimore~~ Howard ?
(c) City or town Ellicott City
(If outside city or town limits, write RURAL and give town)
(d) Street No. Columbia Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Oscar L. Giffin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) ~~Single~~, married, ~~widowed~~, or divorced.

6 (b) Name of husband or wife Emmora Giffin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17 1869

8. AGE: Years 77 | Months 1 | Days 23 24 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Jackson Giffin

13. Birthplace Md.

MOTHER 14. Maiden Name Christina Hamm

15. Birthplace Md

16 (a) Informant Mrs E. M. Giffin

(b) Address Ellicott City Md

17 (a) Burial (b) Date thereof 6-14-46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St Johns
Location Ellicott City Md

18 (a) Funeral director J.C. Negenbottom

(b) Address Ellicott City Md

19 (a) (Date rec'd by registrar) (b) Registrar

VS JUN 12 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/11/46 19 at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/9/46 19 to 6/11/46, and that I last saw h alive on 6/11/46 19

Immediate cause of death Cardiac Failure — Duration

Due to Myocarditis

Due to

Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J M Tierney M. D.

Address St Joseph's Hospital Date signed 6/11/46

G4 1096 over

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G4 1096

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 9 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4504 Harcourt Road.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Baesch

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-11-46

8. AGE: Years	Months	Days	If less than one day
			9 hr. — min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name William Baesch 37 yrs.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Virginia Kengler
15. Birthplace Baltimore, Md.

16 (a) Informant William Baesch
(b) Address 4504 Harcourt Rd.

17 (a) Burial (b) Date thereof July 13 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore, Md.

18 (a) Funeral director Leonard J. Rucks
(b) Address 5305 Harford Rd.

19 (a) (b)
(Date rec'd by registrar) Huntington Williams, M.D. Registrar

JUN 12 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-12 1946 at 6 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 1946, to 6-12 1946, and that I last saw him alive on June 11 1946.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Francis A. Rubeo M. D.
Address Calvert & Saratoga Date signed 6-12-46

X

G4.097 ✓ G4.097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1318

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1139 May St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1139 May St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lucy Howard

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	C.	Widowed

6 (b) Name of husband or wife Charles (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1883

8. AGE: Years	Months	Days	If less than one day
63	3	27	hr. min.

9. Birthplace Brakley, Ga
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Jacobs
13. Birthplace Ga.

MOTHER
14. Maiden Name Julia Hitchcock
15. Birthplace Ga.

16 (a) Informant Oscar Howard
(b) Address 1134 May St.

17 (a) Burial (b) Date thereof 6/13/46
(Burial, cremation, or removal) (Month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. County, Md.

18 (a) Funeral director Joseph F. Locke, Jr.
(b) Address 1304 N. Central Ave

19 (a) (Date received by Local Registrar) (b) Burial Permit Issued, Md.
JUN 17 1946
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/9/46 1946 at 9 56 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6·2·1946 to 6·9·1946 and that I last saw h[illegible] alive on 6·9·1946.

Immediate cause of death: Acute myocarditis
Uremia
Due to: Chronic nephritis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

Duration
1 day
2 days
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. A. Berry M. D.
Address 1420 E. Chase Date signed 6-12-46

X

64098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. 64098

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 16
(d) Length of stay in hospital or inst. (yrs, mos, or days) 3 hrs
(e) Length of stay in Baltimore (yrs, mos, or days) 3 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 N. Fremont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Myers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/9/46

8. AGE: Years | Months | Days | If less than one day 3 hr. min.

9. Birthplace Balto, Md.
(town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Henry Myers
13. Birthplace Md.

MOTHER
14. Maiden Name Kathleen Valentine
15. Birthplace Md.

16 (a) Informant Kathleen Myers
(b) Address 1112 N. Fremont Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUN 12 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUN 12 1946 (Date filed by Registrar) (b) Hunter Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/9 1946, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/9 1946 to 6/9 1946 and that I last saw him alive on 6/9 1946

Immediate cause of death
Coding suspiratory failure
Due to Atelectasis
Due to Prematurity
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy: atelectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank J. Ayd Jr. M.D.
Address Univ. Hosp. Date signed 6/12/46

VS 150

3562

X

64099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

2000

64099 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15-12
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2701 Keyworth Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Salvatore Di Crispino

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~ or ~~divorced~~
M	W	married

6 (b) Name of husband or wife Josephine Zito

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16 1858

8. AGE: Years	Months	Days	If less than one day
88	2	26	hr. min.

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Joseph Di Crispino
13. Birthplace Italy

MOTHER
14. Maiden Name Mariana Honda
15. Birthplace Italy

16 (a) Informant Mrs. Maud Di Crispino
(b) Address 2701 Keyworth Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14-46 (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral
Location Frederick Road

18 (a) Funeral director Frank V. Pistorino
(b) Address 2818 E. Baltimore St.

JUN 12 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/11/46 19 , at 640A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/4 1946 to 6/11 1946.
and that I last saw h alive on 6/11 1946.

Immediate cause of death Respiratory & Cardiac Failure

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ernest P. Bassano M. D.
Address W. R. G. Hospital Date signed 6/11/46

G41100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

Registered No. G41100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Thomaston (If outside city or town limits, write RURAL and give town)
(d) Street No. Box 209 The Prince (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Donald R. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-31-31

8. AGE: Years	Months	Days	If less than one day
14	9	12	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry C. Brown
13. Birthplace Md.

MOTHER
14. Maiden Name Ethel Poteet
15. Birthplace Md.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 15 46 (month) (day) (year)
(c) Cemetery or crematory Thomaston Cem
Location Thomaston, Md.

18 (a) Funeral director John O. Gaither Williams
(b) Address 1900 Eutaw Place
JUN 12 1946 (Date received by Registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1946 at 12 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 1946 to June 12 1946 and that I last saw him alive on June 12 1946

Immediate cause of death: Cardiac Failure — Duration:

Due to: Congenital Heart Disease Tetrology of Fallot

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation June 12, 1946

Major findings of operation: Tetrology of Fallot

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. William Scott, Jr. M. D.

Address Johns Hopkins Hosp. Date signed 6/12/46

G41101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. G41101

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 819 Hamilton terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 819 Hamilton Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kirby S. Hurley

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Stella Hurley

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) May 13 - 1878

8. AGE: Years	Months	Days	If less than one day
68	-	29	hr. min.

9. Birthplace Poconoc. City Md
(Town, county, and state)

10. Usual Occupation Hardware Salesman

11. Industry or business

FATHER
12. Name Henry Hurley
13. Birthplace Md

MOTHER
14. Maiden Name Julia Hall
15. Birthplace Md

16 (a) Informant Stella Hurley
(b) Address 819 Hamilton terrace

17 (a) Removal (b) Date thereof June 12
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Poconoc Md
Location Poconoc

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans st

19 (a) JUN 13 1946 Huntingdon Baltimore, Md.
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1946, at 2 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1946 to 12 June 1946, and that I last saw him alive on 12 MAY 1946.

Immediate cause of death	Duration
Due to Congestion of Lungs	
Due to Mitral Insufficiency	
Sarcoma of Left Parotid Gland PAROTID	1 Yr.

(Include pregnancy within 3 months of death)

Date of operation June 1945

Major findings of operation: None

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lloyd E. Saylor M. D.
Address 3902 Greenmount Ave. Date signed 12 June 1946

VS 150

D

X

G41102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

G41102 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Raynor & Oakland St.
(c) Hospital or institution: West Baltimore Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 9
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4017 Norfolk ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lena Milar

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Widowed

6 (b) Name of husband or wife Late Nathan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15 1863

8. AGE: Years	Months	Days	If less than one day
82 83	10	28	hr. min.

9. Birthplace Lithuanian (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Meyer Coplan
13. Birthplace Lithuanian

MOTHER
14. Maiden Name Rachel
15. Birthplace Lithuanian

16 (a) Informant Mrs Michael Miller
(b) Address 4017 Norfolk ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13 46 (month) (day) (year)
(c) Cemetery or crematory Sodger Cong Cemetery
Location Boundary Lane & Philia Rd

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North ave

JUN 13 1946 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 June 1946, at 5:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11 June 1946 to 12 June 1946 and that I last saw h[illegible] alive on 12 June 1946.

Immediate cause of death Circulatory Failure
Due to Myocardial Infarction
Due to Coronary Artery Disease
Other Conditions Gen. Arteriosclerosis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Peter A. Hall Jr
Address West Balt. Gen Hosp Date signed 6/12/46

VS 150

G4L103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V94a

G4L103 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1202 St. Paul Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ----------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1202 ST. Paul St. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME Mary Elizabeth Manahan

3 (b) If veteran, name war **********
3 (c) Social Security Account No. *******

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Not Obtainable
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
About 82	**	**	**hr. **min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business **********

FATHER
12. Name Not Obtainable
13. Birthplace " "

MOTHER
14. Maiden Name Not Obtainable
15. Birthplace " "

16 (a) Informant Miss Mary L. Wheeler
(b) Address 1202 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Maryland

18 (a) Funeral director H W Weaver Ed Sox
(b) Address 805 N. Calvert St.

19 JUN 13 1945 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1946 at 8:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1st 1946 to June 12th 1946 and that I last saw her alive on June 12 1946.

Immediate cause of death Myocardial Insufficiency — Coronary Embolism — Duration 1 Year 1 Day
Due to Cerebral Thrombosis
Due to Hypertension
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. A. Chatard M. D.
Address 1210 N. Calvert St. Date signed June 14/46

VS 150

X

G41104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

G41104 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Greenspring & Belvedere Aves.

(c) Hospital or institution: Levindale Hebrew Home & Infirmary

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 5101 Levindale Rd (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MORRIS ROGERS

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	W

6 (b) Name of husband or wife Sophie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Hersh Baer

13. Birthplace Poland

MOTHER 14. Maiden Name Rose

15. Birthplace Poland

16 (a) Informant Agent Home

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-46 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Mem Pk

Location Lane

18 (a) Funeral director Frank Lewis Inc

(b) Address 1439 E Belvedere Av

19 (a) JUN 13 1946 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1946 at 6A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-5 1946 to 6-12 1946 and that I last saw him alive on 6-12 1946

Immediate cause of death Chr. cardio valvular disease.

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Edmund Levin M.D.

Address Levindale Date signed 6-12-46

VS 130

G44405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. G44405

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Greenspring + Belvedere

(c) Hospital or institution Levindale

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., mos., or days) 44yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2702 Violet Ave

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) **FULL NAME** CANTOR GARON SHAPIRO

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Bessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Cantor

11. Industry or business

FATHER

12. Name Morris Shapiro

13. Birthplace Russia

MOTHER

14. Maiden Name Yanta

15. Birthplace Russia

16 (a) Informant Wife

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-46 (month) (day) (year)

(c) Cemetery or crematory Rosedale

Location Philad + Hamilton Ave

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Balt St.

19 (a) JUN 13 1946 (Registrar's signature) Huntington Nottingham, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1946, at 4:11 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-26 1946 to 6-12 1946, and that I last saw h[illegible] alive on 6-12 1946.

Immediate cause of death	Duration
Hemiplegia Arterio-sclerosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Hebert Levin

Address Levindale Date signed 6-12-46

VS 150

X

G4 L106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G4 L106

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Dorchester
(c) City or town Vienna
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Isabel P. Bratten

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife John Bratten

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
78			hr. min.

9. Birthplace Vienna, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Own Home

FATHER
12. Name William Algernon Percy.
13. Birthplace Vienna Md.

MOTHER
14. Maiden Name Elizabeth Ellen Phillips
15. Birthplace Vienna, Md.

16 (a) Informant Mrs. N. T. Yates
(b) Address Owings Mills Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/46 (month) (day) (year)
(c) Cemetery or crematory East New Market
Location Cambridge, Md.

18 (a) Funeral director John D. Mitchell Sons
(b) Address 1900 Eutaw Place

19 JUN 13 1946 (Date rec'd by registrar) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1946 at 7.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-7 1946 to 6-12 1946.
and that I last saw h er alive on 6-12 1946

Immediate cause of death Uremia & Pneumonia

Due to Coronary Occlusion

Due to Cerebro. Vasc. Accident

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. J. Markley M. D.
Address Bon Secours Hosp. Date signed 6-13-46

G41107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G41107 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3342 Lyndale

(c) Hospital or institution: 8

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3342 Lyndale Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna K. Voss

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Felix Voss.

6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Sept 18 1870

8. AGE: Years 75 Months 8 Days 23 If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER 12. Name August Klavunder

13. Birthplace Germany

MOTHER 14. Maiden Name Dont Know

15. Birthplace Germany

16 (a) Informant Mrs H. M. Eierman Sr

(b) Address 113 Forest View Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn Cem

Location City

18 (a) Funeral director Ulrich Funeral Home

(b) Address 2108 Orleans St

19 (a) Filed JUN 18 1946 (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11th 1946, at 6 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-8- 1945 to 6-11- 1946 and that I last saw h[illegible] alive on 6-11- 1946

Immediate cause of death Cerebral Apoplexy — Duration 4 days

Due to Generalised Arteriosclerosis — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

Signature Nelson C. Laing M. D.

Address 2117 Belair Rd Date signed 6-12- 46

VS 150

G41108

BALTIMORE CITY HEALTH DEPARTMENT

G41108
Registered No.

TN. 101915 CERTIFICATE OF DEATH 309

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 31
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1102 E. Pratt St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Dawes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25th 1868

8. AGE: Years	Months	Days	If less than one day
58	0	17	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Christopher Fewster
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Quick
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (b) Date thereof June 15/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location Balto Md

18 (a) Funeral director Welsh Funeral Home
(b) Address 2008 Orleans

19 (a) (Date rec'd by registrar) JUN 13 1946 Huntington Nolan Registrar

MEDICAL CERTIFICATION A

20. DATE OF DEATH June 12th 1946 19 , at 2.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9th 19 46 to June 12 19 46 and that I last saw h er alive on June 12 19 46.

Immediate cause of death Cerebral Thrombosis — Duration

Due to Cerebral Hemorrhage

Due to Hypertensive Cardiovascular Renal Disease

Other Conditions Pertinent Syphilis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no stone

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work)
(Specify type of place)
(e) Means of injury

23. Signature A. R. Hartsough, M.D.
M. D.
Address Balto. City Hosp. Date signed 6-12-46

VS 150

G41109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G41109 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3355 Chestnut Ave
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 d.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3355 Chestnut Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Johnson, Bessie

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30 1879

8. AGE: Years	Months	Days	If less than one day: hr.	min.
66 69	10	11/12		

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Spicer
13. Birthplace Virginia

MOTHER 14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Hospital Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Glen Burnie Md

18 (a) Funeral director Geppe & Bayley
(b) Address Fulton Ave & Fayette

19 (a) [illegible] (b) Huntington Williams Registrar

JUN 13 1946

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 11 - 1946, at 10:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-25-1946, to 6-11-1946, and that I last saw h[illegible] alive on 6-11-1946.

Cause	Duration
Immediate cause of death Coronary Thrombosis	
Due to Arteriosclerotic Cardiac Vascular Disease	
Due to	
Other Conditions Diabetes Mellitus Broncopneumonia - Right Lung	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward H. Southwick, M.D.
Address Franklin Sq. Hosp. Date signed 6/12/46

93

G41110 (over) G41110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15 N. Rose st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15 N. Rose st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna M. Popp

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Earl A. Popp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23, 1904

8. AGE: Years	Months	Days	If less than one day
41	5	18	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Michael Eckardt
13. Birthplace Germany

MOTHER 14. Maiden Name Eva — / —
15. Birthplace Germany

16 (a) Informant Earl A. Popp
(b) Address 15 N. Rose St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15/46 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Baltimore Md

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St

19 (a) JUN 13 1946 Lexington Mortuary, Inc.
(Date received by local registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-11- 1946 at 4 48 P. M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic Myocardial degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 6-12-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183a

Registered No. G41111

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 519 N. Carey
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 519 N. Carey St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph F. Mason

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	C.	widowed

6 (b) Name of husband or wife Carrie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-2-1866

8. AGE: Years	Months	Days	If less than one day
80	4	9	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Insurance agent
11. Industry or business

FATHER
12. Name John Mason
13. Birthplace Md.

MOTHER
14. Maiden Name Eliza Hall
15. Birthplace Md.

16 (a) Informant Lawrence E. Mason
(b) Address 519 N. Carey St.

17 (a) Burial (b) Date thereof 6-16-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto. City

18 (a) Funeral director Saml. W. Chase & Son
(b) Address 638 N. Gilmor St.

JUN 13 1946 (b) Signature of Registrar Huntington Williams M.D.
Date of Registration

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1946, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1946, to June 11 1946 and that I last saw him alive on June 11 1946.

Immediate cause of death	Duration
Cerebral Hemorrhage	9 days.
Due to Arterial Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. M. Lawrence M. D.
Address 1033 W. Lanvale Date signed 6/13/46

G41112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

Registered No. G41112

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 120 S. Jasper
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs.) 8 (mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 234 N Carey
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elijah Gilmor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 15, 1899

8. AGE: Years	Months	Days	If less than one day
46	9 10	27	hr. min.

9. Birthplace Portsmouth Va
(Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Simon Gilmor
13. Birthplace Va.

MOTHER
14. Maiden Name Grizella Allen
15. Birthplace Va

16 (a) Informant James William
(b) Address 120 S Jasper

17 (a) Burial (b) Date thereof 6-16-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a. a. Co. Md

18 (a) Funeral director Josiah L Brown Son
(b) Address 108 W Montgomery St

19 JUN 13 1946 Huntington Williams M.D.
(Date received by Local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/11 1946, at 11:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1946, to June 11 1946 and that I last saw him alive on June 11 1946

Immediate cause of death: Acute nephritis 2 wks

Due to: Exposure

Due to: Probably infection

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Thomas J Skelton M.D.
Address 908 S. Sharp St Date signed 6/13/46

VS 130

G41113 BC# D 32351 HD # 101920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G41113 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 106 W. Henriette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eugene Morris

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Child

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2, 1945

8. AGE: Years	Months	Days	If less than one day
	9	7	6 hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Ernest Morris
13. Birthplace N.C.

MOTHER
14. Maiden Name Beulah Brown
15. Birthplace Md.

16 (a) Informant Balto. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a. a. Co., Md.

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 1814 W Monument St

19 JUN 13 1946 Huntington Williams, M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9, 1946, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1946 to June 9 1946 and that I last saw him alive on June 9 1946

Immediate cause of death
Respiratory failure
Due to Bronchopneumonia
Septicemia
Due to
Other Conditions ?
(Include pregnancy within 3 months of death)

Duration
1 wk.

Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Natural Causes.
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John E. Baysett M. D.
Address Balt. City Hosp. Date signed 6-10-46

VS 150

G41114 over

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G41114 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1130 Newcomb Way (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elenor Jane Herman
3 (b) If veteran, name war (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	SINGLE

6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 12, 1946
8. AGE: Years | Months | Days | If less than one day: 7 hr. 4 min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Thomas Herman
13. Birthplace Mass.

MOTHER
14. Maiden Name Florence Brousseau
15. Birthplace Mass.

16 (a) Informant Thomas Herman
(b) Address 1130 Newcomb Way
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13, 1946 (Month) (Day) (Year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Old Powell Rd & Milly Ave
18 (a) Funeral director [illegible]
(b) Address 2439 E. Oliver St.
19 (a) (Date rec'd by registrar) (b) Registrar

JUN 13 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1946, at 6:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw her alive on June 12 1946.

Immediate cause of death Atelectasis [illegible] cerebral anoxia — Duration

Due to Prematurity

Due to

Other Conditions [illegible]
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature Vincent O Carrickson, Jr. M. D.
Address So. Balto. Gen. Hosp. Date signed 6/12/46

X

G4115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 123

Registered No. G4115

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address —
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0.15
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2500 W. North Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George C. Blum

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Anna J.

6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) July 21, 1891

8. AGE: Years 54 | Months 10 | Days 20 | If less than one day: hr. min.

9. Birthplace: Baltimore City
(Town, county, and state)

10. Usual Occupation: Engineer—

11. Industry or business: Auto. Desk. Home

FATHER
12. Name: J. Henry Blum
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Mary A. Marsoner
15. Birthplace: Maryland

16 (a) Informant: Mrs. Anna J. Blum
(b) Address: 2500 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 14 June 46 (month) (day) (year)

(c) Cemetery or crematory: Mem. Cathedral
Location: Baltimore, Md.

18 (a) Funeral director: A. B. Wisbert & Son
(b) Address: 1300 Eutaw Place

19 (a) (Date received by Local Registrar) JUN 15 1946 (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1946, at 5:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1946 to June 11 1946. and that I last saw h. alive on June 10 1946.

Immediate cause of death: Bilat. pneumonia and Heart failure.—
Peritonitis.
Due to Ruptured diverticulum of sigmoid Colon
Due to
Other Conditions

(Include pregnancy within 3 months of death)

Date of operation June 2, 1946
Major findings of operation: Rupt. diverti of sigmoid.
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: John F. Noguera
Address: Md Gen. Hosp Date signed 6/11/46 M.D.

X

G41116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 B

Registered No. G41116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 mo 21 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore Suburbs (If outside city or town limits, write RURAL and give town)
(d) Street No. 1221 Circle Drive Ave # 27 (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) **FULL NAME** Otto C. Jung
3 (b) If veteran, name war —
3 (c) Social Security Account No. 717-07-7300

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W	Widowed

6 (b) Name of husband or wife Sophia Jung
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 26 July 1877

8. AGE: Years	Months	Days	If less than one day
68	10	16	— hr. — min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation Retired Steelworker
11. Industry or business R.R.

FATHER
12. Name John Jung
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Kindewatter
15. Birthplace Germany

16 (a) Informant Mrs. William E. Maurer
(b) Address 1221 Circle Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 13 May 46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director F. D. Philpot & Son
(b) Address 1700 Eutaw Pl.

19 (a) JUN 13 1946 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1946, at 7:22 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1946, to June 10 1946, and that I last saw him alive on June 10 1946.

Immediate cause of death Cachexia — CACHEXIA — Duration 1.

Due to Cancer of urinary bladder with metastases to bones

Due to immediate surrounding tissues & lungs.

Other Conditions Tuberculosis of lungs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Cancer of bladder with Metastases

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emil L. Barrow M.D.
Address West Balto. Gen. Hosp. signed June 46

VS 180

G41117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

G41117 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2404 Lesterstown Rd
(c) Hospital or institution: 15

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give county)
(d) Street No. 2404 Lesterstown Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isadore J Gerber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Rebecca

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years 57 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name unknown
13. Birthplace Russia

MOTHER
14. Maiden Name unknown
15. Birthplace Russia

16 (a) Informant family Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-46 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Old Germany Hill Rd

18 (a) Funeral director Jas E Lewis Son
(b) Address 1432 E Balto St.

19 (a) (Date rec'd by registrar) JUN 13 1946 (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-13- 1946 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 12 1946 to June 13 1946 and that I last saw him alive on June 13 1946.

Immediate cause of death: acute pulmonary Edema
Due to cardiac failure
Due to coronary occlusion & Thrombosis
Other Conditions
(Include pregnancy within 3 months of death)

Duration: about 5 yrs

Date of operation —
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Herman Seidel M. D.
Address 2404 E Lesterstown Rd Date signed 6/13/46

G41138 G41138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2603 Park Heights Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2603 Park Heights Ter.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Numbsin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Esther

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 66 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-46 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Pikesville Rd & Hamilton Ave

18 (a) Funeral director Park Lewis Inc
(b) Address 1439 E. Balto St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JUN 13 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12, 1946, 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1946, to June 12 1946, and that I last saw him alive on June 12 1946.

Immediate cause of death Heart Failure

Due to Coronary Heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
5 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel A. Tenenbaum M. D.
Address 7431 Park Heights Ave. Date signed June 12, 1946

VS Form

G41119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. G41119

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1307 W. Lexington St

(c) Hospital or institution: Home of Our Lady

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 D

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 347 S. Woodyear St.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Anna Brankovich

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Louis

6 (c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.) Sept 21-1902

8. AGE: Years 43 | Months 9 | Days 21 | If less than one day: hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Frank Mitchell

13. Birthplace Austria

MOTHER 14. Maiden Name Clara —

15. Birthplace Austria

16 (a) Informant: Louis Brankovich

(b) Address 347 S. Woodyear St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14-1946 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location City

18 (a) Funeral director: Joff C. & B. M. Walter

(b) Address Pratt & Stricker St

(a) JUN 13 1946 (b) (Date received by Registrar) Registrar

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1946 at 1 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1946 to June 11 1946 and that I last saw h. M. alive on June 11 1946.

Immediate cause of death: Bronchopneumonia — Duration

Due to: Paralysis agitans

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Milton Kascavich M. D.

Address 1729 W. Fayette Date signed 6/11/46

W X

G4 L120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 48 B

G4 L120

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1313 N Monroe St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Delia Mackey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	W

6 (b) Name of husband or wife James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Saul Cosby
13. Birthplace md

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Herbert Mackey
(b) Address 1418 N. Bruce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location md

18 (a) Funeral director Geo. B. Kelson
(b) Address 1303 Presstman St

(b) Date received (Day, month, year) Huntington Williams M.D.

JUN 13 1946

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 June 1946, at 3:05 P M

21. I certify that I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

Autopsy, Inspection or Inquiry

IMMEDIATE CAUSE OF DEATH Carcinoma of uterus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William S. Kelly M.D. Medical Examiner
Date signed 17 June 46

Correct use is especially important. Physicians: please write the causes of death clearly and legibly.

G41121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. G41121

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Gay
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1404 Fraction 21
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Johnson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Black	separated.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/11/1907

8. AGE: Years	Months	Days	If less than one day
38 39	8	-	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Harry Butler
13. Birthplace Md.

MOTHER
14. Maiden Name Hattie Hall
15. Birthplace Md.

16 (a) Informant Hattie Johnson
(b) Address 1404 Fraction Ct

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md.

18 (a) Funeral director Jes. B. Kelson
(b) Address 1203 Pennsylvania Ave

JUN 13 1946 (a) (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1946 at 9:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-25 1946 to 6-11 1946 and that I last saw h s r alive on 6-11 1946.

Immediate cause of death Respiratory Failure

Due to Carcinoma of Lung.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James A. Vaughan M.D.
Address Univ. Hospital Date signed 6-12-46 M. D.

VS 150

X

G41122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G41122
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1061 Myrtle Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1061 Myrtle Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosa Henry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col.	Widow

6 (b) Name of husband or wife Severe Henry
6 (c) If alive, give age Years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day
47	6		hr. min.

9. Birthplace Mt. Winans Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Biddle
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Ella Blackburn
15. Birthplace Mt. Winans Md.

16 (a) Informant Charles Biddle
(b) Address 615 Barre St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14 1946 (Month) (day) (year)
(c) Cemetery or crematory Arlington Cem -
Location Arlington Md

18 (a) Funeral director Wm. Kate R. Williams
(b) Address 322 N. Schroeder St

19 JUN 13 1946 (Date received by City Registrar) Wm. Kate for Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 – 10 – 1946, at 4:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/15 1946 to 6/10 1946, and that I last saw h alive on 6/8 1946.

Immediate cause of death	Duration
Coronary thrombosis	5 Min.
Hypertension cardio-	
Due to renal disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address 600 Wellington Ave Date signed 6/12

VS 180

G-11123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1938

Registered No. G-11123

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1059 W Lexington
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1059 W Lexington
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME John F. Hines

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Pearl P. Hines
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Feb 25, 1894

8. AGE: Years	Months	Days	If less than one day
52	3	15	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Truck driver
11. Industry or business

FATHER
12. Name James H. Hines
13. Birthplace Centreville Md

MOTHER
14. Maiden Name Eliza Spriggs
15. Birthplace Calvert Co Md

16 (a) Informant Pearl Hines
(b) Address 1059 W Lexington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13, 1946 (Month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs. Kate R. Williams
(b) Address 329 N. Schroeder St
JUN 13 1946 (Date rec'd by registrar) (b) Huntingtown Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1946, at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1946 to June 10 1946 and that I last saw him alive on June 10 1946.

Immediate cause of death Cerebral Hemorrhage
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
1 yr

Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W H Watts M. D.
Address 515 Eutaw Pl Date signed 6/19/46

VS 150

G41124

BALTIMORE CITY HEALTH DEPARTMENT

TN. 101874

CERTIFICATE OF DEATH 13B

G41124 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 415 E. Lafayette Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Henry Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9th 1898

8. AGE: Years	Months	Days	If less than one day
48	1	2	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Jake Lewis
13. Birthplace Va.

MOTHER
14. Maiden Name Ida Lewis
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Balto. County Md.

18 (a) Funeral director Chas. Hutchinson & Sons
(b) Address 1129 N. Caroline St

19 (a) (Undertaker or Manager) Huntington Williams, Mgr

JUN 13 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11th 1946 19 , at 6.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7th 19 46 to June 11 19 46 and that I last saw h im alive on June 11 19 46

Immediate cause of death Cerebrastasy Failure

Due to Metastasy Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation None

Metastasy Tuberculosis

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. R. Scarborough, M.D.

Address Balto. City Hosp. Date signed 6-12-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 172

Registered No. 64125

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1427 N. Central Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jetton Chambers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Susie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 14, 1907

8. AGE: Years	Months	Days	If less than one day
39	11	27	hr. min.

9. Birthplace Brunswick Co. Va. (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER
12. Name Robert Chambers
13. Birthplace Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Susie Chambers
(b) Address 1427 N. Central Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A A County Md.

18 (a) Funeral director Mrs. Rift A. Elliott; Daughter
(b) Address 1129 N. Carolina St.

JUN 13 1946 (Date filed by Registrar) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 19 46 at 2 P. M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Ruptured spleen; Fractured ribs; Laceration of lungs; Hemothorax

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/10/46 at 24/4 3.8. M.
(b) Where did injury occur? Piers - Port Covington
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? Yes
(d) Means of injury Struck by beam on ship

23. Signature H. Gruber J. Mullins M.D. Medical Examiner.
Date signed 6/12/46

X

G41126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 D

G41126 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument st & Patterson Park Ave
(c) Hospital or institution: Sinai
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3220 W. Garrison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MEYER FRANK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mary —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years 60 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Ret

11. Industry or business

FATHER
12. Name Myer L —
13. Birthplace Russia

MOTHER
14. Maiden Name Ida —
15. Birthplace Russia

16 (a) Informant Myer L. Frank
(b) Address 3016 Chelsea Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-46 (month) (day) (year)
(c) Cemetery or crematory North Point Memorial Park
Location

18 (a) Funeral director Jack Levine Inc
(b) Address 1819 E. Balto St

19 (a) JUN 13 1946 (Signature of Registrar) Florence Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-13 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10 1946, to 6-13 1946, and that I last saw him alive on 6-13 1946.

Immediate cause of death Generalized Peritonitis — Duration

Due to Carcinoma testis and perforation of bowel

Due to

Other Conditions Arteriosclerosis, Pulmonary edema, Cachexia
(Include pregnancy within 3 months of death)

Date of operation 6-12-46

Major findings of operation Carcinoma of rectum

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Cyrus R. Friedman M. D.
Address Sinai Hosp. Date signed 6-13-46

VS 150

X

G41127 G41127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2103 McCulloh St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town 2103 McCulloh St
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Catherine Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife William Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 4 1876

8. AGE: Years	Months	Days	If less than one day
70	4	9	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Peter Smathers
13. Birthplace Va.

MOTHER
14. Maiden Name Bethy ?
15. Birthplace Va

16 (a) Informant William Brown
(b) Address 2103 McCulloh St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Lebanon Mem. Park
Location Balto Co

18 (a) Funeral director Wm. G. Holland
(b) Address 1831 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Lexington Williams, M.D.

VS JUN 13 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/10 1946 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/24 46 to 6/10 46.
and that I last saw her alive on 6/9 1946.

Immediate cause of death Cerebral Hemorrhage
Due to Paralysis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Burkhardt M. D.
Address 2139 Druid Hill Ave Date signed 6/10 1946

X

G41128 Izdebska

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G41128

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 130 S. Patterson Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 130 S. Patterson Park Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Antonina Izdebska

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25 1857

8. AGE: Years 89 | Months - | Days 18 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Nond

11. Industry or business

FATHER
12. Name Jakub Gulczynski
13. Birthplace Poland

MOTHER
14. Maiden Name unknown
15. Birthplace Poland

16 (a) Informant Mrs Theresa Marshall
(b) Address 914 S. Belnord Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-46 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Balto County

18 (a) Funeral director John J. McElroy
(b) Address 401 S. Chester St

19 (a) Registrar JUN 13 1946 (b) Huntington Millennium

MEDICAL CERTIFICATION 930

20. DATE OF DEATH June 12 1946 at A M

21. I certify that death occurred on the date above stated; that I attended deceased from JAN. 21 1946 to JUNE 12 1946 and that I last saw her alive on JUNE 12 1946.

Immediate cause of death CHRONIC MYOCARDITIS — Duration 2 yrs.

Due to

Due to

Other Conditions TERMINAL BRONCHO PNEUMONIA — 2 DAYS

(Include pregnancy within 3 months of death)

Date of operation NONE

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph F. Wenger

Address 209 S. Chester St Date signed 6/12/46 M. D.

VS 150

G41129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓129

Registered No. G41129

PRINCIPAL WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hilldale Dr. Madison St.
(c) Hospital or institution:
Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 47

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 N. Castle St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John W Hallamyer

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Tilda Hallamyer
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 12/5/1898

8. AGE: Years	Months	Days	If less than one day
47	6	7	hr. min.

9. Birthplace Balt. Md.
(Town, county, and state)
10. Usual Occupation Sheet metal
11. Industry or business

FATHER
12. Name Frank Hallamyer
13. Birthplace — Balto. Md.

MOTHER
14. Maiden Name Annie Ruppert
15. Birthplace Westminster Md.

16 (a) Informant Tilda Hallamyer
(b) Address 1000 N. Castle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-46 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 407 S. Chester Street

19 (a) JUN 13 1946 Registrar's record Huntingtown Williams, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/12/46 19 at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/12/1946 to 6/12/1946, and that I last saw him alive on 6/12/1946.

Immediate cause of death Overwhelming Toxemia - cardiac collapse — Duration

Due to Acute surgical condition of abdomen — Duration

Due to UNKNOWN. — Duration over

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John J. Smith, M.D.
Address Md. Gen. Hosp. Date signed 6/12/46

VS 150

X

G41130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. G41130

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Catonsville
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto. 27 Haletheve
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5563 Ashbourne Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna M. Balding

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1865

8. AGE: Years	Months	Days	If less than one day
80	8	15	hr. min.

9. Birthplace Wisconsin
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Samuel Connett (dec.
13. Birthplace Michigan

MOTHER
14. Maiden Name Jane Salter (dec.
15. Birthplace Detroit

16 (a) Informant Mrs. Lester Krause (daughter)
(b) Address Same

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/14/46 (month) (day) (year)
(c) Cemetery or crematory Wisconsin Mem. Park
Location Milwaukee Co. Wis.

18 (a) Funeral director Tillman & Son
(b) Address 1214 E. Cold St.

19 (a) (Date rec'd by registrar) Huntington Williams M.D.

JUN 13 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12, 1946 at 11:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/10 1946, to 6/12 1946 and that I last saw her alive on 6/12 1946.

Immediate cause of death Bronchopneumonia
Duration

Due to Coronary Thrombosis

Due to

Other Conditions: Fracture, left hip.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 5-9-46 at M.
(c) Where did injury occur? above address
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? no
(Specify type of place)
(e) Means of injury Fell to floor while getting up

23. Signature Daniel Hoffman, M.D.
Address St Agnes Hospital Date signed 6/12/46
Howard J. Haddad, M.D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 64131

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 172 Meadow Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Dygert Biscoe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Geo. A. Biscoe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1920

8. AGE: Years	Months	Days	If less than one day
25	6	11	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Game Stores

FATHER
12. Name Graham L. Dygert
13. Birthplace New York

MOTHER
14. Maiden Name Gertrude E. Menhorn
15. Birthplace N. Jersey

16 (a) Informant Gertrude Dygert
(b) Address 133 Edgevill Rd.

17 (a) Burial (b) Date thereof 6-14-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn, Md.

18 (a) Funeral director William J. Hof Jr. Huntington
(b) Address [illegible]

19 (a) JUN 12 1946 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11, 1946, at 2.25 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Diaphragmatic hernia with ruptured lives. Ruptured urinary bladder. Hemothorax & fractured ribs & fractured pelvis.

Other Conditions Contusions.

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-10-46 at 3 A. M.
(b) Where did injury occur Bell Grove Rd. Brooklyn
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? Yes
(d) Manner of injury Auto struck pole.

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 6-12-46

VS 151

G41132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G41132 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1224 Marshall St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1224 Marshall St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John W. Fontz

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Louisa Michaels
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 13. 1873

8. AGE: Years 72 | Months 9 10 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Nicholas Fontz
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary C. Martindale
15. Birthplace Baltimore

16 (a) Informant Margaret C. Stiteley
(b) Address 1224 Marshall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/46 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md.

18 (a) Funeral director Flynn & Fleming
(b) Address 1426 Light St.

19 JUN 13 1946 (b) Burlington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1946 at 1.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1946 to June 12 1946 and that I last saw h[im] alive on June 11 1946

Immediate cause of death: Arteriosclerotic Cardio-Renal Disease — Duration 3 years
Due to: Cardiac Failure —
Due to: Terminal —
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Bellon M. D.
Address 107 E. West St Date signed June 13, 1946

VS 150

G41133 per

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16-9

G41133

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Balto

(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)

(d) Street No. 4 Arthur Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME STEPHANIE ANN LEONARD

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 46

8. AGE: Years	Months	Days	If less than one day
—	—	2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Infant.

11. Industry or business

FATHER

12. Name HARRY JOSEPH LEONARD

13. Birthplace Baltimore, Md.

MOTHER

14. Maiden Name MARY DOROTHY MEEKS

15. Birthplace Baltimore, Md.

16 (a) Informant Mary Dorothy Meeks

(b) Address 4 Arthur Ave, Catonsville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-46 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Balto

18 (a) Funeral director J. J. Ruck

(b) Address 5305 Harford Rd.

19 (a) JUN 13 1946 (date received by registrar) (b) Huntington Williams, M.D. (signature of registrar)

VS 110

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12, 1946, at 1:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 10, 1946, to June 12, 1946, and that I last saw deceased alive on June 12, 1946.

Immediate cause of death Atelectasis — Duration

Due to Prematurity

Due to

Other Conditions Possible intracranial hemorrhage

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William J. Miller

Address University Hosp. Date signed 6/13/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

G41134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

Registered No. G41134

17-01

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Saint Balto Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) dea
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 410 N. Pearl st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Perry Robinson

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Colored	Male	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1927

8. AGE: Years	Months	Days	If less than one day
18	6		hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

MOTHER / FATHER

12. Name Herbert Robinson

13. Birthplace Maryland

MOTHER

14. Maiden Name Grace Milbourne

15. Birthplace Maryland

16 (a) Informant Grace Robinson

(b) Address 613 W. Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/46 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location

18 (a) Funeral director Adolphus Halstead

(b) Address 918 Druid Hill Ave

19 JUN 14 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-9- 1946, at 5 55 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 2:25 PM 25/2 6-9-46 M.

(b) Where did injury occur? Blue Pond - Cherry Hill

(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? no

(d) Means of injury Drowned while swimming

23. Signature Howard S. Mesaros, M.D. Medical Examiner.

Date signed 6-16-46

VS 151

64135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. 64135

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 741 W. Lexington st. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary B. Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1904

8. AGE: Years	Months	Days	If less than one day
42	4	4	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name William Martin
13. Birthplace NC

MOTHER
14. Maiden Name Jane Byrd
15. Birthplace NC

16 (a) Informant Arthur Richardson
(b) Address 741 - W. Lexington and

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6/16/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

JUN 14 1946 (Date rec'd by Registrar) (b) Huntington Hall Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1946, at 10:15 A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Cardio - renal bronchial pneumonia

Due to

Other Conditions Chronic Arthritis. Arteriosclerosis. Bilat. Hydrothorax. Hypostatic pneumonia
(Include pregnancy within 3 months of death) 3 hours.

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Maldeis M.D. Medical Examiner.
Date signed 6-13-46

Physician: please write the causes of death clearly and legibly. Abbreviations and symptoms are not sufficient.

64 L136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30 E

Registered No. 64 L136

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital 4-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 709 W Lafayette St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Stanley B. Mac Cubbin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1916

8. AGE: Years	Months	Days	If less than one day
29	11	10	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Stanley B. Mac Cubbin
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Boswell
15. Birthplace Virginia

16 (a) Informant Stanley B. MacCubbin (Husband)
(b) Address 709 W Lafayette St

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 6/17/46 (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Parkville Md

18 (a) Funeral director Wm Cook Inc
(b) Address 1217 St Paul St.

19 JUN 14 1946 (Date rec'd by registrar) Huntington Hilliames M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 13 June 1946, at 1.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11 June 1946 to 13 June 1946, and that I last saw him alive on 13 June 1946.

Immediate cause of death Cardiac failure — Duration

Due to Rheumatic heart disease — Duration

Due to Mitral stenosis + insufficiency — Duration

Other Conditions Fever — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy 13 June 1946

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward P. Smith M.D.
M. D.
Address Mercy Hospital Date signed 6-13-46

VS 150

92B

TYPE OR PRINT IN PERMANENT BLACK INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G41137 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Fayette & Calhoun
(b) Street address 3116 Frankhill Ave #19
(c) Hospital or institution: Franklin Square Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3116 Frankhill Ave #19 (If rural give location)
(e) Citizen of foreign country? Greenhall (Yes or No) If yes, name country

3 (a) FULL NAME Waythowak, Anna WOJTKowiak

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 69 | Months | Days | If less than one day: hr. min.

9. Birthplace Canada (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

MOTHER / FATHER

12. Name Unknown

13. Birthplace Unknown

14. Maiden Name Julia Bachowski

15. Birthplace Unknown

16 (a) Informant Adam Schaefer.

(b) Address 206 Windermere Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15 '46 (month) (day) (year)

(c) Cemetery or crematory SOLEMN HEART [illegible] Mary

Location Baltimore

18 (a) Funeral director Frank W. Ogorgulis

(b) Address 1930 Eastern Ave

19 (a) (Date rec'd by registrar) (b) Curtis Williams M.D.

JUN 17 1946

VS 15

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-12-1946, at 3 50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-11-1946, to 6-12-1946, and that I last saw h.e.R. alive on 6-11-1946.

Immediate cause of death Uremia — Duration

Due to Hypertension Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Edward A. Sauerhammer M.D.

Address Franklin Square Hosp Date signed 6/13/46 M.D.

X

IMPORTANT: WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41138 BCoa 48688 BALTIMORE CITY HEALTH DEPARTMENT G41138

HB # 101733 CERTIFICATE OF DEATH 1946 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 22-07
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 Minutes
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Minutes

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 507 Welcome Alley
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Baby Boy Headapeth (Mary)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Newborn

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1946

8. AGE: Years	Months	Days	If less than one day
			hr. 45m min.

9. Birthplace Baltimore City Hospitals
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert Headapeth
13. Birthplace N.C.

MOTHER
14. Maiden Name Mary Carr
15. Birthplace N.C.

16 (a) Informant Balto. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 6-12-46 at 9:00 P.M.
(c) ~~Cemetery~~ crematory
Location 4940 Eastern Ave

18 (a) Funeral director Baltimore City Hospitals
(b) Address

JUN 14 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION A

20. DATE OF DEATH June 3, 1946, at 7:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 3, 1946 to June 3 1946 and that I last saw h im alive on June 3, 1946

Immediate cause of death Premature Birth — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at A.M.
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Maurice M. Levy M. D.
Address Baltimore City Hosp. Date signed 6-11-46

X

G4 1139

BALTIMORE CITY HEALTH DEPARTMENT

TH. 101588 CERTIFICATE OF DEATH 13B

G4 1139 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 906 N. Wolfe St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Evans

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5th 1927

8. AGE: Years	Months	Days	If less than one day
19	0	7	hr. min.

9. Birthplace S. C
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Evans
13. Birthplace S.C

MOTHER
14. Maiden Name Plummie Chambers
15. Birthplace S .C

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Removal (b) Date thereof June 15/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Chester S. Carolina

18 (a) Funeral director Mrs. Robt A. Elliott, Daughter
(b) Address 1129 N. Carolina St

19 (a) (b)
JUN 19 1946 Curtis Williams

VS 150

MEDICAL CERTIFICATION

A

20. DATE OF DEATH June 12th 1946 19 , at 5.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 26th 19 46 to June 12th 46 and that I last saw him alive on June 12 1946.

Immediate cause of death Pulmonary Tuberculosis
for adv.

Duration 3 mos

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A.J. Hartz M. D.
Address Balto City Hosp Date signed 6/20/46

X

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DO NOT WRITE IN THIS SPACE, WITH UNFADING INK.

G41140 Reg. 101426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

G41140 Registered No.

The information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave 16-02
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 Riggs Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Willie Belton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30th 1922

8. AGE: Years 24 | Months 0 | Days 12 | If less than one day hr. min.

9. Birthplace S. C
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Allen Belton
13. Birthplace S.C

MOTHER
14. Maiden Name Bertha Thomas
15. Birthplace S.C

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-46 (month) (day) (year)

(c) Cemetery or crematory
Location Winnsboro, South Carolina

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (b) Huntington, West Virginia

Date rec'd by reg. JUN 14 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12th 1946 19 , at 5.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20th 19 46 to June 12 19 46 and that I last saw him alive on June 12th 19 1946

Immediate cause of death: Miliary Tuberculosis — Duration 3 mos

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. S. Hart M. D.
Address Balto City Hosp Date signed 6/12/46

G41141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1316

G41141

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 14-03
(b) Street address 1808 Brent Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1808 Brent Av
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Mills

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Robert N. Mills

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 6, 1904

8. AGE: Years	Months	Days	If less than one day
41	8	5	hr. min.

9. Birthplace Tanneytown Md.
(Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER 12. Name James Hill

13. Birthplace Tanneytown Md.

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Robert N. Mills

(b) Address 1808 Brent Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14, 1946 (Month) (Year)

(c) Cemetery or crematory Family Lot

Location Waynesboro, Pa

18 (a) Funeral director Mt. Lee W. Holland

(b) Address 1631 Druid Hill Ave

19 (a) (Date received by registrar) (b) Huntingdon, Williamsport, Md

JUN 14 1946

VS 110

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11 1946, at 330 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1946, to June 11 1946, and that I last saw h-- alive on June 10 1946.

Immediate cause of death Coronary Vascular Renal Disease — Duration 6 mo

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature E. William Frey M. D.

Address 1928 Pa Av Date signed 6/13/46

X

Spec.—1-10-21—M&T—1500 Blks.

14-02 ✓

G41142

HEALTH DEPARTMENT—CITY OF BALTIMORE

50

G41142

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE. (No.) 1421. Druid Hill Ave (ST.) (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Irene Mary Combs

(a) RESIDENCE NO. 1421. Druid Hill Ave ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fem

4 COLOR OR RACE: Col

5 ~~Single~~, Married, ~~Widowed~~, or Divorced, (write the word): married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of: John A. Combs

6 DATE OF BIRTH (month, day, and year): Sept 17. 1901

7 AGE: Years 45 | Months 8 9 | Days 25 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): New York City

PARENTS

10 NAME OF FATHER: No Knowledge

11 BIRTHPLACE OF FATHER (city or town) (State or country): No Knowledge

12 MAIDEN NAME OF MOTHER: No Knowledge

13 BIRTHPLACE OF MOTHER (city or town) (State or country):

14 Informant (Address): John Combs. 1421. Druid Hill Ave

15 FILED JUN 14 1946 Huntington Williams, M.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June. 12 1946

17 I HEREBY CERTIFY, That I attended deceased from April 1st 1946. to June. 12. 1946

that I last saw h[illegible] alive on June. 12. 1946

and that death occurred, on the date stated above, at 6-30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma. Left Breast

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): not known

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Suspected

(Signed) Thos. H. Magruder M. D.

19 (Address) 14. E. Read. St 2

Vernon 2656

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem.

DATE OF BURIAL: 6-14 1946

20 UNDERTAKER: Archibald C. Haddix

ADDRESS: 2101 Eutaw

TION is very important. See instructions on back of certificates.

G44143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G44143

PRINT WITH PLAIN, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 9-09
(b) Street address 1322 E. Lanvale Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1322 E. Lanvale Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH WAGNER

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife: John Wagner
6 (c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): Jan. 3, 1877

8. AGE: Years	Months	Days	If less than one day
69	5	9	hr. min.

9. Birthplace: Baltimore, Maryland
(City, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Henry Schaefer
13. Birthplace: Germany

MOTHER
14. Maiden Name: Denna Ruth
15. Birthplace: Germany

16 (a) Informant: Mr. John Wagner
(b) Address: 1322 E. Lanvale Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/46 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cemetery
Location: Baltimore, Maryland

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY

19 (a) Date received by registrar JUN 14 1946 (b) Filed Huntington Williams M.D.

MEDICAL CERTIFICATION A. M

20. DATE OF DEATH June 12 1946, at 5.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941 to June 12 1946, and that I last saw [illegible] alive on June 11 1946.

Immediate cause of death: Carcinoma, left breast — Duration 3½ yrs

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature W. H. Kranzer M.D.
Address 1402 E. Lanvale Date signed 6-13-46

VS 150

G41144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G41144

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 217 N Broadway 9-04
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 604 E 30th Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Marie Anna Klegel

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: George A Klegel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct 2d 1877

8. AGE: Years 68 | Months 7 | Days 18 | If less than one day: 1 hr. min.

9. Birthplace: Baltimore Md (Town, county and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: William F Meyers
13. Birthplace: Balto Md

MOTHER
14. Maiden Name: Mary A Lutz
15. Birthplace: Germany

16 (a) Informant: Mrs Frank Smallwood
(b) Address: 604 E 30th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-46 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cemetery
Location: North Ave & Rose St

18 (a) Funeral director: Albert I Wilt Jr
(b) Address: 1606 N Chester St Balt

19 (a) JUN 19 1946 Registrar
Huntington Williamsport, Md

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1946, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 1946 to June 12 1946 and that I last saw her alive on June 12 1946:

Immediate cause of death: Chronic myocarditis — Duration: 6 yrs
Due to: Acute Cardiac dilatation — 3 hrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Joseph Sandler M. D.
Address: 724 E Fayette St Date signed: 6/14/46

X

G41145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G41145

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 4-02
(b) Street address DOA.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 735 W. Lexington St
(If rural give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

3 (a) FULL NAME John C. Yeakel

3 (b) If veteran, name war ✓

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Late Theresa M.

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) May 25, 1879

8. AGE: Years	Months	Days	If less than one day
67		19	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Lodger
11. Industry or business For Self Lady

FATHER
12. Name Conrad Yeakel
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Singer
15. Birthplace Germany

16 (a) Informant Miss Theresa E. Yeakel
(b) Address 735 W Lexington St

17 (a) Burial (b) Date thereof 6/17/76
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location 1300 Monument Ave

18 (a) Funeral director John Cowan & Son
(b) Address 901-03 Hollins St

19 (a) [illegible] (b)
(Signature of Registrar) Registered [illegible] 1976 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/13 1976, at 7:30 A M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic C-V Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. J. Pulaski M.D.
Medical Examiner.
Date signed 6/14/76

VS 151

Type or print plainly in permanent ink. Physicians: please write the causes of death clearly and legibly.

G41146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 940

Registered No. G41146

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 2-82
(b) Street address Greenspring & Belvedere Ave
(c) Hospital or Institution Levindale Hebrew Home & Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1826 E Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Jacob Riskin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Late Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 76 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Tailor

FATHER
12. Name Michael Riskin
13. Birthplace Russia

MOTHER
14. Maiden Name Rebecca Rosinskin
15. Birthplace Russia

16 (a) Informant Harry Bronstein
(b) Address 3823 Barker Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14/46 (month) (day) (year)
(c) Cemetery or crematory Helen Rivadale Cem
Location Hamilton ave

18 (a) Funeral director Sol Levinson Bro
(b) Address 1124-26 W Northave

19 (a) (Date rec'd by registrar) (b) Huntington Williamson, M.D.

VS 190 JUN 14 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1946, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-20 1946, to 6-14 1946 and that I last saw h alive on 6-14 1946.

Immediate cause of death: Acute coronary thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Schumm Levin M.D.
Address Levindale Date signed 6/14/46

G41147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1312

Registered No. G41147

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1727 E. 32 St 9-06
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1727 E. 32 St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louisa Musch

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Christoph Musch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 17. 1864

8. AGE: Years	Months	Days	If less than one day
81	9	26	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Wm. Nispel
13. Birthplace Germany

MOTHER
14. Maiden Name Cath Gentrum
15. Birthplace Germany

16 (a) Informant Frida Trentzsch
(b) Address 1727 E. 32 St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15. 1946 (month) (day) (year)
(c) Cemetery or crematory London Park
Location City

18 (a) Funeral director Wm. Wm. J. W. Teufel & Son
(b) Address 801 W. Fayette St

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 14 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-12-1946, at 7 15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-16-1944 to 6-12-1946, and that I last saw her alive on 6-12-1946.

Immediate cause of death: Arteriosclerotic cardio-renal disease — Duration: Uncertain

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. B. Sylvester M. D.
Address 2802 Harford Rd signed 6-13-46

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Kaba ✓ G41148

G41148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30 B

Registered No. G41148

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 3-02
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 9 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 130 S. Carlton St #2 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Ann Kaba

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1918

8. AGE: Years	Months	Days	If less than one day hr.	min.
27	10	29		

9. Birthplace [redacted] New York (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Stephen Kaba
13. Birthplace Budapest

MOTHER
14. Maiden Name Rose
15. Birthplace Budapest

16 (a) Informant William Kaba (Brother)
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/46 (month) (day) (year)
(c) Cemetery or crematory Location Allentown Pa

18 (a) Funeral director Frank Dellone
(b) Address 52 N. Hanley St.

19 (a) JUN 14 1946 (b) Registrar Huntington Tennessee

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/13/46 1946, at 10:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 30, 1946. to JUNE 13, 1946 and that I last saw HER alive on JUNE 13 1946.

Immediate cause of death	Duration
ACIDOSIS	
Due to PORTAL CIRROSIS	
Due to ALCOHOLISM	
Other Conditions Positive Wasserm	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earl R. Poul M. D.
Address Date signed 6/17/46

VS 150

194a

FILL IN WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 125B

Registered No. G41149

The information requested on this certificate is necessary for the protection of life and property. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 8-5

(a) Baltimore City, Maryland

(b) Street address 1400 N. Caroline St

(c) Hospital or institution: St Josephs Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town 1912 McDonough St (If outside city or town limits, write RURAL and give town)

(d) Street No. Baltimore Ind. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Florence M. Jordan

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband ~~or wife~~ Oliver

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-12-99

8. AGE: Years	Months	Days	If less than one day
46	6		hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER 12. Name Talley Ryan

13. Birthplace Md

MOTHER 14. Maiden Name Bertie Smith

15. Birthplace Md

16 (a) Informant Oliver Jordan

(b) Address 1912 McDonough St

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 6-15-1946 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Taylor Ave

18 (a) Funeral director Leo E. Crook

(b) Address 1701-03 N. Patterson Park ave

19 (a) [illegible] (Date rec'd by registrar) Washington Wm. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 June 1946 at 2:30 p M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10 1946 to 6-12 1946, and that I last saw h[illegible] alive on 6-12-1946.

Immediate cause of death Atelectasis — Duration

Due to Multiple liver abscesses

Due to Chronic cholecystitis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Multiple liver abscesses

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William J. McAuliffe M. D.

Address St Josephs Hosp. Date signed 6-12-46

VS 150

G4L150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

✓ G4L150 Registered No.

1. PLACE OF DEATH: 261
(a) Baltimore City, Maryland
(b) Street address 4600 Glenarm Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4600 Glenarm Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MILTON CARROLL BRUNDIGE, Sr.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	217-12-0084	Male	White	Widower

6 (b) Name of husband or wife Annie Brundige
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 3, 1879

8. AGE: Years	Months	Days	If less than one day
67	3	9	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business United Fruit Co.

FATHER
12. Name - Brundige
13. Birthplace N. Y.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mr. Milton C. Brundige, Jr.
(b) Address 4600 Glenarm Ave.

17 (a) Burial (b) Date thereof 6/15/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 14 1946 Huntington Williams Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12, 1946 at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1946 to June 12 1946
and that I last saw h alive on June 12 1946.

Immediate cause of death: Heart block — Duration: 2 weeks
Due to: Arteriosclerosis — 2 yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Edward Stevenson
Address 140 Overlea Ave. Date signed 6/14/46

VS 190

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G4.1.51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. G4.1.51

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 9-7
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1601-E Gorsuch Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Selby Houck

3 (b) If veteran, name war: World War #1

3 (c) Social Security Account No. 212-05-5518

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Mildred E. Houck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14, 1894

8. AGE: Years	Months	Days	If less than one day
52	2	28	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Under Clerk
11. Industry or business: Consol. Gas & Elec. Co.

FATHER
12. Name: John Thomas Houck
13. Birthplace

MOTHER
14. Maiden Name: Grace Howard Selby
15. Birthplace

16 (a) Informant: Mrs. Mildred E. Houck
(b) Address: 1601 Gorsuch Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/46 (month) (day) (year)
(c) Cemetery or crematory: Greenmount Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) JUN 14 1946 (Date received by registrar) Registrar. Huntington Woods Md

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1946, at 11:30 A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Fractured skull
Fractured shoulder
Due to Generalized arteriosclerosis

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-4- at 5 A.M.
(b) Where did injury occur? 1601 Gorsuch Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Fell from 2nd to 1st floor

23. Signature Howard J. Mueller M.D. Medical Examiner.
Date signed 6-13-46

VS 151

G41152 — G41152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

I.D. 101192 — Registrar's No.

26-12

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1- 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Homeless (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Joseph Thistlewood Burgison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 16th 1879

8. AGE: Years	Months	Days	If less than one day
66	9	28	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Iron Worker
11. Industry or business General Contractors

FATHER — 12. Name Joseph Robert Burgison D
13. Birthplace Penna

MOTHER — 14. Maiden Name Marietta Merritt D
15. Birthplace Maryland

16 (a) Informant Mr. Raymond M. Burgison
(b) Address 802 Reservoir St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/46 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons Inc
(b) Address North & Pa. Aves.

19 (a) JUN 14 1946 (Date rec'd by registrar) (b)

MEDICAL CERTIFICATION

P

20. DATE OF DEATH June 12th 1946 19 . at 3.05 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 10th 1946 to June 12th 1946 and that I last saw him alive on June 12th 1946

Immediate cause of death: Bronchopneumonia bilateral — Duration: 1 wk

Due to: Sarcomatosis — 3 mos?

Due to: Lymphosarcoma — 9 mos

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: Oct 8th 9

Major findings of operation:

Findings of autopsy: as above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Moll M. D.
Address Balto. City Hosps Date signed 6-14-46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

27-D ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

G41153 G41153

CERTIFICATE OF DEATH. 93D

1-PLACE OF DEATH Edgewood Nursing Home

CITY OF BALTIMORE: (No 6000 Bellona Ave. ST ..... WARD)

REGISTERED No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Daniel N. Ziegfeld (Ziegfeld)

(a) RESIDENCE No. 691 Gladstone Ave. ST. .... WARD ....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Adele W. Zeifeld

6 DATE OF BIRTH (month, day, and year) Aug. 15, 1867

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	9	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lithographer (Retired)

(b) General nature of industry, business, or establishment in which employed (or employer) Oscar T. Smith Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Springfield, Ohio

PARENTS

10 NAME OF FATHER Julius Zeifeld

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Margaret Gebhardt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Julius O. Zeifeld
(Address) 691 Gladstone Ave.

15 Filed JUN 14 1946, 19 .... Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13-46

17 I HEREBY CERTIFY. That I attended deceased from ..., 19 ..., to Jun 13, 19 46

that I last saw h alive on June 13, 19 46

and that death occurred, on the date stated above, at 12-45 P.M.

The CAUSE OF DEATH* was as follows:

arterio-sclerotic heart disease.

(duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) Cardio degeneration

(duration) ... yrs. 3 mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? P.E.

(Signed) Palmer R. Williams M. D.

6/13, 19 46 (Address) Pikesville, Md.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Burial Loudon Park

DATE OF BURIAL 6/17 19 46

UNDERTAKER Wm. J. Tickner & Sons Inc

ADDRESS North & Pa.

G44154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1090

G44154 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 14-V
(b) Street address Linden & Madison Ave
(c) Hospital or institution: Maryland G. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 Madison Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Olie Bowers.-

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-3351

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Negro	Widowed

6 (b) Name of husband or wife Lecie Bowers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-12-05

8. AGE: Years	Months	Days	If less than one day
40	8	1	hr. min.

9. Birthplace Chapin - S.C.
(Town, county, and state)
10. Usual Occupation Mechanic & Painter
11. Industry or business Auto - Painter

FATHER
12. Name George Bowers
13. Birthplace S.C.

MOTHER
14. Maiden Name Alice Merritt
15. Birthplace S.C.

16 (a) Informant Virgil Bowers
(b) Address 1709 Mad. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-46 (month) (day) (year)
(c) Cemetery or crematory
Location Chapin, S.C.

18 (a) Funeral director Charles R. Law
(b) Address 807 Madison Ave

19 (a) (Signature of registrar) (b) Registrar

JUN 14 1946

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1946, at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1946 to June 13 1946, and that I last saw him alive on June 12 1946.

Immediate cause of death	Duration
Respiratory failure	
Due to Atypical pneumonia	
St. bilat. (Colupsolidated	19 hrs
Due to Virile & Ray in admission	
Other Conditions Possible C.N.S.	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. E. Jones M.D.
Address Maryland Hosp. Date signed 6/13/46

G41155

BALTIMORE CITY HEALTH DEPARTMENT 46B

CERTIFICATE OF DEATH

G41155 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 28-1

(a) Baltimore City, Maryland

(b) Street address 4112 Elderon Avenue

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 4112 Elderon Avenue
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN KALINSKI

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-7883

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Sophia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 20, 1876

8. AGE: Years	Months	Days	If less than one day
70	4	21	hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Retired

FATHER
12. Name George Kalinski
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Wisniewska
15. Birthplace Poland

16 (a) Informant Mrs. Jane Novak

(b) Address 4112 Elderon Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/46 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location German Hill Road

18 (a) Funeral director M. J. Sadowski & Son

(b) Address 1808 Eastern Avenue

19 (a)

JUN 14 1946

Washington Hill Baltimore

VS 158

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/11 1946 at 7.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from October 1945 to June 1946 and that I last saw h~~im~~ alive on 6/11 June 1946.

Immediate cause of death — Duration

Cancer of Stomach — 1-2 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature George Sharpatz SHARPATZ M. D.

Address 5106 Park Heights Ave Date signed 6/13/46

G41156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G41156 Registered No.

11-1

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 St. Paul Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Francis Henry Maginn

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-3883

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widower

6 (b) Name of husband or wife Elizabeth Jennings

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 24 1872

8. AGE: Years	Months	Days	If less than one day
73	9	20	hr. min.

9. Birthplace Balto Md
(town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name	John Henry Maginn
FATHER 13. Birthplace	Ireland
MOTHER 14. Maiden Name	Margaret Henry
MOTHER 15. Birthplace	Ireland

16 (a) Informant J Carroll Beuse
(b) Address 304 E. Melrose ave

17 (a) Cremation (b) Date thereof June 14 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) ~~Cemetery~~ or crematory Green Mount Cem
Location Bzto Md

18 (a) Funeral director Henry W Hopkins Son & Co
(b) Address McCulloh Richards & Co.

19 (a) (Date received by registrar) JUN 14 1946 (b) Hunting for Register, Md.

VS 187

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-13- 1946, at 2 39 P. M

21. I certify that I took charge of the remains described above, held an Inspection + Inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Andersen M.D.
Medical Examiner.
Date signed 6-14-46

G41157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G41157 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or ~~institution~~: St. Joseph's
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1315 N. Smallwood (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Israel Hendler

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-16-6452

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife Ethel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1902

8. AGE: Years	Months	Days	If less than one day
43	9	14	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER 12. Name Joseph
13. Birthplace Russia

MOTHER 14. Maiden Name Sophie
15. Birthplace Russia

16 (a) Informant WIFE
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-46 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Phila. Rd. & Rowlays Lane

18 (a) Funeral director Jack Senn Inc.
(b) Address 7439 E. Baltimore St.

19 JUN 14 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1946 19 , at 3:30AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 9, 1946 to June 14, 1946, and that I last saw him alive on June 14 1946.

Immediate cause of death Cardio-Respiratory Failure — Duration

Due to Inter-capillary Glomerular Sclerosis

Due to

Other Conditions Chronic Nephritis, Diabetes, Eye-ground Changes
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard A. Young M.D.
Address 8 S. Broadway Date signed 6/14/46

VS-198

G4158 ✓ G4158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 14

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1741 Lafayette (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leola Leta

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Michael
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-8-19

8. AGE: Years 26 | Months 8 | Days 4 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Klaumberg
13. Birthplace Md

MOTHER
14. Maiden Name Myrtle Thornton
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Ave. & Bose St

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 N Broadway

19 JUN 14 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1946 at 9:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1946 to June 12 1946 and that I last saw h[illegible] alive on June 12 1946

Immediate cause of death: Tuberculous Meningitis — Duration: 1 Month

Due to: Tuberculoma of Right Cerebellum

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: 1st April 1946

Major findings of operation: Tuberculoma of Right Cerebellar Hemisphere

of autopsy: TB Meningitis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Arthur B Laing, M. D.
Address: Johns Hopkins Hosp. Date signed: 12 June 46

X

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G41159

The information requested on this certificate is necessary for the registration of the death and the issuance of a burial permit. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 26-9
(a) Baltimore City, Maryland
(b) Street address 725 S. Conkling St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 725 S. Conkling St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARTHA J. LONG.

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ---

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Adam Long
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 4, 1866

8. AGE: Years 79 | Months 7 | Days 8 | If less than one day: hr. min.

9. Birthplace: Balto., Co., Md.
(Town, county, and state)

10. Usual Occupation: House Work

11. Industry or business: At Home.

FATHER
12. Name: Philip Hummel
13. Birthplace: Germany

MOTHER
14. Maiden Name: Julia Corns
15. Birthplace: Md.

16 (a) Informant: John E. McCormick (Son)
(b) Address: 725 S. Conkling St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-46. (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn Cem
Location: 7225 Eastern Av., Balto. Co.

18 (a) Funeral director: Charles L. Feiler.
(b) Address: 3605 Fait Ave.

JUN 14 1946 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1946, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1946 to June 12 1946 and that I last saw h[illegible] alive on June 1946.

Immediate cause of death: Coronary Thrombosis. — Duration

Due to: Arteriosclerotic Cardio-Vascular disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: L. B. Stevens M.D.
Address 3402 Ordway Date signed 6/13/46

VS 180

G41160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

65E

Registered No. G41160

TN. 101903

FORM WILL FADING, WITH UNFAILING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs

26-10

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 330 S. Clinton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Biancanelli

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1st 1886

8. AGE: Years	Months	Days	If less than one day
60	3	11	hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Micheal Natola
13. Birthplace Italy

MOTHER
14. Maiden Name Carmella Juliano
15. Birthplace Italy

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof June. 17 1946 (month) (day) (year)
(c) Cemetery or crematory Hebr. Ridgemer
Location Belair Road

18 (a) Funeral director Wendell J. Dippel
(b) Address 312 S. Highland Ave

19 (JUN 14 1946) (Date received by registrar)

Huntington Williams, MD Registrar

VS 150

MEDICAL CERTIFICATION 5.10 P

20. DATE OF DEATH June 12th 1946, at 8:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8th 1946 to June 12 1946 and that I last saw her alive on June 12th 1946

Immediate cause of death: Cachexia — Duration: 1 mo

Due to: Carcinomatosis — Duration: ½ yr?

Due to: Carcinoma of uterus — Duration: 2 yr?

Other Conditions: Rheumatic heart disease (Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: —

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas J. O'neill M. D.
Address Balto. City Hospitals Date signed 6-14-46

X

G41161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G41161 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 26
(b) Street address 4226 Seidel Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4226 Seidel Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William F. Liedlich

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-26-3229

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Annie E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 26-1882

8. AGE: Years	Months	Days	If less than one day
63	5	17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired -
11. Industry or business Balto City Fire Dept.

FATHER 12. Name Henry Liedlich
13. Birthplace Prussia

MOTHER 14. Maiden Name Sophie Lehmann
15. Birthplace Md.

16 (a) Informant Mrs. Annie Liedlich
(b) Address 4226 Seidel Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-46 (month) (day) (year)
(c) Cemetery or crematory Mayland
Location Balto

18 (a) Funeral director Leonard J. Huck
(b) Address 5305 Harford Rd.

19 JUN 14 1946 (b) Registrar Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-12- 1946, at 5:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1943, to Jun 12 1946; and that I last saw him alive on 6-11 1946

Immediate cause of death Coronary Occlusion

Due to Arteriosclerosis & hypertension — Duration 3 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard Ryerstad, M.D.
Address 5707 Belair Rd. Date signed 6-13-46

VS 150

G41162 G41162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1312

6-1

Numbers within a square, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 443 N. Linwood Av
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 443 N. Linwood Av
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence H. Black

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-05-0863

4 Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Isabella L.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5 1878

8. AGE: Years 67 | Months 6 | Days 6 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business: Rever Copper & Brass

FATHER
12. Name: Edward Black
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Kath. Harman
15. Birthplace: Balto. Md.

16 (a) Informant: Isabella L. Black
(b) Address 443 N. Linwood Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/46 (month) (day) (year)

(c) Cemetery or crematory: Greenmount Cem
Location: Greenmount & Oliver

18 (a) Funeral director: John J. McGan
(b) Address: 310 E. Balto. St.

19 (Date received by local registrar) JUN 14 1946 (Signature of registrar) Lovington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 1946 to June 12 1946 and that I last saw h[illegible] alive on June 12 1946

Immediate cause of death: Hypostatic Pulmonary Congestion — Cerebral Hemorrhage — Duration: 4 hours

Due to:

Due to:

Other Conditions: Cerebral Thrombosis — Duration: 2 days

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: Peter L. Sekonsky, M.D.
Address 739 Fulton Av Date signed 6/13/46

VS 150

G4 L163 — BALTIMORE CITY HEALTH DEPARTMENT — G4 L163

CERTIFICATE OF DEATH 93D

Registered No.

6-2

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 213 N Lakewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 N Lakewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alphonse Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed, or divorced~~
Male	White	Widow

6 (b) Name of ~~husband~~ or wife Anna L. Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15 1870

8. AGE: Years	Months	Days	If less than one day
75 76	8	27	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business Post.

FATHER	12. Name
	13. Birthplace Baltimore Md
MOTHER	14. Maiden Name Bernard Schmidt
	15. Birthplace Baltimore Md.

16 (a) Informant Katherine Stumpf
(b) Address 213 N Lakewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director John C Moran
(b) Address 3940 E Baltimore St

19 (a) JUN 14 1946 (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1946 (at) M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1946 to June 12 1946 and that I last saw h[illegible] alive on June 12 1946.

Immediate cause of death: Terminal Pneumonia — 2 days
Due to: Myocarditis + Hypertension — 3 yrs.
Due to:
Other Conditions: none
(Include pregnancy within 3 months of death)

Duration

Date of operation: none
Major findings of operation: none
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B W Kelly M. D.
Address 600 N Lemwood Ave Date signed June 13 1946

VS 150

X

G4 1154 ✓ G4 1154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH: 18-3
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 23 S. Schroeder St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry Fetter
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Carrie Fetter
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Unknown
8. AGE: Years 76 | Months | Days | If less than one day hr. min.
9. Birthplace: Balto.
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: John Fetter
13. Birthplace: Balto.

MOTHER
14. Maiden Name: Alice ?.
15. Birthplace: Md.

16 (a) Informant: Harry Gross
(b) Address: 173 W. Hamburg St.

17 (a) (Burial, cremation, or removal) (b) Date thereof: 6-10-46 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary
Location: Balto.

18 (a) Funeral director: Walter B. Pugh
(b) Address: 139 W. Hamburg St.

19 (a) (Date received by registrar) (b) Registrar

JUN 14 1946 Registrar for Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1946 at 9:38 a. M

21. I certify that I took charge of the remains described above, held an ~~inquest~~ Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Horace J. Abercrombie M.D. Medical Examiner.
Date signed 6/10/46

1

G44165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

Registered No. G44165

28-2

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5101 Liberty Heights Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5101 Liberty Heights Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mamie F. Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William H. Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5 1870

8. AGE: Years	Months	Days	If less than one day
76	1	9	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Henry Thurman
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant William H. Miller Jr
(b) Address 1420 E. Oliver St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17 1946 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Brooklyn Md

18 (a) Funeral director Henry T. Armacost
(b) Address 4204 Ridgewood Ave

19 (a) (Date rec'd by registrar) JUN 14 1946 (b) Huntington Williamson M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/14 1946 at 5:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1946 to June 14 1946 and that I last saw h er alive on 6/14 1946

Immediate cause of death
Cardio vascular renal disease — Duration
Due to Arteria sclerosis
Due to Hy pertension
Other Conditions Angina Pectoris
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D Volenick M. D.
Address 4710 Liberty Hts Date signed 6/14/46

Y

Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

G41166

NB # over 101810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G41166 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Newborn

8-7

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1642 E. Hoffman St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Pickens(Levola)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Newborn

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1946

8. AGE: Years	Months	Days	If less than one day
			5 hr. 1 min.

9. Birthplace Baltimore City Hospitals
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Brown
13. Birthplace N.C.

MOTHER
14. Maiden Name Levola McGill
15. Birthplace S. C.

16 (a) Informant Balto. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) Cremation (b) Date thereof June 12th 1946
(month) (day) (year)
at 9:00 A.M.
(c) [redacted] or crematory
Location 4940 Eastern Ave

18 (a) Funeral director Baltimore City Hospitals
(b) Address

19 JUN 14 1946 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5, 1946, at 4:40PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 5, 1946 to June 5, 1946 and that I last saw h[illegible] alive on June 5, 1946

Immediate cause of death Resp. failure — Duration

Due to Pulmonary atelectasis

Due to Prematurity

Other Conditions none.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Pul. atelectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
Records (Specify type of place)
(e) Means of injury

23. Signature Jarrell Deane M. D.
Address Balt City Hosp. Date signed 6-12-46

VS 150

X

G41167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83B

Registered No. G41167

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3702 Spaulding Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3702 Spaulding Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas F. Nolan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Florence Nolan
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 27, 1875

8. AGE: Years	Months	Days	If less than one day
70	9	15	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Martin Nolan
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Fahey
15. Birthplace Ireland

16 (a) Informant Mrs. Florence Nolan
(b) Address 3702 Spaulding Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. City

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights Av.

19 (a) JUN 14 1946 (Date received by Registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 19 46 at P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1946 to June 12 1946 and that I last saw h alive on June 12 1946.

Immediate cause of death: Cerebral Thrombosis
Uraemia
Due to: Arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

Duration
1 month 3 days.
10 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Melton E. Lemmon M. D.
Address 5013 Park Heights Ave Date signed 6-13-46

Huntington Williams, M.D.

X

The information requested on this certificate is necessary for the registration of the death. Every question should be answered fully and correctly as the certificate must be permanently kept as filed. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

GA 1168 BRODERICK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. GA 1168

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 480 Fremont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 480 Fremont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John N. Broderick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Katherine McKeever 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/18/1872

8. AGE: Years	Months	Days	If less than one day
73	10	25	hr. min.

9. Birthplace W. Va (Town, county, and state)
10. Usual Occupation Retired Baker
11. Industry or business Road Master Clerk

FATHER
12. Name Timothy A Broderick
13. Birthplace W. Va

MOTHER
14. Maiden Name Josephine Dunseath
15. Birthplace Not Known

16 (a) Informant Mrs J N Broderick
(b) Address 480 Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Med Frederick Road

18 (a) Funeral director D J Cohen & Sons
(b) Address 1310 E Lights St

JUN 14 1946 (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/12/46 1946 at 4:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 20 1944 to June 12 1946 and that I last saw him alive on June 12 1946.

Immediate cause of death Myocarditis
parglysis, hypertension

Due to Cerebral Hemorrhage

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

Duration
Oct. 20 1944 to June 12 1946

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gwendolen Bowers

Address 2 West Read Street Date signed 6/14 M. D. 46

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G4L169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47a

Registered No. G4L169

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 110 S. Catherine St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Edward Wirtz

3 (b) If veteran, name war None
3 (c) Social Security Account No. 216-01-7280

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband or wife~~ Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 23, 1877

8. AGE: Years 69 | Months 4 | Days 20 | If less than one day: hr. min.

9. Birthplace Germany (Town, county and state)

10. Usual Occupation Butcher

11. Industry or business Louis Sands

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Annie T. Wirtz
(b) Address 110 S. Catherine St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director George L. Sproul
(b) Address 1946 Frederick Ave.

19 JUN 15 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/12 1946 at 7:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/16 1946 to 6/12 1946 and that I last saw h/her alive on 6/12 1946.

Immediate cause of death: Carcinomatosis — Duration: 3 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation: Exploratory 4/16

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jerome S. Cannon M. D.
Address St. Agnes Hosp. Date signed 6-12-46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. G41170

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla. (b) County
(c) City or town Sebring (If outside city or town limits, write RURAL and give town)
(d) Street No. 116 N. Lakeview (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dr Hartley E. Boorom

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Blanche

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-17-84

8. AGE: Years 62 | Months 1 | Days 27 | If less than one day hr. min.

9. Birthplace NY (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER 12. Name Addison Boorom

13. Birthplace N.Y.

MOTHER 14. Maiden Name Mary Spence

15. Birthplace NY

16 (a) Informant Records.

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17, 1946 (month) (day) (year)

(c) Cemetery or crematory Location East Bloomfield New York.

18 (a) Funeral director Ober Funeral Home Inc

(b) Address 4644 York Rd.

JUN 15 1946 (Date received) Huntington Williams M.D. (Signature)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1946 at 9 55 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 24 1946 to June 14 1946 and that I last saw deceased alive on June 14 1946.

Immediate cause of death Cachexia
Hepatic failure — Duration 2 mos.

Due to Sarcoma or carcinoma of liver + regional nodes — 1 yrs.

Due to

Other Conditions Brucellosis
Hypertensive vascular disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Confirmatory

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leo A. White, Jr. M. D.

Address Johns Hopkins Hospital Date signed 6-14-46

PHYSICIAN

Underline the cause to which death should be charged statistically.

correct age is especially important. Physicians: please write the causes of death clearly and legibly. — ...supplied. The ...ould be careful ... INK. Every item of information ...

64171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

Registered No. 64171

Please write plainly, with INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3823 Bearman Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3823 Bearman Ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Philip Del Negro

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	213-10-9930	male	White	Married

6 (b) Name of husband wife Ida Del Negro
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8 1889

8. AGE: Years	Months	Days	If less than one day
56	6	5	hr. min.

9. Birthplace S. Remo Italy
(Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Anthony Del Negro
13. Birthplace Italy

MOTHER
14. Maiden Name Filomena Sambrotto
15. Birthplace Italy

16 (a) Informant Ida Del Negro (Wife)
(b) Address 3823 Bearman Ave

17 (a) Burial (b) Date thereof June 15 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loraine Park
Location 5608 Dogwood Rd. Woodlawn Md.

18 (a) Funeral director Frank Adler Usee
(b) Address 52 N. Morley St.

JUN 15 1946 (b) Huntington Williamsport MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-13th 1946, at 8:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1945 to 6-13th 1946. and that I last saw him alive on 6-9th 1946.

Immediate cause of death: Chronic heartfailure — Duration
Due to: coronary sclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lester H. Bix M. D.
Address 2516 Linden Ave Date signed 6-14-46

VS 150

X

64172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. 64172

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 51
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1204 Cedar Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Johnson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-1-1892

8. AGE: Years	Months	Days	If less than one day
54	1	13	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Silver Polisher

11. Industry or business

FATHER
12. Name Guella Henry Johnson
13. Birthplace Maryland

MOTHER
14. Maiden Name Caroline ?
15. Birthplace Maryland

16 (a) Informant Hazel Johnson
(b) Address 1204 Cedar Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 JUN 15 1946 (Date rec'd by registrar) (b) Huntington Williamson, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-14- 1946, at 12 A. M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic Pulmonary Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 6-14- 46

G41173 Tl.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G41173 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5- 6- 24
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 624 N. Lanvale St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Minnie Banks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28 1885

8. AGE: Years	Months	Days	If less than one day
60	6	14	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Richard Deeden (D
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Turner
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.
JUN 15 1946 (Date rec'd by registrar) (b) Huntington for Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12th 1946 19 , at 2:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 18 19 46 to June 12 1946, and that I last saw h.er alive on June 12th 19 46

Immediate cause of death Broncho-
Lobar Pneumonia, Rt.

Due to

Due to

Other Conditions Hypertensive Cardiovascular Disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: See above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert R. Faibe M. D.
Address Balto. City Hosps Date signed 6-14-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G4474 G4474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 82a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland University Hospital
(b) Street address Lombard & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 Riggs St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Wright

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Black

6 (a) Single, married, widowed, or divorced widowed

6 (b) Name of husband or wife unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-15-1875

8. AGE: Years 71 Months 1 Days 27 If less than one day hr. min.

9. Birthplace Frederick Md
(Town, county, and state)

10. Usual Occupation House work

11. Industry or business

FATHER 12. Name Motor Stewart

13. Birthplace Md

MOTHER 14. Maiden Name Jennie Hopkins

15. Birthplace Md

16 (a) Informant Virgin Bentley

(b) Address 94 SW. Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (month) 19 (day) 46 (year)

(c) Cemetery or crematory Mt. Auburn Cem

Location Baltimore Md

18 (a) Funeral director William A. Jackson

(b) Address 916 Pennsylvania ave

19 (a) JUN 15 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 19 46 at 9:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 19 46 to June 12 19 46, and that I last saw h[illegible] alive on June 12 19 46.

Immediate cause of death Respiratory Failure — Duration

Due to Cerebro Vascular accident

Due to Hypertension and Arteriosclerosis.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James A. Vaughan Jr. M. D.

Address University Hospital Date signed 6-19-46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G4L175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G4L175

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4105 Greenway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4105 Greenway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie (Frances) Koons Gillet

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	W	widow

6 (b) Name of husband or wife Geo M Gillet
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 1866

8. AGE: Years	Months	Days	If less than one day
70	0	8	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles Koons
13. Birthplace Va.

MOTHER
14. Maiden Name Eliza Brooks
15. Birthplace Balto Md

16 (a) Informant Frances Mrs Geo M Gillet
(b) Address 4105 Greenway

17 (a) Burial (b) Date thereof June 15 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Thomas
Location Garrison Forest Md

18 (a) Funeral director Henry W Jenkins Sons Co
(b) Address McCulloh & Orchard Sts

19 (a) (b) Thurlington Williams, M.D.
Registrar

JUN 17 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1946, at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1945 to June 16 1946, and that I last saw h[illegible] alive on June 15 1946

Immediate cause of death: myocardial failure

Due to Arterio Sclerosis

Due to Senility

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward Gillett M. D.
Address 712 Parkton Balto Md Date signed June 17 1946

G44176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 F

Registered No. G44176

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 320 Mt. Holly St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 318 Lyndhurst St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George F. Engel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Late Marie V. (nee Linck)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 23, 1888.

8. AGE: Years 57 | Months 7 | Days 21 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Proprietor of

11. Industry or business Restaurant

FATHER
12. Name John N. Engel
13. Birthplace Md.

MOTHER
14. Maiden Name Rosa Schoelle
15. Birthplace Md.

16 (a) Informant Fred H. Engel
(b) Address 320 Mt. Holly St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Ave. & Gay St.

18 (a) Funeral director Harry H. Mikula
(b) Address 4101 Edmondson Ave.

19 (a) [illegible] 15 1946 Huntington Williams M.D.
(Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 27, 1943 to June 14, 1946 and that I last saw h[illegible] alive on June 13, 1946

Immediate cause of death
Carcinoma of Liver

Due to

Due to

Other Conditions Diabetes

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration
1 yr

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert C. Blake M. D.
Address Med. Arts Bldg. Date signed 6-25-46

VS 150

X

This item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 11177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

132

Registered No. C 11177

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 935 W. Fayette St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 935 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

2 (a) FULL NAME Joseph Corbin

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: C
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Edna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/19/1896

8. AGE: Years 50 | Months 2 | Days 24 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Huckster
11. Industry or business

FATHER
12. Name Joseph Corbin
13. Birthplace Md.

MOTHER
14. Maiden Name Ada
15. Birthplace Md

16 (a) Informant Edna Corbin (Wife)
(b) Address 935 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/1946 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Memorial Pk.
Location Balto County, Md.

18 (a) Funeral director Charles H. Wolfe
(b) Address 510-512 Carrollton Ave.

19 JUN 15 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/13/46 19 at 12:10 A

21. I certify that death occurred on the date above stated; that I attended deceased from 3/26 1946 to 6/13 1946 and that I last saw h. alive on 6/12 1946

Immediate cause of death: Chronic Pulmonary Tuberculosis — Duration: 3 mos

Antecedent causes:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. P. Howell M.D.
Address 901 N Carrollton Ave Date signed 6/14/46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/31a

Registered No. G41178

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1204 Argyle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1204 Argyle Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Sorrell

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	None	F	C	Widowed

6 (b) Name of husband or wife McCarty
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/1/1855

8. AGE: Years	Months	Days	If less than one day
91	4	11	hr. min.

9. Birthplace A.A. County, Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER 12. Name Chas. Wilkins
13. Birthplace Md

MOTHER 14. Maiden Name Ella
15. Birthplace Md.

16 (a) Informant Charles S. Lester (Nep
(b) Address 2019 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15.46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 510-512 Carrollton Ave

JUN 15 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/12/1946 19 , at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1940 to 6/12 1946 and that I last saw h e alive on 6/10 1946

Immediate cause of death Hypertensive cardio-renal disease Duration Sev yrs
Due to (Coronary)
Due to
Other Conditions Arterio-sclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rayner Browne X
Address 1310 E. Madison St Date signed 6/14/46 M.D.

VS 150

G41179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G41179

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 121 Aisquith St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 121 Aisquith St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary F. King (Mary Belgamia King)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Andrew King

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) January 1, 1878

8. AGE: Years 68 | Months 5 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name Samuel Johnston

13. Birthplace Va.

14. Maiden Name Caroline Harrison

15. Birthplace Md

16 (a) Informant Andrew King

(b) Address 121 Aisquith St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/46 (month) (day) (year)

(c) Cemetery or crematory Baltimore Memorial Park

Location

18 (a) Funeral director Albert L. Gruber

(b) Address 1216 N. Carrollton Ave

19 JUN 15 1946 (b) Huntington Pathologist

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1946 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1946 to June 12 1946 and that I last saw h[illegible] alive on June 11 1946.

Immediate cause of death: Acute Cardiac Dilatation — Duration 1 day

Due to: Cardiac Renal Disease — unknown

Due to:

Other Conditions Pernicious Anemia — 1 month

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury BERNARD HARRIS

23. Signature Bernard Harris

Address 207 N Carrollton Ave Date signed 6/17/46

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 150

G41180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G41180

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hosp. 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 502 E. 21st St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Daniel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Daughter
(b) Address 502 E. 21st. Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17 1946 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location 4430 Belair Road

18 (a) Funeral director Joseph Fraser Inc.
(b) Address 2013 Greenmount Ave

19 (a) [illegible] (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/13/46 19 at 11.20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/13/46 19 to 6/13/46 11.20 PM. and that I last saw h[illegible] alive on 6/13/46 19 11.00 AM.

Immediate cause of death Cardio-Myocarditis fatigue

Due to Uncontrolled Diabetes Mellitus & Acidosis.

Due to Dilated stomach Generalized peritonitis,

Other Conditions Cirr. fatty liver, Fatty degenerative myocardium.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: [illegible]

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Davidson M. D.
Address Clinic Hosp. Date signed 6/14/46

VS 150

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

64 1181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. 64 1181

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 132 W. Lafayette Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 526 Radnor Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cecelia B. Smith

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: no

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 26, 1871

8. AGE: Years 74 | Months 7 | Days 18 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation --

11. Industry or business

FATHER
12. Name George P. Smith
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Mary C. Bowman
15. Birthplace Unknown

16 (a) Informant Mr. F. E. Wheeler
(b) Address 105 Bourse Bldg. (406 Water St)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/46 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 JUN 15 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1946, at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 1939 to June 14 1946, and that I last saw h[illegible] alive on June 12 1946.

	Duration
Immediate cause of death: Carcinomatosis	Mos.
Due to: Carcinoma of the breast	9 years.
Due to:	
Other Conditions: Cystic-Adenoma Sarcomatosis	years.

(Include pregnancy within 3 months of death)

Date of operation 1938

Major findings of operation: Carcinoma of breast - left

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry L. Hinman M. D.
Address 23 E. Preston St. Date signed 6/14/46

VS 190

X

Please write plainly; any error or omission should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 E

Registered No. G41182

Please answer all questions in full. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3925 Keswick Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3925 Keswick Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eleanor W. Rodgers

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: No

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: I. Evans Rodgers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug. 1, 1868

8. AGE: Years 77 | Months 10 | Days 12 | If less than one day: hr. min.

9. Birthplace: Ellicott City, Md.
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: George Worthington
13. Birthplace: Howard Co., Md.

MOTHER
14. Maiden Name: Unknown
15. Birthplace:

16 (a) Informant: Mr. W. E. Johnson
(b) Address: 3925 Keswick Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/46 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Cem/
Location: Woodlawn, Md.

18 (a) Funeral director: William J. Tickner & Sons
(b) Address: North & Pennsylvania Aves.

19 (a) JUN 15 1946 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1945, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 22, 1946 to June 13, 1946 and that I last saw her alive on June 13, 1946.

Immediate cause of death: Generalized Carcinomatosis — Duration: 6 months

Due to: Carcinoma of the Colon — 3 years

Due to: ~

Other Conditions: ~

(Include pregnancy within 3 months of death)

Date of operation: Feby 14 1943

Major findings of operation: Carcinoma of Colon - Resected.

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: ~
(b) Date of occurrence ~ at ~ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ~
(e) Means of injury: ~

23. Signature: Frank M. Graham M. D.
Address 2701 N. Calvert St. Date signed June 19, 46

VS 180

X

G4L183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

Registered No. G4L183

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4105 Hayward ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 4105 Hayward ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William R Ensor

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-10-8495

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Eva J Ensor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 19-1877

8. AGE: Years	Months	Days	If less than one day hr.	min.
68	8	26		

9. Birthplace Maryland (Baltimore Co) (Town, county, and state)

10. Usual Occupation clerk

11. Industry or business Dairy Business

FATHER
12. Name Joshua Ensor
13. Birthplace Md

MOTHER
14. Maiden Name Martha E Baublitz
15. Birthplace Md

16 (a) Informant Sherman Ensor
(b) Address 4105 Hayward ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19/46 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Carroll Co Md

18 (a) Funeral director Edw Gipton
(b) Address Hampstead Md

19 JUN 15 1946 (Date rec'd by Reg.) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1946, at 12 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1946, to June 15 1946, and that I last saw him alive on June 14 1946.

Immediate cause of death	Duration
Angina Pectoris	5 mo
Due to	
Due to	
Other Conditions Hypertension	unknown

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chester Roland, M.D.
Address 2532 Edmondson Ave Date signed 6-15-46.

Baltimore (23) Md. X

VS 180

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 172

G41184 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 919 S. Hanover st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Sloper

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	?

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years	Months	Days	If less than one day
43			hr. min.

9. Birthplace unknown (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Ship yard

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant
(b) Address

17 (a) Burial, cremation, or removal (b) Date thereof 6/15/46 (month) (day) (year)
(c) Cemetery or crematory Wheelersburg town
Location " Ohio

18 (a) Funeral director C. Vernon Lemmon
(b) Address 466 Park Heights Ave

19 JUN 15 1946 (Date rec'd by registrar) Huntington-Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1946, at 3 35 A M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Fractured skull, fractured rib (2nd on the right) fractured pelvis,

Due to

Other Conditions Contusions.

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/13/46 at 25/6 9-45 P. M.
(b) Where did injury occur? Md. Drydock Co. Fairfield Shipyard
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? Yes
(d) Means of injury Fell off a ship

23. Signature Howard J. Howard M.D.
Medical Examiner.
Date signed 6-14-46

VS 151

X

G41185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G41185

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 718 E. 21st Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 718 E. 21st Street
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Laura May Troup

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife John N. Troup
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 24-1875
8. AGE: Years 71 Months — Days 19 If less than one day hr. min.
9. Birthplace Doydsburg Carroll Co. Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Alpha Ruby
13. Birthplace Maryland

MOTHER
14. Maiden Name Barbara Snyder
15. Birthplace Maryland

16 (a) Informant Miss Pearl May Singer
(b) Address 718 E. 21st Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17 1946 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3621 Falls Road

JUN 15 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1946 at 8-50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1946 to June 13 1946 and that I last saw her alive on June 10 1946.

Immediate cause of death Hypertensive Cardiovascular disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph J. Singer
Address 508 E. Monument Date signed 6-14-46

VS 150

X

G4 L186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92B

G4 L186 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
Monument St. & Rutland Avenue
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 N. Caroline Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME LeRoy H. Leach

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 216-03-7287

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Fortuna J. Maggio

6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) May 22, 1902

8. AGE: Years 44 | Months 0 | Days 23 | If less than one day ######## min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Laundry

FATHER
12. Name Benjamin Leach
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary
15. Birthplace Baltimore, Md.

16 (a) Informant Fortuna J. Leach (Wife)
(b) Address 1513 N. Caroline Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Avenue

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) JUN 15 1946 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14th 1946, at A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/13 1946, to 6/14 1946 and that I last saw h[illegible] alive on 6/14 1946.

Immediate cause of death Cardiac Failure — Duration

Due to Subacute Bacterial Endocarditis — Duration

Due to Alpha Streptococcus — Duration

Other Conditions Rheumatic Heart Disease (Mitral Stenosis?) — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Evelyn O. Goldstein
Address Sinai Hosp. Date signed 6/14/46

VS 150

X

G-4 L187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √131a

Registered No. G-4 L187

The following WHITE SPACES must be carefully filled. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 538 N. Bond St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 ?
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City ~~or town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 538 N. Bond
(If rural give location)
(e) Citizen of foreign country? ~~(Yes~~ or No)
If yes, name country

3 (a) **FULL NAME** Emma Stokley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fmale | 5. Color or race Cal | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or ~~wife~~ William Stokley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1859?

8. AGE: Years 87? | Months 2 | Days | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Diggs Parker

13. Birthplace Va

MOTHER 14. Maiden Name Mildred McDoney

15. Birthplace Va

16 (a) Informant Ellen Hall

(b) Address 538 N. Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jun 18 1946
month day

(c) Cemetery or crematory Mt Calvary Cemetery
Location A & Co, Md.

18 (a) Funeral director Robt Williams

(b) Address 1515 McElderry

19 JUN 15 1946 (b) Huntington Williams
(Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1946 at 3:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-2- 1946 to 6-14-1946 and that I last saw her alive on 6-12- 1946.

Immediate cause of death Cardio-Renal Disease — Duration —

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm H. Cargill M. D.

Address 611 N. Carolina St Date signed 6-15-46

VS 130

X

G41188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. G41188

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 916 N. Arlington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine Wynn

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Colored	Female	Married

6 (b) Name of husband or wife Joseph Wynn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1919

8. AGE: Years	Months	Days	If less than one day
27		5	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation C. & P. Tel. Co. Clerical
11. Industry or business

FATHER
12. Name Wallace Smith
13. Birthplace Lancaster Co. Va.

MOTHER
14. Maiden Name Florence Fields
15. Birthplace Baltimore, Md.

16 (a) Informant Florence Smith
(b) Address 916 Arlington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/46 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantly Ave

19 (a) JUN 15 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-12- 1946, at 11:15 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Multiple stab wounds of head, neck & chest.

Due to

Other Conditions Several wounds entered thoracic cavity.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/12/46 at 10 A.M.
(b) Where did injury occur? 916 N. Arlington Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? Yes (Specify home, farm, etc.)
(d) Means of injury Stabbed with dagger.

23. Signature Howard J. Morris M.D. Medical Examiner.
Date signed 6-13-46

VS 151

G11189 BC# 32758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. G11189

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 741 Dover st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 741 Dover st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thelma Delores Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7 1945

8. AGE: Years | Months 9 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Frank Robinson
13. Birthplace Md

MOTHER
14. Maiden Name Eugiena Ball
15. Birthplace md.

16 (a) Informant Bessie Hudson
(b) Address 741 Dover st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/14/46 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Bloodly ave

19 JUN 15 1946 Huntington Nottingham M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/11/46 19 , at 7:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1/46 19 , to 6/11 19 46.
and that I last saw her alive on 6/11 19 46.

Immediate cause of death Interstitial Pneumonia — Duration 2 wks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. W. Redeline M.D.

Address 426 N. Gilmor St. Date signed 6/11/46

VS 130

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G4L190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1147

Registered No. G4L190

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 405 N. Dallas
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 405 N. Dallas St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marcellus Carter

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-0343

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife Lillie Carter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/15/1903

8. AGE: Years	Months	Days	If less than one day
42	9	27	hr. min.

9. Birthplace Deals Island, Md
(Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business

FATHER
12. Name Zack Carter
13. Birthplace Deals Island, Md

MOTHER
14. Maiden Name Zeddora Johnson
15. Birthplace Deals Island, Md

16 (a) Informant Zackie Carter
(b) Address 405 N. Dallas St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/15/46 (month) (day) (year)
(c) Cemetery or crematory John Wesley
Location Deals Island, Md

18 (a) Funeral director Thos. A. Wilson
(b) Address 1000 Brandlyn

19 JUN 15 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1946, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1946, to June 12 1946, and that I last saw h alive on 19

Immediate cause of death
Acute Lung Abscess
Due to
Not Stated
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
6 Weeks

Date of operation
Major findings of operation:
If autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work)
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 861 Harlem Ave Date signed 6-15-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS 150

G11191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. G11191

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1011 Harlem ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 Harlem ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Callie West

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-17-1880

8. AGE: Years 65 | Months 5 | Days 27 | If less than one day hr. min.

9. Birthplace Stewart Co. Ga.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Dawson Evans
13. Birthplace Ga.

MOTHER
14. Maiden Name Emily Thomas
15. Birthplace Ga.

16 (a) Informant Ida Mae Adams
(b) Address 1011 Harlem ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/46 (month) (day) (year)

(c) Cemetery or crematory
Location Shellman, Ga.

18 (a) Funeral director Elroy D. Wilson
(b) Address 1000 Brant Lyane

19 (a) JUN 15 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/17/1946, at 730 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/15/1946, to June 17 1946 and that I last saw h alive on June 17 1946.

Immediate cause of death: Carcinoma of the Cervix Uteri — Duration

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leo D. Julian Jr. M.D.
Address 501 N. Schroeder Date signed 6/19/46

VS 150

G4L192 BUSH

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G4L192

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 817 N. Calhoun St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 817 N. Calhoun St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mattie Bush

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col.	Widow

6 (b) Name of husband or wife Edward Bush
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Mackingburg Co. Va
(town, county and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Abraham Lee
13. Birthplace Mackingburg Co. Va.

MOTHER
14. Maiden Name Sally ?
15. Birthplace Mackingburg Co. Va

16 (a) Informant Alice Lee
(b) Address 817 N. Calhoun St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15 1946 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 822 N. Schroeder St.

19 JUN 15 1946 (Date rec'd by registrar) Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1946 at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1946 to June 12 1946 and that I last saw him alive on June 11 1946.

Immediate cause of death Cerebral Hemorrhage. (Hemiplegia) — Duration 6 days.
Due to Hypertension +
Due to Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jno A Julian Jr M. D.
Address 511 W Saratoga St Date signed June 15 46

VS 180

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G4L193

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH √137a

G4L193
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution:
US Marine Hospital,
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Gonyon
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME
Harcum, Elias

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	col	Married

6 (b) Name of husband or wife Mabel Raines Harcum
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Dec. 9, 1885

8. AGE: Years	Months	Days	If less than one day
60	5	5	hr. min.

9. Birthplace Gonyon, Va.
(Town, county, and state)
10. Usual Occupation Fisherman
11. Industry or business Seafarer

FATHER
12. Name Elias Harcum
13. Birthplace Va.

MOTHER
14. Maiden Name Mabel Carter
15. Birthplace Va.

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Removal (b) Date thereof 6/16/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Fredericksburg
Location Va

18 (a) Funeral director Josiah L. Brown & Son
(b) Address 108 W Montgomery St

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1946, at 7:35A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1946, to June 14 1946, and that I last saw him alive on June 14 1946

Immediate cause of death	Duration
Hypertrophy of prostate, median and lateral lobes with hydronephrosis	Unknown
Due to	
Due to	
Other Conditions Uremia, terminal	Unknown

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John L. Wilson
John L. Wilson, Sr. Surgeon
Address Clinical Director Date signed 6/15/46
US Marine Hospital, Balto, Md.

VS 150

G4194 BALTIMORE CITY HEALTH DEPARTMENT G4194

CERTIFICATE OF DEATH 55E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution: US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days
(e) Length of stay in Baltimore (yrs., mos., or days) 29 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Ala. (b) County
(c) City or town Alexander City (If outside city or town limits, write RURAL and give town)
(d) Street No. Route 1 Box 229 (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Thomas, William Clarence

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Veleria Forbus
6 (c) If alive, give age 19 years

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1924

8. AGE: Years	Months	Days	If less than one day
22	4	4	hr. min.

9. Birthplace Weogufka, Ala. (Town, county, and state)
10. Usual Occupation 3rd Asst. Engineer
11. Industry or business Seafarer

FATHER
12. Name Curtis L. Thomas
13. Birthplace Rockford, Ala.

MOTHER
14. Maiden Name Jewell Brown
15. Birthplace Equality, Ala.

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-46 (month) (day) (year)
(c) Cemetery or crematory Location Alexander City - Ala.

18 (a) Funeral director Odom Funeral Home Inc.
(b) Address 4644 York Road

19 (a) JUN 16 1946 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH May June 15 1946, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1946, to June 15 1946, and that I last saw him alive on June 15 1946.

Immediate cause of death Lymphosarcoma — Duration 3 weeks
Due to Dyspnea
Due to Dyspnea.
Other Conditions None
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clifford F. Thorpe M. D.
Address U.S. Marine Hosp., Balto., Md. Date signed 6/15/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

G41195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G41195 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 11 S. Monastery Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 S Monastery Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Fayette Rafter

3 (b) If veteran, name war

3 (c) Social Security Account No. 015-03-7087

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Flora B (Palthy)
6 (c) If alive, give age V years

7. Birth date of deceased (mo., day, yr.) January 19 1887

8. AGE: Years	Months	Days	If less than one day
57 55	5	5	hr. min.

9. Birthplace Mass (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Westinghouse Elec. Co.

FATHER
12. Name Thomas Rafter
13. Birthplace Pelham, Mass

MOTHER
14. Maiden Name Cora Mitchell
15. Birthplace Pelham Mass

16 (a) Informant Mrs Flora B Rafter
(b) Address 11 S Monastery Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19 1946 (month) (day) (year)
(c) Cemetery or crematory Guardian Park
Location Waverly Mass

18 (a) Funeral director Harry N Wiltyke
(b) Address 4101 Edmondson ave

19 (a) (Date received by registrar) (b) Registrar

JUN 19 1946

Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1946, at 5:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 28 1940 to June 15 1946, and that I last saw him alive on June 15 1946.

Immediate cause of death: Coronary Occlusion — Duration 1 day

Due to:

Due to:

Other Conditions: Arteriosclerosis — 2 years
Recurring Attacks
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Elliot W Johnson M. D.
Address 3432 Druid Hill Ave Signed

Give age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

G41196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

G41196 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3404 Cliftmont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3404 Cliftmont Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jackson W. Thomas

3 (b) If veteran, name war —

3 (c) Social Security Account No. 231-09-2851

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Clarissa T. Thomas

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) July 26-1873

8. AGE: Years	Months	Days	If less than one day
72	10 11	19	hr. min.

9. Birthplace Kent Co. Md.
(Town, county and state)

10. Usual Occupation Brick Layer

11. Industry or business Retired

FATHER
12. Name John R. Thomas
13. Birthplace Kent Co. Md.

MOTHER
14. Maiden Name Sarah M. Jones
15. Birthplace Kent Co Md.

16 (a) Informant Chas. S. Thomas
(b) Address 3404 Cliftmont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/46 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern & Pt.

18 (a) Funeral director John. J. Hillman
(b) Address 3000 E. Balto-Md.

19 (a) 1946 (b) Filed by registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1946 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1946 to June 13 1946, and that I last saw him alive on June 13 1946

Immediate cause of death Carcinoma of Foot — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Seagroth M. D.
Address 1724 W. Lombard St. Date signed 6/14/46

VS 150

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any item of information should be carefully supplied.

G4197 G4197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 309

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: MARYLAND GENERAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 Lawson Lane (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ida M'Donald Fowler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 26 1878

8. AGE: Years 67 | Months 7 | Days 19 | If less than one day hr. min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John McDonald
13. Birthplace Scotland

MOTHER 14. Maiden Name Hartley
15. Birthplace Ohio

16 (a) Informant George W Coffman
(b) Address 302 Bloomsbury

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Geo E Stanley
(b) Address Fulton & Fayette

19 (a) Filed JUN 16 1946 Registrar Huntington Williams M.D. Health Officer

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/14 1946, at 9:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/2 1946 to 6/14 1946, and that I last saw HER alive on 6/13 1946.

Immediate cause of death LOBAR PNEUMONIA — Duration 12 DAYS

Due to

Due to

Other Conditions LATENT SYPHILIS

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles W. Stewart, M.D.
Address Md. Gen. Hosp. Date signed 6/14/46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41198 ✓ G41198

HB #101527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47c

Registered No.

The following items must be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 67 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 357 Fonthill Zone 17
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel Gambrill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29, 1879

8. AGE: Years	Months	Days	If less than one day
67	1	5	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Gambrill (d)
13. Birthplace Md.

MOTHER
14. Maiden Name Virginia Valentine
15. Birthplace Va.

16 (a) Informant Balto. City Hospitals(Records)
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof June 17 1946
(Burial, cremation, or removal) (month), (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Baltimore

18 (a) Funeral director Harry R. Amsrock
(b) Address 4204 Pokylinood Ave

19 (a) (Date rec'd by registrar) Huntington Williams M.D. Registrar

JUN 16 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1946, at 4:30P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 24, 1946 to June 14, 1946 and that I last saw him alive on June 14, 1946

Immediate cause of death: Respiratory Failure — Duration: unmarked

Due to Carcinoma of lungs — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Bronchogenic CA, with metastasis to mediastinum

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edmund B. Beacham M. D.
Address Balto City Hosp Date signed June 15

X

G41199

BALTIMORE CITY HEALTH DEPARTMENT ✓ G41199 Registered No.

CERTIFICATE OF DEATH 939

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 825 N. Port St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 825 N. Port St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John A Poydersky Sr.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Mar 20 1891

8. AGE: Years	Months	Days	If less than one day
57	6	24	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name Joseph Poydersky
13. Birthplace Bohemia

MOTHER
14. Maiden Name Rose Jodkroom
15. Birthplace Bohemia

16 (a) Informant Anna Poydersky
(b) Address 825 N. Port St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Funk Brothers
(b) Address 200 N Eberhard

19 (a) [illegible] by registrar Huntington Williams, M.D.

JUN 16 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/13/46, at 1:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1946 to June 13 1946 and that I last saw h[illegible] alive on June 11 1946 A.M.

Immediate cause of death	Duration
(a) Coronary Artery Occlusion	6 mo
Due to Coronary Artery Disease	6 mo
Due to Coronary Artery Sclerosis	6 mo
Other Conditions Myocarditis	3 mo

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Thomas J Mertz M.D.
Address 582 E 22 St Date signed 6/13/46

X

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 35

G41200 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Rd & Terrington
(c) Hospital or institution Lyndenhurst
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ day
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Pylesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rural Delivery
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Patricia Deese

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1-1939

8. AGE: Years	Months	Days	If less than one day
6	[redacted]	13 14	hr. min.

9. Birthplace Pylesville, Md.
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business —

FATHER
12. Name Ross N. Deese
13. Birthplace Pylesville, Md.

MOTHER
14. Maiden Name Emma Moore
15. Birthplace Rocks, Md.

16 (a) Informant Parents
(b) Address Pylesville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1946 (month) (day) (year)
(c) Cemetery or crematory Mrs Watters plan. Location Cool town Forest Hill Rd

18 (a) Funeral director Martin & Hunt
(b) Address Jarrettsville Md

19 (a) Date received 6 16 1946 (b) [illegible] registrar
Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1946, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1946, to June 15 1946, and that I last saw her alive on June 15 1946

Immediate cause of death Encephalomyelitis — Duration 5 days

Due to Measles

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Tracheotomy

Major findings of operation Edema of brain

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mary Allen Engle M. D.

Address Lyndenhurst Hosp. Date signed 6-16-46

VS 150

The subject age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied.

G41201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45F

G41201 Registered No.

Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Pk. Drive & 31st St.

(c) Hospital or institution: US Marine Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Anne Arundel

(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)

(d) Street No. US Naval Experimental Station (If rural give location)

(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME [redacted], Albert John Sinkel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Isabelle Phipps

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) May 23, 1888

8. AGE: Years	Months	Days	If less than one day
58	-	22	hr. min.

9. Birthplace New Haven, Conn. (Town, county, and state)

10. Usual Occupation Engine watcher

11. Industry or business US Naval Exp. Station Annapolis, Md.

FATHER

12. Name John Sinkel

13. Birthplace Germany

MOTHER

14. Maiden Name Charlotta ?

15. Birthplace Sweden

16 (a) Informant Records

(b) Address US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18 1946 (month, day, year)

(c) Cemetery or crematory Dorsey Hall Cem. Location Annapolis Md.

18 (a) Funeral director Wm. F. Thompson

(b) Address 45 10 Leber Heights Ave

19 (a) (Filed by registrar) (b) Huntington Williams, M.D.

JUN 16 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15, 1946, at 9:19 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1946, to June 15 1946, and that I last saw him alive on June 15 1946.

Immediate cause of death

1/ Carcinoma of Left Tonsillar area with Cerebral metastases.

Due to

Due to 2/ Bronchio-Pneumonia Terminal

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

Duration 1 [illegible]

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Clyde F. Mudgett M.D.

Address 45 Wilmot Hgts Date signed 6/15/46

Balto 7, Md.

G41203 X ✓G41203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 169

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. J. (b) County
(c) City or town Jersey City (If outside city or town limits, write RURAL and give town)
(d) Street No. 16 Broom Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry J. Rosiak

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1915

8. AGE: Years	Months	Days	If less than one day
31			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17-46 (month) (day) (year)
(c) Cemetery or crematory Waynesburg
Location Waynesburg Co. Pa

18 (a) Funeral director Dev Funeral Home Inc
(b) Address 4644 York Rd.

19 (a) JUN 6 1946 (Date received by registrar) (b) Huntington Willia... Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-15- 1946, at 4.02 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Crushed head + body.

Due to

Other Conditions Traumatic amputation mid-region body.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-15- at 3.30 P.M. 7/2
(b) Where did injury occur? Penna. R.R. Tracks, Meldon + Fairmont Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? Yes.
(d) Means of injury Run over by R.R. Train.

23. Signature Howard J. Andrews M.D. Medical Examiner.
Date signed 6-16-46

X

G41203 Zensen ✓ G41203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S. Marine Hospital, Baltimore 11, MD.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 Days.
(e) Length of stay in Baltimore (yrs., mos., or days) same

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Baltimore
(c) City or town Fort Howard.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3 (a) FULL NAME Zensen, Herbert Frederick.

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife: Anna Townsend Zensen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 18 - 1897.

8. AGE: Years	Months	Days	If less than one day
49.	4	28	hr. min.

9. Birthplace Philadelphia, Pa. (Town, county, and state)
10. Usual Occupation Merchant Seaman.
11. Industry or business " "

FATHER
12. Name Jacob Zensen
13. Birthplace Germany

MOTHER
14. Maiden Name Adeline Miller
15. Birthplace Philadelphia Pa.

16 (a) Informant Hospital Registrar,
(b) Address U.S. Marine Hosp. Balt. Md.

17 (a) Removal, (b) Date thereof 6/16/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arlington Cem.
Location Upper Darby Pa.

18 (a) Funeral director Wm. Cox Inc.
(b) Address 1217 St Paul St

19. Filed 6-16 1946 Received by registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1946 at 5.53 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1946, to June 16 1946 and that I last saw him alive on 6-16 1946.

Immediate cause of death: Adenocarcinoma of the Sigmoid Colon — Duration: May 3 '46

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation May 3-46

Major findings of operation: Large tumor mass of the sigmoid colon

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W.B. Hoover MD (O.D.) M. D.
Address U.S. Marine Hospital Date signed 6-16-'46

VS 150

Baltimore 11 MD. X

Instructions: Entry must be complete, with no abbreviations. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

G41204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. G41204

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) If hospital or institution: Elmhurst Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 Addison St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Golombowski

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband ~~or wife~~: Valentine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 75 | Months | Days | If less than one day: hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Kwarcinska
13. Birthplace Poland

MOTHER
14. Maiden Name Not Known
15. Birthplace Poland

16 (a) Informant Martin Dubbs
(b) Address 3825 St. Margaret St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/46 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location G. A. Co.

18 (a) Funeral director E. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave.

19 JUN 17 1946 (Date received by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13th 1946, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 – 1946, to June 13 – 1946, and that I last saw h[illegible] alive on June 13 1946.

Immediate cause of death: Pneumonia – Lobar – L L L — Duration: 3 days
Due to extension L U L
Due to
Other Conditions Arteriosclerosis advanced
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Jaud, M. D.
Address 1700 Eutaw Pl. Date signed 6-14-46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G41205

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3435 University Hosp
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 102 E 25th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME M. Isabel Myers

3 (b) If veteran, name war: W
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21, 1870

8. AGE: Years 76 | Months 2 | Days 23 | If less than one day: hr. 4 min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Teacher Retired
11. Industry or business Balto City Schools

FATHER
12. Name John Myers
13. Birthplace Alexandria Va

MOTHER
14. Maiden Name Mary Taylor
15. Birthplace Virginia

16 (a) Informant Mrs Charles Sonner
(b) Address 3435 University Hosp

17 (a) Burial
(Burial, cremation, or removal)
(b) Date thereof (month) (day) (year) 6/17/46

(c) Cemetery or crematory Johns Hopkins
Location Woodlawn Cath Md

18 (a) Funeral director Wilhelm & Ford
(b) Address 1217 E Cold Spring Ln

JUN 17 1946 Huntington Williams, Jr.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1946, at 9 34 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1945 to 14 June 1946, and that I last saw her alive on 14 June 1946.

Immediate cause of death	Duration
CORONARY THROMBOSIS	10 DAYS
Due to ARTERIOSCLEROSIS	15 YEARS
Due to HYPERTENSION	10 YEARS
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph G. Hills M.D.
Address 18 E Eager St Date signed 14 June 1946

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46D

Registered No. G41206

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1639 N Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1639 N Fulton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E Hutchinson

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Alfred J
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): July 29 1917
8. AGE: Years 28 | Months 10 | Days 14 | If less than one day: hr. min.
9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: Walter Clary.
13. Birthplace: Baltimore Md

MOTHER
14. Maiden Name: Mary (Upchurch)
15. Birthplace: Maryland

16 (a) Informant: Alfred Hutchinson
(b) Address: 1639 N Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/46 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Balto. Md.

18 (a) Funeral director: William Cook Inc
(b) Address: 1217 St Paul St

19. JUN 17 1946 Huntington Williamsport (Date rec'd by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1946 at 9 08 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 9 1946 to June 13 1946 and that I last saw h alive on June 13 1946.

Immediate cause of death: Adeno - carcinoma rectum

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Walter Stevens M.D.
Address: 1429 W Fayette St Date signed 6/17/46

X

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G41207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G41207

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 87 S. Carey St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Gallop / Thomas Galop

3 (b) Veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? - 1861

8. AGE: Years 85 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Joseph Gallop
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16. (a) Informant Thomas Gallop Jr
Bayleight + Beach Rd. Millers Island

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19-1946 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel
Location Balt Co. City

18 (a) Funeral director B. M. Walter

(b) Address Patterson Park Ave

19 (a) JUN 17 1946 (Date received by local registrar) (b) Huntington Williams MD

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/16 19 46 at 3:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic CV Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 6/16/46

G41208 ✓ G41208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1912 E. Oliver St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1912 E. Oliver St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Sadie P. Webber

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife George Webber
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) September 27 1866

8. AGE: Years 85 | Months 8 | Days 18 | If less than one day: hr. 17 min.

9. Birthplace Baltimore, Md. (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Bishop Cooper
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Sarah E. Ball
15. Birthplace Maine

16 (a) Informant Mr. George Webber
(b) Address 1912 E. Oliver St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/46 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave

18 (a) Funeral director Gregg V. Bright Jr.
(b) Address 4914 Belair Road.

JUN 17 1946 (Date rec'd by registrar) (b) Huntington Mill... M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1946, at 8:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1946, to June 14 1946, and that I last saw him alive on June 13 1946.

Immediate cause of death: Carcinoma of Colon.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward B. Wolfe

Address 1331 E. North Ave. Date signed 6-19-46

VS 150

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

(INOCENCIO.) ✓ G41209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G41209 13B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 522 Wilson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 522 Wilson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grace Ethel Innocencio

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 11-9-1926

8. AGE: Years	Months	Days	If less than one day
19	8	5	hr. min.

9. Birthplace Norfolk Va
(Town, county, and state)
10. Usual Occupation Elevator Operator
11. Industry or business

FATHER
12. Name Edward Reid
13. Birthplace Va.

MOTHER
14. Maiden Name Ann Young
15. Birthplace Pa.

16 (a) Informant Ann Innocencio
(b) Address 522 Wilson St

17 (a) Burial (b) Date thereof 6-18-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balt city

18 (a) Funeral director William A Jackson
(b) Address 916 Penna ave

19 (a) (Date received by registrar) (b) Wilmington Del

JUN 17 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1946, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-12-46 19 to 6-14- 1946, and that I last saw h[illegible] alive on 6-17- 1946.

Immediate cause of death	Duration
Pulm. Tbc.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Maurice Abramson M.D.
Address 312 E 23rd St Date signed 6-15-46

X

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G41210

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1428 N. Gay Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1428 N. Gay Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME IDA VIRGINIA JOYNES

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	None	F	W	Widow

6 (b) Name of husband or wife Leonard D. Joynes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1863

8. AGE: Years	Months	Days	If less than one day
82	6	3	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Seth Rogers
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Emma Holliday
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Carroll Joynes
(b) Address 1428 N. Gay Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore Mem.
Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) Date received JUN 17 1946 (b) Registrar's signature Washington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1946 at 10.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1945 to June 13 1946 and that I last saw her alive on June 13 1946

Immediate cause of death Myocardial Insufficiency — Duration 6 hrs
Due to Cerebral Arteriosclerosis — 24 hrs
Due to Diabetes mellitus — 2 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Eisenberg M.D.
Address 2055 Linden Ave Date signed 6/14/46

VS 150

G41211 ✓ G41211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 524 N. Mount St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eva McMichael (McMichael)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race B | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24, 1905

8. AGE: Years 41 | Months - | Days 21 | If less than one day hr. min.

9. Birthplace Burkeville, Va (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Robert Olivis

13. Birthplace Nottaway Co. Va

MOTHER 14. Maiden Name Emma Scott

15. Birthplace Amelia, Va

16 (a) Informant Mrs. Beatrice Dupree

(b) Address 912 N. Arlington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18, 1946 (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial Pk.

Location Baltimore Co. Md.

18 (a) Funeral director Mrs. George H. Holland

(b) Address 1631 Druid Hill Ave

19 (a) (Date rec'd by registrar) Huntington Williams Mgr

JUN 17 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/14/1946 at 7:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/9/1946 to 6/14/1946 and that I last saw alive on 6/13/1946

Immediate cause of death Cerebral Hemorrhage — Duration Days

Due to

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Headleonne M. D.

Address 131 Harlem Ave (Date signed) 6/14/46

X

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

G 44232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164D

G 44232 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Providence Hosp. 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 N. Stricker St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Wynn Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Catherine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1910

8. AGE: Years 35 | Months 10 | Days 24 | If less than one day hr. min.

9. Birthplace Statesville, Miss. (Town, county, and state)

10. Usual Occupation Taylor

11. Industry or business

FATHER
12. Name Newton Wynn
13. Birthplace Statesville Miss.

MOTHER
14. Maiden Name Lula Bell
15. Birthplace Statesville, Miss

16 (a) Informant Newton Wynn
(b) Address 1408 Pennsylvania Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 13, 1946 (month) (day) (year)
(c) Cemetery or crematory Balt. Nat'l. Cem.
Location Baltimore Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) JUN 17 1946 (Date rec'd by registrar) Huntington Williams, Registrar M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-12-1946, at 11 15 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy / Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Multiple stab wounds of chest involving heart

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/12/46 10 A. M.
(b) Where did injury occur? 916 N Arlington Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Wife's Home While at work? No
Means of injury self-inflicted with hand knife

23. Signature Howard J. Mullins M.D. Medical Examiner.
Date signed 6-13-46

VS 151

G 11613 over

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161C

Registered No. G 11613

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1211 Light St.
(c) Hospital or institution South Balto. General Hospt.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs. 35 min.
(e) Length of stay in Baltimore (yrs., mos., or days) Born

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 212 W. Eleventh Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Haynie

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 6/15/46 at 6:05 P.M.

8. AGE: Years	Months	Days	If less than one day
			2 hr. 35 min.

9. Birthplace Balto, Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Melvin J. Haynie
13. Birthplace Va

MOTHER
14. Maiden Name Zula Belfield
15. Birthplace Va

16 (a) Informant Mr. Melvin J. Haynie
(b) Address 212 W. Eleventh Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/46 (month) (day) (year)

(c) Cemetery or crematory Glen Haven Memorial
Location Annapolis Blvd.

18 (a) Funeral director John F. Denny Sons
(b) Address 711 Light St.

19 (a) JUN 17 1946 (Date received) Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/15 1946 at 8:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/15 1946 to 6/15 1946 and that I last saw h[illegible] alive on 6/15 1946.

Immediate cause of death Erythroblastosis

Due to RH — mother's RH+ father

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature V. Earecksons M. D.
Address 1211 Balto Gen Hospt Date signed 6/16/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

G41614 ✓ G41614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30 C

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2025 W. Fayette St

(c) Hospital or institution: Bon Secours Hosp. 4 21

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4

(e) Length of stay in Baltimore (yrs., mos., or days) 48 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County —

(c) City or town BALTO

(If outside city or town limits, write RURAL and give town)

(d) Street No. 711 Mc Henry St, 30

(If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Mrs Sadie Anna Harmon ✓

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife MR H. HARMON

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Sept 13, 1897

8. AGE: Years 48 | Months 9 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace MD — (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business HOME

FATHER 12. Name Joseph L. Hand

13. Birthplace Unknown

MOTHER 14. Maiden Name Lapsie Bergner

15. Birthplace Unknown

16 (a) Informant Charles F Harman

(b) Address 711 Mc Henry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/46 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Annapolis Blvd

18 (a) Funeral director John F McHenry Inc

(b) Address 715 Light St.

19 (a) [illegible] (Signature) Huntington Williams Registrar

(b) [illegible] (Date received)

JUN 17 1946

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1946, at 10 15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-10 1946 to 6-14 1946 and that I last saw her alive on 6-14 1946

Immediate cause of death CNS Lues

Due to Lues

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. L. Hartley M. D.

Address Bon Secours Hosp. Date signed 6-14-46

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G4 2215

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83 B

G4 2215
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3418 Garrison Blvd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3418 Garrison Blvd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary M. A. Church

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	widow

6 (b) Name of husband or wife John H. Church
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/12/63

8. AGE: Years	Months	Days	If less than one day
83	1	2	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Peter Wyant
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Matilda Smith
15. Birthplace Balto. Md.

16 (a) Informant Mary E. Church
(b) Address 3418 Garrison Blvd.

17 (a) Burial (b) Date thereof 6/17/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemy.
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell Funeral Svc
(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Huntington-Williamson, M.D.

JUN 17 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1946, at 7:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 27 1941, to June 14 1946, and that I last saw her alive on June 13 1946.

Immediate cause of death Cerebral thrombosis — Duration 6/5/46

Due to Arterio sclerosis — ?

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Carl P. Rosting M. D.
Address 1326 W. Lombard St. Date signed

X

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

G4L236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G4L236 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 53rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 26 E. Fenwick, St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Frances Ella Marlowe

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Wh	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 1859

8. AGE: Years	Months	Days	If less than one day
86	7	?	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Humphreys
13. Birthplace Md

MOTHER
14. Maiden Name Dora Rowe
15. Birthplace Md

16 (a) Informant Charles I Marlow
(b) Address 442 Marbleheall Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/46 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Lorraine
Location Bz/Do., Md.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 5200 Eastern Place
JUN 17 1946

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1946, at 2:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1946, to June 16 1946, and that I last saw her alive on June 16 1946.

Immediate cause of death Cardiac failure — Duration

Due to Arteriosclerotic heart disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George H. Pfahlsinger M.D.
Address U. M. H. Date signed 6/16/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

Mrs Mamie Cimino

G4 12217

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46E

Registered No. G4 12217

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2206 Ruskin Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) about 3 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2206 Ruskin Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MAMIE CIMINO

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Thomas Cimino
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24, 1882

8. AGE: Years	Months	Days	If less than one day
64	1	21	hr. min.

9. Birthplace Italy
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business --

FATHER
12. Name Leonard Zito
13. Birthplace Italy

MOTHER
14. Maiden Name - Giglio
15. Birthplace Italy

16 (a) Informant Mrs. Salvatore Xito
(b) Address 2206 Ruskin Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received by Registrar) JUN 17 1946 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/15 1946, at 12.02 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/8/ 1946 to 6/15 1946 and that I last saw h[illegible] alive on 6/14 1946.

Immediate cause of death Carcinoma of the sigmoid colon with metastases — Duration approx 2 yrs

Due to

Due to

Other Conditions Arteriosclerotic C.V.D.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. T. Battaglia M. D.
Address 5829 Belair Rd Date signed 6/15/46

X X

G11218 Strasburg 11218

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 55E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2329 Calverton Hgts. Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2329 Calverton Hgts. Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET MAY STRASBURG

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Clark K. Strasburg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 9, 1873

8. AGE: Years	Months	Days	If less than one day
73	3	6	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation --
11. Industry or business --

FATHER
12. Name Peter I. Allen
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Fannie Emma Wright
15. Birthplace Balto., Md.

16 (a) Informant Mr. E. A. Applebee
(b) Address 2506 Halcyon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/46 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (Date received by registrar) JUN 17 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1946, at 1 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1944, to June 15 1946, and that I last saw alive on June 15th 1946.

Immediate cause of death Heart failure
May resolate.

Duration

Due to Carcinoma of spleen

Type.

Due to

Other Conditions Metastatic Ca of stomach and liver
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Bernard S. Strauch M. D.
Address 737 Arunah Av Date signed 6/17/46

VS 190

X

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G11619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G11619 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2516 Pennsylvania Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2516 Pennsylvania Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FREDERICK CLARKE JEWETT

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Dorothy D. Jewett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 21, 1869

8. AGE: Years 76 | Months 9 | Days 21 | If less than one day hr. min.

9. Birthplace Pittstown, Maine
(Town, county, and state)
10. Usual Occupation Physician
11. Industry or business

FATHER
12. Name Gorham P. H. Jewett
13. Birthplace Pittstown, Maine

MOTHER
14. Maiden Name Caroline A. Bradstreet
15. Birthplace Pittstown, Maine

16 (a) Informant Mrs. Dorothy D. Jewett
(b) Address 2516 Pennsylvania Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/46 (month) (day) (year)
(c) Cemetery or crematory Greenmount Mausoleum
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER &SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 100 JUN 17 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15, 1946, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2, 1946, to 6-15-1946, and that I last saw h[illegible] alive on 6-15-1946.

Immediate cause of death: Acute Cardiac Dilatation — Duration: 2 da
Due to: Chronic Myocarditis — 4 yrs
Due to: Chronic Emphysema for Lungs — 8 yrs.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fos Lt. C. Blake M. D.
Address Med. Arts Bldg. Date signed

Huntington Printing Co., Baltimore, Md.

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G4L220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94 a

Registered No. G4L220

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1620 Poplar Grove St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 Poplar Grove St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALICE HEIRD

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) about 1877

8. AGE: Years	Months	Days	If less than one day
About 69			hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation --
11. Industry or business --

FATHER
12. Name Samuel C. Heird
13. Birthplace Md.

MOTHER
14. Maiden Name Kate Meads
15. Birthplace Balto., Md.

16 (a) Informant Miss ary Heird
(b) Address German Aged Home, Athol Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 17 1946 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1946 at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1 1945 to 5-9 1946, and that I last saw her alive on 5-9- 1946.

Immediate cause of death
Coronary Heart disease
Coronary Thrombosis (2-20-46)
Due to Cataract disease
Due to
Other Conditions Pulmonary edema recurrent
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
6 months?
4 months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J Nelson Corey M. D.
Address 1014 So Dover St Date signed 6-15-46

Transcribed by [illegible]

VS 190

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G41221 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4515 Frankford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 54
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4515 Frankford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Kavanaugh (Burgan)
3 (b) If veteran, name war
3 (c) Social Security Account No. No.
4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Martin
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 24 1883
8. AGE: Years 63 | Months 11 | Days 21 | If less than one day hr. min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation
11. Industry or business At Home
FATHER 12. Name Joseph Gilka
13. Birthplace Germany
MOTHER 14. Maiden Name Elizabeth Kirschowska
15. Birthplace Germany
16 (a) Informant Martin A. Kavanaugh
(b) Address 4515 Frankford Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 18 46 (month) (day) (year)
(c) Cemetery or crematory St. Joseph
Location Fullerton Md
18 (a) Funeral director Martin W. Dugan
(b) Address 7110 Belair Rd
19 (a) [illegible] (registered by registrar) (b) Wilmington, Md. Registrar
JUN 17 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1946 at 11:40 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from JAN 15 1945 to JUN 15 1946 and that I last saw h[illegible] alive on JUN 15 1946

Immediate cause of death Cerebral Hemorrhage — Duration 30 days

Due to Hypertension — Duration 15 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation: None

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Otto H. Dyer M.D. M. D.
Address 928 E. North Ave Date signed 6/16/46

VS 180

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 11222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54 B

Registered No. G 11222

498845

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1319 N. Eden St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joyce Loor.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-26-42.

8. AGE: Years	Months	Days	If less than one day
4	3	16	hr. min.

9. Birthplace md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Leonard Loor
13. Birthplace md.

MOTHER
14. Maiden Name Edna Mitchell
15. Birthplace md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6/18/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location B. C. County, Md.

18 (a) Funeral director Joseph L. Lake
(b) Address 1364 N. Central Ave

19 (a) (Date rec'd by registrar) (b) Huntington-Williams, M.C.

VS 150 JUN 17 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1946 at 8:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 12 1946. to June 14 1946. and that I last saw her alive on June 14 1946.

Immediate cause of death	Duration
Due to Carcinoma Uterus	3 mos
Due to	over 1
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert Reymond M. D.
Address Johns Hopkins Hosp Date signed 6-14-46

Greenwood X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G4 12223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 58D

Registered No. G4 12223

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard Green St.
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 340 W. Preston St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Beatrice McPherson (Robinson)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-10-1915

8. AGE: Years	Months	Days	If less than one day
31	2	5	hr. min.

9. Birthplace Maryland
(City, county, and state)

10. Usual Occupation Factory Work

11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Harry Robinson
(b) Address 743 George St

17 (a) Burial (b) Date thereof 6 20 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location G.G. Md.

18 (a) Funeral director William A. Jackson
(b) Address 946 Pennsylvania ave

JUN 27 1946
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-15 1946, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-25 1946, to 6-15 1946, and that I last saw h.er alive on 6-15 1946.

Immediate cause of death	Duration
cardiac failure	
Due to Mitral & aortic stenosis	
Due to Rheumatic fever	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James A. Vaughan, Jr. M. D.
Address University Hospital Date signed 6-15-46

VS 150

X

Copy of age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

G11224 BALTIMORE CITY HEALTH DEPARTMENT G11224
CERTIFICATE OF DEATH 184 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 6- Oakwood Rd. Graymont (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellis Price Morris
3 (b) If veteran, name war 1st World War
3 (c) Social Security Account No.
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. M.
6 (b) Name of husband or wife Clara
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 15 1897
8. AGE: Years 49 Months - Days 4 If less than one day hr. min.
9. Birthplace Va (Town, county, and state)
10. Usual Occupation Electric Welder
11. Industry or business
FATHER 12. Name John Morris
13. Birthplace
MOTHER 14. Maiden Name Mary Schaffer
15. Birthplace
16 (a) Informant Pearl Morris
(b) Address 6 Oakwood Rd
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 17/46 (month) (day) (year)
(c) Cemetery or crematory Paris Farone
Location Md
18 (a) Funeral director Ulrich Funeral Home
(b) Address 200 E Orleans St
19 (a) (Date received) JUN 17 1946 (b) Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH June 15 1946, at [redacted] P.M.
21. I certify that I took charge of the remains described above, held an Inspection / Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were
IMMEDIATE CAUSE OF DEATH Burst aorta & heart
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/15/46 at 10 A. M.
(b) Where did injury occur? Home
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No.
Means of injury Cleaning pistol & went off.
23. Signature Howard J. Anderson M.D. Medical Examiner.
Date signed 6/17/46

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G4 L225 DC# F75950

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 33B

Registered No. G4 L225

The accuracy of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Road & Herring Run
(c) Hospital or institution Lyndenhurst
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 517 S. Kappelle
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Charles Louis Mai

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 1943

8. AGE: Years	Months	Days	If less than one day
3	1	10	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name John Frederick Mai
13. Birthplace Baltimore County

MOTHER
14. Maiden Name Clara Weber
15. Birthplace Baltimore

16 (a) Informant Parents
(b) Address 517 S. Kappelle

17 (a) Oak Lawn (b) Date thereof June 19.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St

19 (a) (b) Huntington Williams, M.D.
(Date received by registrar)

VS JUN 17 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1946, at 2 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1946, to June 16 1946, and that I last saw him alive on June 16 1946.

Immediate cause of death	Duration
(a) Haemophilus influenzae-b meningitis	1 day
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Mary Allen Engle M. D.
Address Lyndenhurst Date signed 6-16-46

G1-1626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124B

Registered No. G41626

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1501 Lakeside Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1501 Lakeside Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Wm Sweeney

3 (b) If veteran, name war Spanish
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29-1873

8. AGE: Years	Months	Days	If less than one day
72	11	17	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation unemployed
11. Industry or business

FATHER
12. Name Dennis Wm Sweeney
13. Birthplace Ireland

MOTHER
14. Maiden Name Dorothy
15. Birthplace Ireland

16 (a) Informant Mrs Howard Kemler
(b) Address 1501 Lakeside Ave

17 (a) Burial (b) Date thereof June 18
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 200 E Oliver St

19 (a) (Delivered by undertaker) (b) Huntington, West Virginia

JUN 17 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 19 46, at 4 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 19 46 to June 16 19 46, and that I last saw him alive on June 16 19 46

Immediate cause of death Uraemia Coma — Duration 6-12-46

Due to Chronic Nephritis — 10-1-45

Due to Contracted Liver — 10-1-45

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J Roarke M.D.
Address 601 E Lexington St Date signed 6/16/46

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193D

G41227 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1652 Gilmor St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1652 Gilmor St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Gaines

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife: Delaware Gaines

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1901

8. AGE: Years 45 | Months 1 | Days 12 | If less than one day hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Housemaid

11. Industry or business

FATHER
12. Name Peter Turner
13. Birthplace Va.

MOTHER
14. Maiden Name Hampton Mason
15. Birthplace Va.

16 (a) Informant Martha Jones
(b) Address 1652 Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/17/46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md

18 (a) Funeral director Edw. H. Kelly
(b) Address 1303 Pennsylvania Ave

19 (a) (b)
(Signature and date registered)

JUN 17 1946
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 19 46, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 19 45, to June 13 19 46 and that I last saw her alive on June 12 19 46

Immediate cause of death Cardio Vascular Disease — Duration 1 yr.

Due to Cerebral Hemorrhage — Duration 3 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. William Frey, M.D.
Address 927 Rena Ave Date signed 6/15/46

Physicians: please write the causes of death clearly and legibly. The correct age is especially important. [illegible] information should be carefully supplied. The

G41228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V93D

G41228 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Emersonian Apts. 13
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Don
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. Holloway Apts. Hanley
2329 Madison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No?)
If yes, name country

3 (a) FULL NAME Anna Davis

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C.	W

6 (b) Name of husband or wife Walter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/9/1895

8. AGE: Years	Months	Days	If less than one day
51 50	1	6	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Edward Adams

FATHER 13. Birthplace Md.

MOTHER 14. Maiden Name Elizabeth Watkins

MOTHER 15. Birthplace Md

16 (a) Informant Samuel Thomas

(b) Address 2329 Madison Ave

17 (a) Burial (b) Date thereof 6/19/46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Western Star
Location Md

18 (a) Funeral director Wm. G. Nelson

(b) Address 1803 Pressman St.

19 (a) JUN 17 1946 (b) 19 Huntington Williams
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1946, at 9 45 a M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

Signature Thomas J. Mercer M.D.
Medical Examiner.

Date signed 6-15-46

VS 151

G41229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

G41229 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 648 George St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RFD, R.F.D. and give town)
(d) Street No. 648 George St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lila Johnson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col.	Married

6 (b) Name of husband or wife John J. Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1892

8. AGE: Years	Months	Days	If less than one day
54	2	26	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Gross
13. Birthplace Md.

MOTHER
14. Maiden Name Annie ?
15. Birthplace Md.

16 (a) Informant John J. Johnson
(b) Address 648 George St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) [illegible] received by registrar June 17 1946
Registrar for Baltimore, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1946 5:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1946 to June 13 1946 and that I last saw [illegible] alive on June 6 1946.

Immediate cause of death
Carcinoma of breast
Due to Metastasis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

Duration: 6 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 7 W Eager Date signed June 16

G41230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √44B

G41230 Registered No.

The entries on this certificate should be typewritten or printed with pen and ink. Any item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5100 Windsor Mill Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5100 Windsor Mill Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dr. George Y. Everhart

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Grace Everhart

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1862

8. AGE: Years	Months	Days	If less than one day
83	5	22	hr. min.

9. Birthplace Westminster, Md.
(Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER
12. Name George M. Everhart
13. Birthplace Md.

MOTHER
14. Maiden Name Caroline Yingling
15. Birthplace Md.

16 (a) Informant Mrs. E. S. Hutton, Jr.
(b) Address 5100 Windsor Mill Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-17-46 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn, Md.

18 (a) Funeral director J. Howard Strong
(b) Address 3207 W. North Ave.

JUN 17 1946 Huntington Williams, Jr.

VS 150

MEDICAL CERTIFICATION 12.45

20. DATE OF DEATH June 14, 1946 at P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Heal 1946 to 74 1946 and that I last saw h[illegible] alive on June 13 1946

Immediate cause of death	Duration
Hodgkin's disease	4 mos
Due to —	
Due to —	
Other Conditions Old age	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. C. Smith M. D.
Address 43[illegible] Gilsey H[illegible] Date signed June 16

G1c231

DUPLICATE
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 937

G1c231 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 839 S. Oldham Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-T
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 839 S. Oldham Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gregory Glaros

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widower

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1880

8. AGE: Years	Months	Days	If less than one day
65	9		hr. min.

9. Birthplace Greece (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name John Gregory Glaros
13. Birthplace Greece

MOTHER
14. Maiden Name Koula Karas
15. Birthplace Greece

16 (a) Informant Clara Barlas
(b) Address 839 S. Oldham St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17, 1946 (month) (day) (year)
(c) Cemetery or crematory Greek Orthodox Cem.
Location Baltimore, Maryland

18 (a) Funeral director Durward Q. Covington
(b) Address 21 N. 25th Street

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1946 at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1946 to June 1946 and that I last saw [illegible] alive on June 15 1946.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 wk.
Due to: Arteriosclerosis & Hypertension	10 yrs?
Due to:	
Other Conditions: Coronary Sclerosis & Hypocandritis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert Goldstone M. D.
Address 2243 Linden Av. Date signed Aug 28, 1946

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

S-4a

Registered No. G41,232

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution:
US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Clearfield
(If outside city or town limits, write RURAL and give town)
(d) Street No. 428 River St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Haney, James A

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife ?
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Mar. 16, 1895

8. AGE: Years	Months	Days	If less than one day
51	2	27	hr. min.

9. Birthplace Pa.
(Town, county, and state)
10. Usual Occupation oiler
11. Industry or business Seafarer

FATHER
12. Name Lynn Haney
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Burial (b) Date thereof 17-June-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Govans Pres.
Location Belona Ave

18 (a) Funeral director order Funeral Home Inc
(b) Address 4644 York Rd # 12

(c) JUN 17 1946 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1946, at 2:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1946, to June 13 1946, and that I last saw him alive on June 13 1946.

Immediate cause of death Glioma left frontal lobe — Duration Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John L. Wilson
John L. Wilson, Sr. Surgeon M.D.
Address Clinical Director Date signed 6/14/46
US Marine Hospital, Bal to, Md.

VS 150

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The correct age is especially important.

G4 1433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G4 1433

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. [illegible] (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leo Joseph Kujawa
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1919

8. AGE: Years	Months	Days	If less than one day
27			hr. min.

9. Birthplace Penna (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Joseph B Kujawa
13. Birthplace Poland

MOTHER
14. Maiden Name Helen Wegielewska
15. Birthplace Poland

16. (a) Informant Mr Jungrzejski
(b) Address 27 Mead St Penna

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 6-17th 1946 (month) (day) (year)
(c) Cemetery or crematory St Marys Wyoming Penna
Location Wilhelmberg Penna

18 (a) Funeral director Leo G. Leach
(b) Address 1701-03 N. Patterson Park Ave

19 JUN 17 1946 (Date received by local reg.) (b) Huntingtown Md (Deputy)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1946, at 6:30 a. M

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Drowning
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury found 6/14/46 at 2/3 M.
(b) Where did injury occur? found in harbor - Recreation pier - South Broadway
(c) Did injury occur at home, on farm, industrial place, in public place? Public place While at work? no
(d) Means of injury Drowning

23. Signature Howard J Knudsen M.D. Medical Examiner.
Date signed 6/14/46

VS 151

G4 2234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √121

G4 2234
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 606 George St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Donald Hanson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1935

8. AGE: Years	Months	Days	If less than one day
11			hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name Raymond Holland
13. Birthplace Va

MOTHER
14. Maiden Name Geraldine Hanson
15. Birthplace Md

16 (a) Informant Geraldine Hanson
(b) Address 605 George St.

17 (a) Burial (b) Date thereof 6-19-4
(Burial, cremation or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto Md

18 (a) Funeral director William A. Jackson
(b) Address 916 Pennsylvania Ave

19 (a) JUN 17 1946 Registrar M.D.
(Date received by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/16/46 19 at 3:44 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Surgical Shock

Due to

Other Conditions Acute Appendicitis

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. L. Schwartz M.D.
Medical Examiner.
Date signed 6/16/46

A X

Jn E6 Mayer

G4.1235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V93D

Registered No. G4.1235

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3000 Pinehurst Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3000 Pinehurst Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME J Edward Custy

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Gertrude C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 9 1866

8. AGE: Years 80 | Months 5 | Days 5 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Merchant

11. Industry or business

FATHER 12. Name John Custy

13. Birthplace England

MOTHER 14. Maiden Name Ann Dunlap

15. Birthplace England

16 (a) Informant Mrs. J Edw. Custy

(b) Address 3000 Pinehurst Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-46 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Balto Md

18 (a) Funeral director Geo E Foley

(b) Address 1701 Eutaw Pl. Baltimore Md

19 (a) JUN 17 1946 (Date rec'd by registrar) (b) Huntington Williamsport, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1946, at 8 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1946, to June 14 1946, and that I last saw him alive on June 13 1946.

Immediate cause of death: Cerebral hemorrhage — Duration: few days

Due to: Arteriosclerosis — Duration: ?

Due to: Myocarditis — Duration: 5 yrs

Other Conditions — Duration:

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emma H. Custy M.D.
Address 3000 Pinehurst Road Date signed 6/15/46

X Edward Mayer

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

G41236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G41236 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 310 Mt. Holly St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 310 Mt. Holly St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DANIEL DAIL BARNETT

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 217-09-7848

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Evva Jane Barnett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 3, 1879

8. AGE: Years 66 | Months 9 | Days 12 | If less than one day: hr. min.

9. Birthplace Cambridge, Md.
(Town, county, and state)

10. Usual Occupation Mechanic

11. Industry or business

FATHER
12. Name Thomas Barnett
13. Birthplace Md.

MOTHER
14. Maiden Name Ella Dail
15. Birthplace Md.

16 (a) Informant Mrs. Evva J. Barnett
(b) Address 310 Mt. Holly St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/46 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Huntington Mallonee, Registrar

JUN 17 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15, 1946 at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March, 1943 to June 15 1946 and that I last saw him alive on June 13 1946.

Immediate cause of death: Acute cardiac failure — Duration: 2 yrs.

Due to: Hypertension — Duration: 15 yrs.

Due to: Ch Valvular Heart disease

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo E Wells M. D.
Address 4100 Edmondson Ave Date signed 6/17/46

X

Fill in correct age in years, months, days, even if under one year. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G4 2237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G4 2237 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinden & Medairy Co
(c) Hospital or institution: Maryland G. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 831 Brinkwood Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Viola Ruth Paulsen

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife: George R. Paulsen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 5, 1897

8. AGE: Years	Months	Days	If less than one day
48	9	12	hr. min.

9. Birthplace Troy N. Y.
(Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER
12. Name Geo. Frank Mealy
13. Birthplace Troy N. Y.

MOTHER
14. Maiden Name Clara Hopkins
15. Birthplace N. Y.

16 (a) Informant Mr. George R. Paulsen
(b) Address 831 Brinkwood Road

17 (a) Removal (b) Date thereof 6/17/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Troy N. Y.

18 (a) Funeral director WM. J. TICKNER & SONS INC.
(b) Address North & Pa. Aves.

19 (a) (b) Huntington Williams
(Date received by registrar) JUN 17 1946 (Signature of registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17th 1946, at 9:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1946, to June 17 1946 and that I last saw her alive on June 17 1946.

Immediate cause of death Resp. Failure — Duration

Due to Rt cerebral hemorrhage — 2 days

Due to Hy. D. Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. E. Langley, M.D.
Address Maryland G. Hosp. Date signed 6/17/46

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48 B

Registered No. G41238

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 105 S. Arlington Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 105 S. Arlington Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie A. Philipp

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife William E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 1902

8. AGE: Years	Months	Days	If less than one day
43.	11	9	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation House W'k
11. Industry or business at home

FATHER 12. Name	William Bausch
FATHER 13. Birthplace	Baltimore Md.
MOTHER 14. Maiden Name	Mary Keeney
MOTHER 15. Birthplace	Baltimore Md

16 (a) Informant Mr. William E. Philipp
(b) Address 105 S. Arlington Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Pedrick Ave
18 (a) Funeral director John F. Owens & Son
(b) Address 901-03 Hollins St
19 JUN 17 1946 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1946 at 7-30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 15 JAN. 1946 to 16 June 1946 and that I last saw her alive on 15 June 1946.

Immediate cause of death uremia — Duration

Due to chronic pyelonephritis secondary to vesico vaginal fistula caused by irradiation for carcinoma of uterus

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nathan Raesin
Address 206 S. Gilmor St Date signed 6-17-46 M. D.

VS 150

X

The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G41239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G41239 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 443 So Augusta Ave
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 443 So. Augusta Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret M. Boyle

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Charles A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 10, 1875

8. AGE: Years	Months	Days	If less than one day
71	5	5	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation housework
11. Industry or business at home

FATHER 12. Name John Molloy
13. Birthplace Ireland

MOTHER 14. Maiden Name Anastasia Dolan
15. Birthplace Baltimore

16 (a) Informant Mrs Ted E. Noon
(b) Address 1032 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd

18 (a) Funeral director John Bowman Son
(b) Address 2203 Pulaski St

19 (Signature) Registrar
Received by registrar JUN 17 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15, 1946, at 11:12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1, 1946 to June 15 1946 and that I last saw alive on June 14 1946.

Immediate cause of death	Duration
Carcinomatosis	
Due to Carcinoma of Breast	15 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alton H. Crowther M. D.
Address 4209 Hurd Ave Date signed 6/17/46

VS 150

G41240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

G41240 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) DOA

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1627 Race Street (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME CHARLES E. TRUCKENMILLER, JR.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 13, 1932

8. AGE: Years 13 | Months 11 | Days 2 | If less than one day ... hr. ... min.

9. Birthplace Baltimore - Md. (Town, county, and state)

10. Usual Occupation at School

11. Industry or business

FATHER
12. Name Charles E. Truckenmiller Sr.
13. Birthplace Lock Haven Pa. U.S.

MOTHER
14. Maiden Name Marie H. Phillips
15. Birthplace Balto., Md.

16 (a) Informant Charles E. Truckenmiller,
(b) Address 1627 Race St. (Father) Sr.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17 1946 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem-
Location B. A. Co., Md.

18 (a) Funeral director D. Howard Gramm
(b) Address 1400 S. Charles St (30)

19 (a) ... (b) Date received by registrar Huntington Williams, M.D.

JUN 17 1946
VS 15

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/15/46 19... at 1:45 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Asphyxiation

Due to Drowning

Other Conditions —

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/14/46 at 10:00 A.M.
(b) Where did injury occur? Spring Gardens (Foot of Race Street)
(c) Did injury occur at home, on farm, industrial place, in public place? On water While at work? No
(d) Means of injury Drowned

23. Signature John R. Weis M.D. (Medical Examiner.)
Date signed 6/16/46

X

G31021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G41241 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 59 E. Randolph
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 59 E. Randolph
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest P. Thompson

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife (Edwards) Jannie E. Thompson
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) May 22, 1890

8. AGE: Years	Months	Days	If less than one day
56	-	24	hr. min.

9. Birthplace Augusta Co. Va.
(Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business —

FATHER
12. Name Thomas Thompson
13. Birthplace Va.

MOTHER
14. Maiden Name Don't Know
15. Birthplace Va. —

16 (a) Informant Mrs. Jannie E. Thompson (wife)
(b) Address 59 E. Randolph —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18 1946 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Cem.
Location A. D. Co. Md.

18 (a) Funeral director A. Bernard Evans
(b) Address 1400 S. Clinton St (30)

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

JUN 17 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15, 1946 at 7:05 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1946, to June 15 1946, and that I last saw him alive on June 15, 1946.

Immediate cause of death	Duration
Tuberculosis (Pulmonary)	(3 Months) 3 mos
Antecedent causes	
Due to	
Due to	
Other Conditions Tuberculosis of Intestines & Larynx (Include pregnancy within 3 months of death)	1 Month

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Kohn M.D.
Address 10 E. Fort Ave Date signed June 17 1946

G41242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

Registered No. G41242 (over)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1614
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 Hollins St. (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No) If yes, name country .....

3 (a) FULL NAME Leroy A. Miller

3 (b) If veteran, name war 1 | 3 (c) Social Security Account No. 218-10-2162

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	White	Married

6 (b) Name of husband or wife Mrs. [illegible] Miller Lillie M. Miller (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) [illegible] 3/2, 1889

8. AGE: Years	Months	Days	If less than one day
57	3	11	hr. ..... min.

9. Birthplace Conover, N.C. (Town, county, and State)
10. Usual Occupation Construction [illegible]
11. Industry or business

FATHER
12. Name David Miller
13. Birthplace N. C.

MOTHER
14. Maiden Name Ellen Yount
15. Birthplace N. C.

16 (a) Informant Mrs. Lillie M. Miller
(b) Address 1614 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Mitzel
(b) Address 401 Edmondson Ave.

19 (a) [illegible] (Date received by registrar) (b) [illegible] Registrar
Huntington Hollins, MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1946, at ..... M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1946 to June 15 1946, and that I last saw h[illegible] alive on June 15 1946.

Immediate cause of death Massive Pulmonary Embolus or Thrombosis — Duration .....
Due to .....
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Date of operation 6/7/46
Major findings of operation: Ruptured Appendix
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Emil P. Banas. M. D.
Address West Balt General Hosp Date signed 6/15/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered G42243

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd Street
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1744 Montpelier St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Henry Petry

3 (b) If veteran, name war

3 (c) Social Security Account No 212-10-8756

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Carrie Louise Petry

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) May 23, 1891

8. AGE: Years 54 | Months 9 | Days 21 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business McCormick & Co

FATHER
12. Name George Philip Petry
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Elizabeth Myers
15. Birthplace Maryland

16 (a) Informant Robert H. Petry Jr
(b) Address 1701 E. 30th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/46 (month) (day) (year)
(c) Cemetery or crematory Balto
Location " Md.

18 (a) Funeral director William Cook
(b) Address 127 St. Paul St.

19 JUN 17 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1946, at 10 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10 June 1946 to 14 June 1946, and that I last saw him alive on 14 June 1946

Immediate cause of death Lymphosarcoma

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul B. Tomes, M.D.
Address Union Memorial Hosp. Date signed 6/14/46

VS 150

G4L624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122a G4L624 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 833 Woodward St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 833 Woodward St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lenora Burns

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ Joseph Burns
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 13th 1890

8. AGE: Years	Months	Days	If less than one day
55	9	2	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name George Taylor
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Margaret Wyman
15. Birthplace Balto. Md.

16 (a) Informant Bessie Seiffert
(b) Address 833 Woodward St

17 (a) Burial (b) Date thereof 6/19/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150 JUN 17 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15th 1946, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1945 to June 15 1946 and that I last saw her alive on June 15 1946

Immediate cause of death: Acute Pulmonary Edema — Duration 48 hrs

Due to Congestive Heart Failure — 48 hrs

Due to

Other Conditions: H.T. Diabetes — 5 yrs
Chronic Nephritis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.
M.D.
Address 410 N Hilton Date signed 17 June 46

G41245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

G41245 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Queen St
(c) Hospital or institution: Univ Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. College Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Catherine Hobson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John Hobson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1860

8. AGE: Years	Months	Days	If less than one day
85	11	14	hr. min.

9. Birthplace Waterville, Carroll Co, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Plummer David
13. Birthplace Maryland

MOTHER 14. Maiden Name A. A. Shipley
15. Birthplace Maryland

16 (a) Informant Mrs. Marion Meade
(b) Address Ellicott City, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/46 (month) (day) (year)
(c) Cemetery or crematory Oella Cemetery
Location Oella, Md.

18 (a) Funeral director Easton Long
(b) Address Ellicott City, Md.

19 (a) (Signature of local registrar) (b) Registrar's no.

JUN 17 1946
Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/16 1946, at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/11 1946, to 6/16 1946 and that I last saw her alive on 6/16 1946.

Immediate cause of death	Duration
Pancreatitis	
Due to Cholelithiasis	
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. B. Marshall Jr. M.D. M. D.
Address Date signed

G41246

BALTIMORE CITY HEALTH DEPARTMENT

TH. 87394

CERTIFICATE OF DEATH ✓120

Registered No. G41246

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 26-12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 - 1-28
(e) Length of stay in Baltimore (yrs., mos., or days) 68 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Duvall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12th 1860

8. AGE: Years 85 | Months 8 | Days 27 | If less than one day hr. min.

9. Birthplace Delaware (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER — 12. Name Charles Duvall
13. Birthplace Maryland

MOTHER — 14. Maiden Name Emma Davis
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUN 12 1946
Commissioner of Health

18 (a) Funeral director
(b) Address

JUN 18 1946 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

A

20. DATE OF DEATH June 9th 1946 19 at 11.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 11 1946 to June 9 1946 and that I last saw him alive on June 9th 1946

Immediate cause of death: Pulmonary Tuberculosis — Duration: yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis S Hasty M. D.
Address Balto City Hosp Date signed June 11 1946

VS 180

F 3566

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

63-1247

CWK-97419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 63-1247

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or Institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6- 12-
(e) Length of stay in Baltimore (yrs., mos., or days) 13 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 20 S. Bethel Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leo Lyons

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25-1909

8. AGE: Years	Months	Days	If less than one day
36	5	8	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Mann Lyons
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Anna Knight
15. Birthplace Pennsylvania

16 (a) Informant Records-Balto. City Hospitlas
(b) Address 4940 Eastern Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUN 12 1946

18 (a) Funeral director Commissioner of Health
(b) Address
JUN 18 1946 (Date rec'd by registrar) Hunting Yes Millionnis M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1946, at 5:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1945 to June 3 1946, and that I last saw h im alive on June 3 1946

Immediate cause of death: Pulmonary Tuberculosis — Duration 2 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Allwin S Haile M.D.
Address Balto City Hosp Date signed 6/11/46

VS 150

F 3565

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. WRITE PLAINLY, WITH UNFADING INK.

G41248

BALTIMORE CITY HEALTH DEPARTMENT

TM. 16188

CERTIFICATE OF DEATH

Registered No. G41248

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals H
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14-7- 10
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 112 Market Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Walters

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868 ? ?

8. AGE: Years	Months	Days	If less than one day
78	?	?	hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Samuel Walters
13. Birthplace New York

MOTHER
14. Maiden Name Eliza
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUN 12 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 12 1946 (Signature) Huntington Williams M.D. (Local Registrar)

MEDICAL CERTIFICATION

P

20. DATE OF DEATH June 9th 1946 at 10.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 29 1945 to June 9th 1946 and that I last saw h im alive on June 9th 1946

Immediate cause of death Cerebrovascular Accident — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert R. Faber M. D.
Address Balt City Hosp Date signed 6-11-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

3564

X

Kept for Anatomical Purposes.

G 31249 BC# G 47136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30F

Registered No. G 31249

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2026 Ridgley Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes) or No)
If yes, name country

3 (a) FULL NAME Susan Mae Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1946

8. AGE: Years	Months	Days	If less than one day
N.B.:		6	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Elijah Smith
13. Birthplace Soumpton, S.C.

MOTHER
14. Maiden Name Elthia Bosiar
15. Birthplace Soumpton, S.C.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

JUN 18 1946 Huntingtown, Md.
(Date rec'd by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 - 20 - 1946, at 1:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h.e.r. alive on 5 - 20 - 1946

Immediate cause of death Prematurity — Duration

Due to Syphilis

Due to

Other Conditions Hydrocephalus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN - Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. W. Redden, M.D.

Address 926 N. Eutaw St. Date signed 6/18/46

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41250 BC# G48850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √159

Registered No. G41250

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 E. 31st St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louis Michael Lopez

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-8-46.

8. AGE: Years	Months	Days	If less than one day
		1	39 hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Rubin J. Lopez
13. Birthplace Md

MOTHER
14. Maiden Name Nellie A. Young
15. Birthplace Md.

16 (a) Informant Record -
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Johns Hopkins Medical School JUN 11 1946
Location

18 (a) Funeral director Commissioner of Health
(b) Address

JUN 18 1946 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-10 1946, at 3 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-7-46 19 to 6-10 1946 and that I last saw him alive on 6-10 1946.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert Gerard M. D.
Address Johns Hopkins Hosp Date signed 6-10-46

VS 150

3069

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-1251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G-1251 Registered No. 159

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2806 - Boston (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Bogwell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/7/46

8. AGE: Years	Months	Days	If less than one day
		2	48 hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Mary Bogwell
15. Birthplace

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location Johns Hopkins Medical School JUN 11 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 18 1946 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-9-46 19 , at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-7 1946 to 6-9 1946 and that I last saw h alive on 6-9 1946.

Immediate cause of death: Premature Premature birth

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert Bruns M.D.
Address Johns Hopkins Hosp Date signed 6-10-46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

VS 150

3568

1252 new

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G4 1252
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 960 Wallsche St.
(c) Hospital or institution:
house 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 960 Wallsche St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3 (a) FULL NAME Baby Boy Bumpers

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife: none
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 6-13-46

8. AGE: Years	Months	Days	If less than one day
0	0	0	2 hr. 15 min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Leroy Bumpers
13. Birthplace Robersonville, N.C.

MOTHER
14. Maiden Name Dazella Elizabeth Bumpers
15. Birthplace Raleigh, N.C.

16 (a) Informant Dazella Elizabeth Bumpers
(b) Address 760 Wallsche Street

17 (a) ____ (b) Date thereof ____
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory ____
Location Johns Hopkins Medical School JUN 17 1946

18 (a) Funeral director Commissioner of Health
(b) Address ____

JUN 18 1946 Harrington for Williams M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13, 1946, at 6:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-13-1946 to 6-13-1946 and that I last saw him alive on 6-13-1946.

Immediate cause of death	Duration
Atelectasis	
Due to prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation ____
Major findings of operation: ____
of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? ____
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____
(Specify type of place)
(e) Means of injury ____

23. Signature William D. Miller M. D.
Address University Hosp. Date signed 6-13-46

F 3567

X

G41253 over Birth Cert. 48108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

Registered No. G41253

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 322 N. [illegible] St
(Inst. or location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy McPhaul

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		5	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Neil McPhaul
13. Birthplace

MOTHER 14. Maiden Name Catherine Drummond
15. Birthplace Spartanburg S.C.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location University Medical School JUN 4 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 18 1946 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1946, at 1:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1946, to June 2 1946 and that I last saw h[illegible] alive on June 2 1946.

Immediate cause of death Cardiorespiratory Failure — Duration
Due to Intracranial Hemorrhage
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton Rosenau, M. D.
Address University Hospital Date signed 6/2/46

VS 150

3570 X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G41254
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Streets
(c) Hospital or institution:
Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life-64

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 106 N. Fulton Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles F. Kirner

3 (b) If veteran, name war Unknown

3 (c) Social Security Account No. Unknown

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mrs Charles Kirner

6 (c) If alive, give age unknown years

7. Birth date of deceased (mo., day, yr.) March 16, 1885

8. AGE: Years 61 | Months 3 | Days 1 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Meat Cutter

11. Industry or business A. P. Stores

FATHER
12. Name Charles Kirner Sr
13. Birthplace Germany

MOTHER
14. Maiden Name Ernestine Kreuscha
15. Birthplace Germany

16 (a) Informant Patient
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 19 June 46 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto. Maryland

18 (a) Funeral director A. B. Philpart & Son
(b) Address 700 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar
JUN 18 1946 Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 16 June 1946, at 7:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 14 June 1946, to 16 June 1946, and that I last saw him alive on 16 June 1946.

Immediate cause of death: Aortic & Mitral Insufficiency — Duration: 2 yrs
Due to: Enteric Fever
Due to: Lucic Ascites

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas A Gaba M.D.
Address 2145 N Balto Date signed 6/16/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G41255 Registered No. 170c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 222 N. Monastery Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank M. Scott

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
World #1	212-18-8100	Male	White	Married

6 (b) Name of husband or wife Christine Scott
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 6th 1890

8. AGE: Years	Months	Days	If less than one day
56	5	11	hr. min.

9. Birthplace Keyser, W. Va. (Town, county, and state)
10. Usual Occupation Guard
11. Industry or business Calvert Distillery

FATHER
12. Name James Scott
13. Birthplace Not Known

MOTHER
14. Maiden Name Marian Lamar
15. Birthplace Not Known

16 (a) Informant Mrs Christine Scott
(b) Address 222 N. Monastery Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20 1946 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address North & Penna Aves.

19 (a) (Date rec'd by registrar) JUN 18 1946 (b) Huntington Williams M.D. 6-17-46

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16, 17 1946 at 7.25 AM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractured skull
Fractured ribs
Due to
Other Conditions Hemothorax
(Include pregnancy within 3 months of death)

over

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-17-46 12 05 A Balto. Co.
(b) Where did injury occur? Balto. Ave. & Wash. Blvd. Relay, Maryland
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? No
(d) Means of injury Auto & Auto. collision

23. Signature Howard J. Mueller M.D. Medical Examiner. 6-17-46

X

G 14256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G 14256
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3113 White Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Katie Langeluttig
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex F. 5. Color or race W 6 (a) Single, married, ~~widowed~~, or divorced
6 (b) Name of husband or wife Louis Langeluttig
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 11/25/79
8. AGE: Years 66 Months 6 Days 20 If less than one day hr. min.
9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business
FATHER 12. Name Stephen Francis Weaver
13. Birthplace Baltimore Md
MOTHER 14. Maiden Name Mary Ellen Singleton
15. Birthplace Orange, N.J.
16 (a) Informant Mr. David Langeluttig
(b) Address 3113 White Ave.
17 (a) Burial (b) Date thereof 6/19/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Balto., Md.
18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.
19 (a) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/15/46 19 2:47 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 6/8/46 to 6/15/46, and that I last saw h[illegible] alive on 6/15/46.

	Duration
Immediate cause of death Cardio-Respiratory Failure	
Due to Cerebral Hemorrhage	
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature J. M. Tierney M.D.
Address St. Joseph's Hosp. Date signed 6/17/46

JUN 18 1946
Registrar's
Huntington Williams, M.D.

VS 180

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G46257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. 93257

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1720 E. 33rd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 E. 33rd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM SAMUEL GILROY

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Martha E. Gilroy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 2, 1870

8. AGE: Years: 76 | Months: 2 | Days: 13 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Physician

11. Industry or business

FATHER
12. Name: John Gilroy
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Laura Fisher
15. Birthplace: Md.

16 (a) Informant: Mrs. Martha E. Gilroy
(b) Address: 1720 E. 33rd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/46 (month) (day) (year)
(c) Cemetery or crematory: Lorraine Mausoleum
Location: Woodlawn, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) JUN 18 1946 (Date received)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15, 1946 at 10:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1946 to June 15 1946 and that I last saw him alive on June 14 1946.

Immediate cause of death: Heart (myocarditis) — Duration:
Due to: Natural causes
Due to: Age
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation: No operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature E. W. Hutchins M. D. '46
Address 1227 N. Calvert St Date signed June 17, 1946
Baltimore, Md.

Huntington Pittsman

VS 180

Please write plainly. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 64258

64258 13B

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hosp. 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1322 Linden Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Pascal Elgenfritz

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29, 1874

8. AGE: Years	Months	Days	If less than one day
72	2	17	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Dry Goods Business
11. Industry or business Self

FATHER
12. Name Samuel Ilgenfritz
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mr. Nelson C. Elgin
(b) Address 6709 Exfair, Rd., Bethesda, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date) JUN 18 1946 (b) Registrar [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1946, at 8 1/2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1946, to June 16 1946, and that I last saw h[illegible] alive on June 16 1946.

Immediate cause of death: Resp. failure.
Due to Pulmonary T.B.
Due to Pleural effusion bilateral
Other Conditions Malnutrition, Arteriosclerosis
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work
(Specify type of place)
(e) Means of injury

23. Signature R. E. McLeod M. D.
Address University Hosp. Date signed 6-18-46

VS 150

G41259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48a

✓ G41259

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
SINIA HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 DAS.
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 18 S. KRESSON ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA MARIE HOLLY

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 14 1908

8. AGE: Years	Months	Days	If less than one day
37 38	6	2	hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation PACKER

11. Industry or business HELWIG & LEETCH CO.

FATHER
12. Name MICHAEL HOLLY
13. Birthplace AUSTRIA

MOTHER
14. Maiden Name SULIANNA TRENKA
15. Birthplace AUSTRIA

16 (a) Informant MICHAEL TRENKA (UNCLE)
(b) Address ANNAPOLIS BLVD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 20/46 (month) (day) (year)
(c) Cemetery or crematory PARK WOOD
Location TAYLOR AVE.

18 (a) Funeral director Lilly & Zeiler inc.
(b) Address 403 S. WOLFE ST.

JUN 18 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 19 46 at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 19 46 to June 16 19 46, and that I last saw h e alive on June 16 19 46

Immediate cause of death Uremia

Due to Encroachment upon the ureters

Due to Carcinoma of the cervix uteri

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy bilateral hydroureter

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Cyprus R. Freedman M. D.
Address Sinai Hosp. Date signed 6-16-46

VS 150

X

G41260 CHARLES B. BAGLEY G41260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1246

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Tenn. (b) County
(c) City or town Penn'd, Chattanooga Tenn.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15-11 — Summit Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles B. Bagley.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married.

6 (b) Name of husband or wife Florence E. Bagley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-16-87.

8. AGE: Years	Months	Days	If less than one day
59	1	1	hr. min.

9. Birthplace Tenn. (Town, County, and state)
10. Usual Occupation Cotton Merchant.
11. Industry or business

FATHER
12. Name Charles B. Bagley
13. Birthplace Tenn.

MOTHER
14. Maiden Name Margaret Ann Warren
15. Birthplace Tenn.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 18-1946 (month) (day) (year)
(c) Cemetery or crematory Chattanooga, Tenn
Location

18 (a) Funeral director Burgess Funeral Home
(b) Address 3631 Falls Road

19 (a) (Signature of registrar) (b) Registrar

JUN 19 1946

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17 1946 at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-2 1946 to 6-17 1946, and that I last saw h alive on 6-17 1946.

Immediate cause of death	Duration
Uremia from	
Due to Cirrhosis of Liver	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. E. Speed M.D.
Address Johns Hopkins Hosp. Date signed 6/18/46

G41261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170c

Registered No. G41261

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Doa
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Wartburg (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carlton H. Layne

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1912

8. AGE: Years	Months	Days	If less than one day
33	7	1	hr. min.

9. Birthplace Rustburg, Virginia. (Town, county, and state)
10. Usual Occupation Construction work,
11. Industry or business James G. Gibson Co.

FATHER
12. Name Charles T. Layne,
13. Birthplace Campbell County, Va.

MOTHER
14. Maiden Name Ruby Howard,
15. Birthplace Campbell County, Va.

16 (a) Informant H. M. Layne, (Brother)
(b) Address Rustburg, Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-1946 (month) (day) (year)
(c) Cemetery or crematory Methodist Church Cemetery
Location Rustburg, Va.

18 (a) Funeral director Johns & Whitehead
(b) Address 1920 Eutaw Place

19 (a) JUN 18 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16, 1946, 12 25 A M

21. I certify that I took charge of the remains described above, held an Autopsy Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured skull, fractured ribs, hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-16-46 at 12 05 A. M.
(b) Where did injury occur Wash. Blvd. at Balto Co. and [redacted] line.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? N.D.
(d) Means of injury Collision of truck and auto

23. Signature Howard J. Sudders M.D. Medical Examiner.
Date signed 6-19-46

VS 151

G41262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G41262 124 B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33[illegible] Street
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., ~~mos. or days~~) Days 14 17
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 27

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 323 Wyman Park Dr. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Holmes

3 (b) If veteran, name war: 0

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife: Lillian Bell Holmes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 31 1877

8. AGE: Years 68 Months 09 Days 17 If less than one day hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Alfred E. Holmes
13. Birthplace England

MOTHER
14. Maiden Name Emily Dewdney
15. Birthplace England.

16 (a) Informant Wife. Relation.
(b) Address

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6/19/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemy
Location Balto. Md.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Pl.

19 JUN 18 1946 (b) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1946, at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1946 to June 17 1946, and that I last saw him alive on June 15 1946.

Immediate cause of death	Duration
Hemorrhage from esophageal varices	18 hrs
Due to Cirrhosis of liver	?
Due to Hemochromatosis	7 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Hemorrhage into stomach - Pigmentation of

Findings of autopsy: liver & Pancreas

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward H. Jones Jr. M. D.
Address U. Md. Hosp. Date signed 6-18-46

VS 150

This copy, with ONE ENDING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G41263 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1476 Montgomery St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1476 Montgomery
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mattie Caldwell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FM	Col	married

6 (b) Name of husband or wife Robert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/16/ 1879

8. AGE: Years	Months	Days	If less than one day
67	3	26	hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Potticks Liggon
13. Birthplace Va

MOTHER
14. Maiden Name Amanda Carter
15. Birthplace Va

16 (a) Informant Robat Caldwell
(b) Address 1476 Montgomery St

17 (a) Burial (b) Date thereof 6/18/46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location A.A.Co. Md

18 (a) Funeral director Isaiah Brown Son
(b) Address 1856 Montgomery St

19 (a) JUN 18 1946 Huntington for William M...
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/14 1946, at 8:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/9 1946, to 6/14 1946, and that I last saw her alive on 6/14 1946.

Immediate cause of death	Duration
Cerebral Hemorrhage	6 days
Due to Hypertension Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Brantley Rodgers

Address 1543 Penna Ave Date signed 6/17/46
M. D.

VS 190

G41264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46F

Registered No. G41264

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St.
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4501 Springdale Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Jennie Volenick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Gregory Volenick

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Mar 24 1874

8. AGE: Years	Months	Days	If less than one day
70	2	24	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business at home

FATHER
12. Name Roth
13. Birthplace Germany

MOTHER
14. Maiden Name Rykowska
15. Birthplace Germany

16 (a) Informant Lee Jr Volenicke
(b) Address 4501 Springdale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20 1946 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director Harry A Amanat
(b) Address 4724 Pidgeon Ave Baltimore, Md

19 (a) JUN 18 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1946, at 4:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 2 June 1946, to 18 June 1946 and that I last saw h alive on 1 P June 1946.

Immediate cause of death Respiratory + Cardiac Failure — Duration

Due to Carcinomatosis of liver

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation 10 June 46

Major findings of operation: Metastatic Ca of Liver

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury

23. Signature H H Salemon M. D.
Address Bon Secours Date signed 6/18/46

VS 180

041265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47a

Registered No. 041265

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2212 Pa. Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2212 Pennsylvania Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Figueroa

3 (b) If veteran, name war: Spanish American | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	M

6 (b) Name of husband or wife Mary Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1880

8. AGE: Years	Months	Days	If less than one day
65	10	25	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mary Elizabeth Figueroa
(b) Address 1212 Pennsylvania Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (month) 20 (day) 46 (year)
(c) Cemetery or crematory Balto. Nat.
Location Md.

18 (a) Funeral director Geo. H. Kelly
(b) Address 1303 Pressman St.

19 (Certificate received) JUN 18 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17, 1946 at 9 A. M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Carcinoma of Larynx

Due to

Other Conditions Cirrhosis of Liver
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Honori J. Malden M.D.
Medical Examiner.
Date signed 6-17-46

VS 151

G41266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

✓ G41266 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1801 Bolton St.
(c) Hospital or institution: 14

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 wk.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1801 Bolton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Boyd Dunbar

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED.

6 (b) Name of husband or wife Beatrice Anderson
6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) Dec. 12. 1904

8. AGE: Years	Months	Days	If less than one day
41	6	5	hr. min.

9. Birthplace BOSTON MASS
(Town, county, and state)
10. Usual Occupation Electrical Engineer
11. Industry or business

FATHER
12. Name James M. Dunbar
13. Birthplace Glasgow Scotland

MOTHER
14. Maiden Name Eleanor Boyd
15. Birthplace Ireland.

16 (a) Informant Mrs. Eleanor B Dunbar
(b) Address 1801 BOLTON ST.

17 (a) CREMATION (Burial, cremation, or removal) (b) Date thereof June 19-46 (month) (day) (year)
(c) Cemetery or crematory London Park.
Location Frederick Road

18 (a) Funeral director John O Mitchell
(b) Address 1000 Eutaw Place
(c) Huntington Williams, M.D.

JUN 18 1946 (Date rec'd by registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17, 1946 at 6 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mullen, M.D.
Medical Examiner.
Date signed 6-18-46

X

G41267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55B

Registered No. G41267

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 544 West Lee St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 544 West Lee Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lessie Lyles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 23 1902

8. AGE: Years	Months	Days	If less than one day
43	5	18	23 hr. min.

9. Birthplace Farmville Va
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Randolph Pryor
13. Birthplace Farmville Va

MOTHER
14. Maiden Name Rebecca Gray
15. Birthplace Farmville Va

16 (a) Informant Berline Williams
(b) Address 634 West Conway St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19 1946 (month) (day) (year)
(c) Cemetery or crematory Western Star Cemetery
Location Baltimore County Maryland

18 (a) Funeral director Joseph A Diehl
(b) Address 611 West Baltimore Street

19 (a) (Date received) JUN 19 1946 (Registrar's signature) for Wm. H. Hall, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/16 1946 at 8:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/6 1946 to 6/16 1946 and that I last saw her alive on 6/13 1946.

Immediate cause of death Hypostatic Pneumonia — Duration

Due to Sarcoma Right Knee

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. B. Howell M. D.
Address 601 N. Carrollton Ave Date signed 6/19/46

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-1268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 169

Registered No. G-1268

Please write plainly. Please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1911 N Belair Rd
(c) Hospital or institution:
Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1911 Belair Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN HENRY VASSEL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years	Months	Days	If less than one day
44			hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Vassel
13. Birthplace Md

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs Wilcher
(b) Address 2433 E North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18 1946 (Month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E North Ave Cit

18 (a) Funeral director Leo G. Leach
(b) Address 1701-03 N Patterson Park Huntington Woods Ave, Md

19 (a) JUN 18 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 15, 1946, at 12 25 A.M

21. I certify that I took charge of the remains described above, held an INSPECTION by Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☑ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH CRUSHED HEAD, CRUSHED CHEST

Due to

Other Conditions MULTIPLE FRACTURES, LACERATIONS AND BRUSH BURNS (Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-14-46 at 8-1 P.M.
(b) Where did injury occur SINCLAIR LANE & EDISON HIGHWAY
(c) Did injury occur at home, on farm, industrial place, in public place? P.R.R. PROP. While at work? N
(d) Means of injury STRUCK BY TRAIN

23. Signature Howard J. Sweeney M.D.
Medical Examiner.

Date signed 6-15-46

X

64269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registration No. 64269

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 17
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1134 N. Gilmor (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife Mrs C Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Mrs. Charles Brown
(b) Address Wash. 9 - D.C.

17 (a) removal (Burial, cremation, or removal) (b) Date thereof June 18 46 (month) (day) (year)
(c) Cemetery or crematory
Location Washington D.C.

18 (a) Funeral director W. Ehret Davis
(b) Address 1432 - Penn. - Ave. N.W.

19 JUN 18 1946 (Date rec'd by registrar) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1946, at M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Wilson M.D.
Medical Examiner.
Date signed 6/17/46

X

64270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. 64270

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 317 N. Ellwood Ave
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 317 N. Ellwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gustav A. John

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Anna M. John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-19-1869

8. AGE: Years 76 | Months 8 | Days 28 | If less than one day: hr. min.

9. Birthplace Lancaster Co Pa (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Andrew John
13. Birthplace Germany

MOTHER 14. Maiden Name Marie Yost
15. Birthplace Germany

16 (a) Informant Hilbert Stelz
(b) Address 317 N. Ellwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-46 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Eastern Ave

18 (a) Funeral director John C. Miller Inc
(b) Address 2435 E. Oliver St

19 JUN 18 1946 (b) Huntington Williams, M.D. Physician

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 28, 1946 to June 17, 1946 and that I last saw him alive on June 17, 1946

Immediate cause of death: Cerebral Hemorrhage — Duration: 20 days
Congestive Heart Failure — 24 hours
Due to Arteriosclerosis — Unknown
Cardiovascular Renal
Due to Disease (Arteriosclerotic) — Unknown

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Physician Autograph
Address 2942 E. Fayette St. Date signed 6/18/46 M.D.

VS 150

X

G41271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

168

G41271 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 S. Bethel Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Pinder

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-4853

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Grace G. Pinder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Derris Pinder
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Denby
15. Birthplace Md.

16 (a) Informant Mrs Ella Jolley
(b) Address 5541 Ludlow St- Phila. Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-46 (month) (day) (year)
(c) Cemetery or crematory
Location Dover, Delaware

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) JUN 18 1946 Thomas Williams, Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-16- 1946 at 10:35 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Compound, Comminuted Fracture of
Skull

Due to

Other Conditions Fracture of brain
with cranial hemorrhage.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-16-46 P. M.
(b) Where did injury occur? 12 S. Bethel St.
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Struck on head with iron bar

23. Signature Thomas J. Waldeis M.D. Medical Examiner.
Date signed 6-17-46

G41272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

169

Registered No. G41272

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 618 S. Wolfe Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Szymanski

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-2343

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Agnes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1911

8. AGE: Years	Months	Days	If less than one day
35			hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Inspector for
11. Industry or business Snider Sea Food Co.

FATHER
12. Name Michael Szymanski
13. Birthplace Unknown

MOTHER
14. Maiden Name Catherine Kantorski
15. Birthplace unknown

16 (a) Informant Mrs. Agnes Szymanski
(b) Address 618 S. Wolfe Street

17 (a) BURIAL (b) Date thereof 6-19-46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory HOLY CROSS POLISH NATIONAL
Location BALTIMORE Co Md

18 (a) Funeral director George A. Weber
(b) Address 7[illegible] Conn st.

19 (a) JUN 18 1946 (b)
(Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18, 1946 at 3:30 A. M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Multiple traumatic amputations and evisceration

Due to

Other Conditions: Lacerations, abrasions and brush burns
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-18-46 at 3A. 1-4 M.
(b) Where did injury occur? Pennsylvania Ave. 90' east of Chester Street
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian struck by a P.R.R.

23. Signature Thomas J. Madden Thos. M.D.
Medical Examiner.
Date signed 6-18-46

VS 151

G41273

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 937

G41273 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 957 N. Chapel st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Dos
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 957 N. Chapel st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Landgraf

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Florence Landgraf
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) June 6 1868

8. AGE: Years	Months	Days	If less than one day
78	-	11	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Musician
11. Industry or business Retired

FATHER
12. Name Dont Know
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant Florence Landgraf
(b) Address 959 N Chapel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 200 E Allens St

19 (a) Rec'd by local Registrar JUN 21 1946 (b) Huntington Md. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17- 1946 at 2 P. M

21. I certify that I took charge of the remains described above, held an Autopsy / Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Acute Congestive Cardiac Failure

Due to

Other Conditions Chronic Myocardial degeneration

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Ulrich M.D.
Medical Examiner.
Date signed 6-17-46

X

G41274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G41274

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. WRITE WITH INDELIBLE INK.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3629 Leo. St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 3629 Leo. St.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stanislaw Brzuchalski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Pauline

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 80			hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Adam Brzuchalski
13. Birthplace Poland

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Poland

16 (a) Informant Pauline Brzuchalski

(b) Address 3629 Leo. St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20-46 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Balto Co.

18 (a) Funeral director Wm. S. Fialkowski

(b) Address 2007 Eastern Ave

19 (a) Date of death (month) (day) (year) (b) Place of death (City or town) (County) (State)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/10/ 1946, to June 16 1946
and that I last saw him alive on 6/15/ 1946.

Immediate cause of death Arterio-sclerotic heart disease — Duration 2

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Harry Deibel M. D.

Address 1226 Hanover St. Date signed 6/17/46

VS 100

Coroner #7

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G41275

200 B (Col)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Found dead in boxcar at Central ave + Gough st.
(c) Hospital or institution: City Morgue
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Unknown 1112 N. Dallas St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Unidentified JAMES McKEEVER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
50 45			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location PUBLIC CEMETERY JUN 13 1946

18 (a) Funeral director Commissioner of Health

(b) Address

JUN 18 1946 Huntington Williamsport Md.
(Date rec'd by Registrar)

VS 151

MEDICAL CERTIFICATION 46

20. DATE OF DEATH 6-4- 19[illegible], at 9 45 A. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Unknown

Due to Removed for autopsy changes.

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.

Date signed 6-13-46

X

G41276 ✓ G41276

BALTIMORE CITY HEALTH DEPARTMENT

HB # 102115 **CERTIFICATE OF DEATH** 133a

Registered No.

Please answer all questions in full. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: 10
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 Abbott Ct. Zone #3
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Phillip Durant Tyler

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 13, 1928

8. AGE: Years	Months	Days	If less than one day
17	7	5	hr. min.

9. Birthplace Hooperesville Maryland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name George Tyler
13. Birthplace Md.

MOTHER
14. Maiden Name Tyler?
15. Birthplace Md.

16 (a) Informant Balto. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John J. Pentz & Sons
(b) Address 1000 Cedar Place

19 (a) (Division City registrar) (b) Registrar
JUN 18 1946 Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18, 1946, at 6:4 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15, 1946 to June 18, 1946 and that I last saw him alive on June 18, 1946.

Immediate cause of death	Duration
Respiratory Failure	
Due to Congestive Heart Failure; Uremia	
Due to Carcinoma Pylorus, Ulcerative	
Other Conditions Pneumonia, Hemorrhagic Cerebral	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. L. Scarborough M.D.
Address Balto. City Hosp. Date signed 6/18/46

G41277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

G41277 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 735 W Saratoga St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nelson B. Hynson Jr.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Child

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-19-35

8. AGE: Years	Months	Days	If less than one day
11	3	26	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Nelson Bernard Hynson Sr.
13. Birthplace Md.

MOTHER
14. Maiden Name Bernice Smith
15. Birthplace Balto, Md

16 (a) Informant Bernice S. Hynson
(b) Address 735 - W. Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Md.

18 (a) Funeral director Archabald Halstead
(b) Address 918 Lemmon Hill

18 1946
19 (a) (Date rec'd by registrar) (b) Registrar
Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1946, at 7.45 P. M.

21. I certify that I took charge of the remains described above, held an autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to hers death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/17/46 at 22-1 5:10 P. M.
(b) Where did injury occur? Harbor 55 - Battery Avenue
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? no
(d) Means of injury Drowned while swimming

23. Signature Howard J. Masseris M.D. Medical Examiner.
Date signed 6/18/46

G41278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

G41278 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 421 Laurens St.
(c) Hospital or institution: 14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 421 Laurens St. (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country St. Helena Is. B.W.I.

3 (a) FULL NAME Benjamin Franklin Bailey

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 216-05-2283

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/19/1890

8. AGE: Years	Months	Days	If less than one day
56	-	26	hr. min.

9. Birthplace N/C St. Helena Is. B.W.I. (Town, county, and state)

10. Usual Occupation Mechanic

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mrs. Mary Berry Godfrey
(b) Address 421 Laurens St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Balto. Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 510-512 Carrollton Ave.

19 (a) Huntington Williams M.D. (Signature of registrar)

JUN 18 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/15/1946 19 at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/14 1946 to 6/15 1946 and that I last saw h alive on 6/15 1946.

Immediate cause of death	Duration
Carcinoma of Stomach	6 mo
Due to	
Due to	
Other Conditions Cachexia	14 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. G. Slaughter M. D.
Address 525 N. Fremont Ave Date signed 6/17/46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any wrong or incomplete information should be carefully supplied. The

G41279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E

G41279
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maine (b) County
(c) City or town Batli
(If outside city or town limits, write RURAL and give town)
(d) Street No. Star 3.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles H. Hughes.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-10-30

8. AGE: Years	Months	Days	If less than one day
15	10	8	hr. min.

9. Birthplace Lewiston
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Victor Hughes
13. Birthplace Maine.

MOTHER 14. Maiden Name Sarah Wright
15. Birthplace Maine

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18 46 (month) (day) (year)
(c) Cemetery or crematory
Location Bath, Maine

18 (a) Funeral director John A. Mitchell Son
(b) Address 1900 Eutaw Place

19 (a) (b)
(Date received by Registrar)

JUN 19 1946

VS 150

Funeral for Williams Mortuary

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-18 1946 at 1:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-17 1946 to 6-18 1946 and that I last saw h alive on 6-18 1946

Immediate cause of death: Cardiac Failure — Duration

Due to: Congenital Heart Disease Tetralogy of Fallot

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation 6/18/46

Major findings of operation: Tetralogy of Fallot

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature K. William Scott, Jr. M. D.
Address Johns Hopkins Hospital Date signed 6/18/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G41280 Registered No. 13B

The Registrar will not accept this certificate unless it is filled out with WRITING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: UNION MEMORIAL HOSPITAL
(a) Baltimore City, Maryland
(b) Street address CALVERT & 33rd. STS.
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 2 1/2 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town ROCKS (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country —

3 (a) FULL NAME JOY CAROL JOHNSON

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 25, 1945

8. AGE: Years | Months: 5 6 | Days: 24 | If less than one day: hr. min.

9. Birthplace ROCKS, Harford Co., Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Harold E Johnson
13. Birthplace Maryland

MOTHER
14. Maiden Name Myrtle E. Neal
15. Birthplace Maryland

16 (a) Informant Myrtle E. Johnson
(b) Address Rocks, Harford Co. Md.

17 (a) — (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory St Paul
Location Harford Co. Maryland

18 (a) Funeral director Charles E Hunt
(b) Address Jarrettsville Md.

19 (a) Filed by registrar Huntington Williams, M.D. Registrar

18 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 18 JUNE 1946, at 9.50 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 28 MAR 1946 to 18 JUNE 1946 and that I last saw her alive on 18 JUNE 1946

Immediate cause of death: Tuberculosis (miliary) lungs, — Duration: 3 months
Due to liver spleen mediastinal glands
Due to mesenteric glands and G.I. tract
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: see above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature Ronald K. Cooper M. D.
Address Union Memorial Hospital Date signed 18 June 46

G41281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G41281

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2306 E Oliver St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write name of township and give rural route)
(d) Street No. 2306 E Oliver St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Nora M. Cole

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife John B. Cole

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1882

8. AGE: Years 64 | Months 2 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation house wife

11. Industry or business

FATHER
12. Name Michael Barrett
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Houlihan
15. Birthplace Ireland

16 (a) Informant John B. Cole
(b) Address 2306 E. Oliver St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 JUN 19 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 16 June 1946 at 9:20 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio Vascular disease

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work)
(d) Means of injury

23. Signature William F. Helfrich M.D. Medical Examiner.
Date signed 17 June 46

937

G-1 1282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G-1 1282

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1212 S. Highland Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH OLIVER LLOYD (Charlotte E. Lloyd)

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-12-0951

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Elmer L. Lloyd

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27, 1898

8. AGE: Years	Months	Days	If less than one day
48	2	21	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Janitress

11. Industry or business Highland Theater

FATHER
12. Name Harry L. Creagh
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anna Froelich
15. Birthplace Baltimore

16 (a) Informant Elmer L. Lloyd
(b) Address 1212 S. Highland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/46 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location 7225 Eastern Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) JUN 19 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/17/46 19 at 1:35 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Occlusion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Davis M.D.
Medical Examiner.
Date signed 6/18/46

VS 151

X

G41283

WACKER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 56a

Registered No. G41283

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4703 Overland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4703 Overland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rachel Mae Wacker

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Rudolph Wacker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11 83

8. AGE: Years	Months	Days	If less than one day
63	-	6	hr. min.

9. Birthplace Chestertown Md
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name James H Cooper
13. Birthplace Chestertown

MOTHER
14. Maiden Name Eliza Hynson
15. Birthplace Chestertown Md

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/46 (month) (day) (year)
(c) Cemetery or crematory Location Chestertown Md.

18 (a) Funeral director Leonard Hynson
(b) Address 535 Hartford Ave

19 (a) JUN 19 1946 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1946 at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 21 1945 to June 17 1946 and that I last saw him alive on June 16 1946.

Immediate cause of death Papillocystadenoma OVARY — Duration 10 months

Due to

Due to

Other Conditions Chronic myocarditis ascites
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. V. Harlold M.D.
Address 4706 HARFORD Road Date signed 6/17/46

VS 150

G41284 ✓ G41284

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH

146c

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 110 S. Calhoun Street
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Sparrows Point,
(If outside city or town limits, write RURAL and give town)
(d) Street No. Merritt Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA COOKE

949398

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 218-01-2436

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Gilbert L. Cooke

6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) Oct. 4, 1917

8. AGE: Years 28 | Months 8 | Days 13 | If less than one day: hr. min.

9. Birthplace Wilmington, Del.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Carl Balzer
13. Birthplace Australia

MOTHER
14. Maiden Name Josephine Olcywiski
15. Birthplace Poland

16 (a) Informant Gilbert L. Cooke
(b) Address Merritt Ave. Sp. Pt., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/46 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) JUN 19 1946
VS 180

Huntington Williams M.D.
For P.A.J. Lubrowski by Howard J. Andersen, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1946, at 5:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1946 to June 17 1946, and that I last saw her alive on June 17 1946

Immediate cause of death: Surgical shock — Duration 3 hrs

Due to Ectopic Hemorrhage — 5 hrs

Due to Uterine Atony — 5 1/2 hrs

Other Conditions — Low

(Include pregnancy within 3 months of death)

Date of operation June 17 1946

Major findings of operation: Atonic Uterus

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward H. Southwick M.D.
Address Franklin Sq. Hosp. Date signed 6/17/46 M. D.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G41285 ✓ G41285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City/Maryland
(b) Street address 3403 Wabash ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give county)
(d) Street No. 3403 Wabash Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Nellie E. Wicks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	White	married

6 (b) Name of husband or wife W. Lawrence Wicks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1891

8. AGE: Years	Months	Days	If less than one day
54	6	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John W. Stafford
13. Birthplace Parkton, Md.

MOTHER
14. Maiden Name Agnes Nicholson
15. Birthplace

16 (a) Informant W. Lawrence Wicks
(b) Address 3403 Wabash Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19 1946 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director Roland L. Fisher
(b) Address 2112 Dundalk Ave.

19 (a) JUN 19 1946 (Date received) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 16 June 1946, at 6:00 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Wm G. Aldrich M.D.
Medical Examiner.
Date signed 17 June 46

VS 151

BICHMANN ✓

G41286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 112

Registered No. G41286

The information should be carefully supplied. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 60 Yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5912 Loadford Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bichmann, George E. Bichmann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife Eva (Bichman)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1888

8. AGE: Years	Months	Days	If less than one day
58	4	5	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Henry Bichman
13. Birthplace Md

MOTHER
14. Maiden Name Catharine Schemm
15. Birthplace Md

16 (a) Informant Mrs Eva B. Bichmann
(b) Address 5912 Harford Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21, 1946 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Taylor Ave.

18 (a) Funeral director Roland L. Fisher
(b) Address 2112 Dundalk ave.

19 (a) JUN 19 1946 (Date received) (b) Huntingtown, Williams, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17-46 1946 at 9:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1945 to 6-17-1946 and that I last saw him alive on 6-17- 1946.

Immediate cause of death Cardiac failure

Due to Cerebral Hemorrhage

Due to

Other Conditions Bronchial Asthma (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward H. Smithwick M.D.
Address Date signed

VS 180

95 c

G41287 new

BALTIMORE CITY HEALTH DEPARTMENT ✓ G41287 Registered No.

CERTIFICATE OF DEATH 161a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Rayner Ave
(c) Hospital or institution: West Balto. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 28 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3424 Roland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Frederick Lee Beelhaar III
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: W
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 14, 1946
8. AGE: Years | Months | Days: 1 | If less than one day: 4 hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business
FATHER 12. Name Frederick Lee Beelhaar, Jr.
FATHER 13. Birthplace Balto. Md.
MOTHER 14. Maiden Name Anna Evelyn Smith
MOTHER 15. Birthplace Balto. Md.
16 (a) Informant
16 (b) Address
17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
17 (c) Cemetery or crematory Location University Medical School JUN 18 1946
18 (a) Funeral director Commissioner of Health
18 (b) Address
19. JUN 19 1946 (Date rec'd by registrar) (Huntington Williams) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-15 1946, at 2:45 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 6-14 1946, to 6-15 1946, and that I last saw h[illegible] alive on 6-15 1946.

	Duration
Immediate cause of death Atelectasis	
Due to Born in New Town	
Due to	
Other Conditions Congenital defects of face + head	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Joseph M. Heith M.D. M. D.
Address Date signed

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

VS 180

3571 ×

G4L288 well

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G4L288

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St.
(c) Hospital or institution: Sinai Hospital of Baltimore
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4663 Pimlico Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Parubesky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-16-46

8. AGE: Years	Months	Days	If less than one day
0	0	1	hr. min.

9. Birthplace Sinai Hospital of Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Meyer Parubesky
13. Birthplace Cleveland, Ohio

MOTHER
14. Maiden Name Anne Paper
15. Birthplace Baltimore Md.

16 (a) Informant Anne Parubesky
(b) Address 4663 Pimlico Rd. #15

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location University Medical School JUN 18 1946

18 (a) Funeral director Commissioner of Health

(b) Address

19 JUN 19 1946 (date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 17 June 1946, at 8:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 17 June 1946 to 19 ; and that I last saw him alive on 6-17 1946

Immediate cause of death Asphyxia
Atelectasis
Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Aaron M.D.
Address Sinai Hospital Date signed 6/17/46

VS 180 3572

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1170

G41289 Registered No.

Type or print plainly with indelible pencil. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 Washington Blvd. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Lloyd I. Ellis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	Widowed

6 (b) Name of husband or wife dead

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/2/878

8. AGE: Years	Months	Days	If less than one day
68	3	12	hr. min.

9. Birthplace — Virginia (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name Avery Ellis (D)
13. Birthplace Virginia

MOTHER
14. Maiden Name Margaret Marshall
15. Birthplace Virginia

16 (a) Informant —
(b) Address —

17 (a) (Burial, cremation, or removal) **(b) Date thereof** (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUN 19 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 19 1946 (Date received by Registrar) Huntington Willard M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1946, at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-7 1946, to 6-14 1946, and that I last saw him alive on 6-14 1946.

Immediate cause of death Cardiac Failure — Duration

Due to Anemia

Due to Gastric Ulcers

Other Conditions Malnutrition

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy: Anemia - Gastric Ulcers

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George A. Schlesinger
Address U. M. H. Date signed 6/18/46

VS 180

F3573 x Schlesinger

G 41290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

HR #101534 / 122 B

Registered No. G 41290

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 65 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1324 N. Carey St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nettie Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1883

8. AGE: Years 65 | Months 4 | Days 20 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Robert Smith
13. Birthplace Maryland

MOTHER 14. Maiden Name Laura Wilson (d)
15. Birthplace Maryland

16 (a) Informant Balto. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-46 (month) (day) (year)
(c) Cemetery or crematory Laurel
Location Balto. City - Md

18 (a) Funeral director Charles R. Law
(b) Address 802 Madison.

19 (a) JUN 19 1946 (Registrar's signature) Arrington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17, 1946, at 6:20P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 24, 1946, to June 17, 1946, and that I last saw h 9r alive on June 17, 1946.

Immediate cause of death: Bronchopneumonia — Duration: 2 days
Due to: Cachexia — 2 mos.
Due to: Acute Dilatation of Stomach — 5 wks
Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 5-25-46

Major findings of operation: Acute intestinal obstruction

of autopsy: same

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas J. O'Neill

Address Balto City Hosp. Date signed 6-18-46 M. D.

VS 150

X

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

G41291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G41291 Registered No.

HR # 101206a 107

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Month
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town ? White Hall
(If outside city or town limits, write RURAL and give town)
(d) Street No. 909 Armon Rd. White Hall Md.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Grandison Almony

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ??

8. AGE: Years	Months	Days	If less than one day
86 ?			hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Harrison Almony
13. Birthplace ? Balto. Co. Md

MOTHER
14. Maiden Name Elizabeth Ayers
15. Birthplace Balto Co. Md

16 (a) Informant Balto. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21 - 1946 (month) (day) (year)
(c) Cemetery or crematory Woodberry
Location White Hall Md

18 (a) Funeral director Howard S. Mackenzie
(b) Address White Hall Md

19 (a) JUN 19 1946 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

P

20. DATE OF DEATH June 18, 1946 at 12:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18, 1946 to June 18 1946 and that I last saw him alive on June 18, 1946.

Immediate cause of death	Duration
Bronchopneumonia	3 weeks
Due to Incarcerated Ing. Hernia	2 weeks
Due to Chr. Uremia	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Findings Incomplete

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank E. Nitterville M. D.
Address Balt. City Hosp Date signed 6-19-46

VS 150

G41292

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G41292

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4703 Hamburg
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 124 Darley Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose A Bankard

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 6, 1878

8. AGE: Years	Months	Days	If less than one day: hr.	min.
67	10	12		

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Wilhelm Feter
13. Birthplace Ga

MOTHER
14. Maiden Name Florence Unknown
15. Birthplace Ga

16 (a) Informant Mrs D Bolin
(b) Address Columbus Ohio

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/46 (month) (day) (year)

(c) Cemetery or crematory Mountain Cemetery
Location Baltimore Co Md

18 (a) Funeral director Fulton Funeral Home
(b) Address 1217 E Fayette St

19 (a) Date received by local registrar JUN 19 1946 (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1946, at 5:54 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to June 18 1946 and that I last saw her alive on June 17 1946.

Immediate cause of death
Ch Myocarditis
Due to arteriosclerosis
Due to Ch. Hypertension
Ch. Nephritis
Other Conditions

Duration 4 years

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J S Harding M.D.
Address 4810 Leland Rd Date signed 9/18/46

G41293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √131a

Registered No. G41293

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5703 Seymour Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5703 Seymour Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grace E. Daughaday

3 (b) If veteran, name war: NONE
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~ Charles E. Daughaday
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30 1880

8. AGE: Years	Months	Days	If less than one day
66	1	17	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name William Seymour
13. Birthplace Md.

MOTHER
14. Maiden Name Martha Server
15. Birthplace Md.

16 (a) Informant Chas. E. Daughaday
(b) Address 5703 Seymour Ave.

17 (a) Burial (b) Date thereof 6/19/46
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood
Location Parkville, Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) [illegible] 19 1946
(Date ~~received~~ by registrar)

Hunting for Hillsdale

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17th 1946, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/15 1946 to 6/17 1946, and that I last saw her alive on 6/12 1946.

Immediate cause of death: Auricular fibrillation
Due to: cardiac failure

Duration
6 months

Due to:

Other Conditions: Chronic Nephritis
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Morrison
Address 11 E. Chase St Balt. 2 Md
Date signed 6/18/46

95a

VS 150

Please PRINT, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓186a

Registered No. G41294

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: So. Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1506 Sycamore St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Arthur C. Fowler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Gertrude Fowler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/8/94

8. AGE: Years 51 | Months 10 | Days 10 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Steam fitter

11. Industry or business

FATHER — 12. Name Chas. Joseph Fowler
13. Birthplace Md.

MOTHER — 14. Maiden Name Mary Stevens
15. Birthplace Md.

16 (a) Informant Gertrude Fowler
(b) Address 1506 Sycamore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/46 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location Dorsey Md.

18 (a) Funeral director William Cook Inc.
(b) Address 127 St Paul St

19 (a) Date received JUN 19 1946 (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1946 at 5.32 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1946 to June 18 1946 and that I last saw him alive on June 18 1946

Immediate cause of death Intracranial hemorrhage.
Intra abdominal injury
Due to Fall from 2nd floor window

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 25/5
(a) Accident, suicide, or homicide Accident.
(b) Date of occurrence 6/17/46 at 9 A M
(c) Where did injury occur? Balto (City or town) Md. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Fall from 2nd floor window

23. Signature Vincent C Gardner Jr.
Address 21 Balto Gen. Hosp Date signed 6/18/46
For B. J. R. Davis, M. Howard J. Williams, M.D.

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. G41295

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2510 Greenmount Ave.
(c) Hospital or institution: Southern
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 2510 Greenmount Ave. (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore Maryland (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Eva Jane Wilson

3 (b) If veteran, name war **

3 (c) Social Security Account No. **

4. Sex F. M.

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years 79 Months 11 Days 15 If less than one day hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business Unknown

FATHER
12. Name Matthew Wilson
13. Birthplace Ireland

MOTHER
14. Maiden Name Rebecca Moorehead
15. Birthplace Ireland

16 (a) Informant Hospital and Our records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Geo. W. Little
(b) Address 2700 Edmondson Ave.

JUN 19 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17th 1946 at 11.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1st 1946 to Jun 17 1946 and that I last saw h[illegible] alive on Jun 1st 1946

Immediate cause of death	Duration
Heart - Insufficiency	[illegible]
Due to Coronary - Sclerosis	
Due to Arteriosclerosis	
Other Conditions Loss of Legs	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Traugott M. D.

Address 1623 E. N. Ave. Date signed 6-18-46

VS 150

I CERTIFY THAT I HAVE FILLED IN, WITH UNFADING INK, every item of information above called for. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G41296 Registered No. 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline
(c) Hospital or institution St. Joseph's
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 E. Hoffman
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Carr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	Colored	Separated

6 (b) Name of husband or wife Gladys Carr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 5, 1912

8. AGE: Years	Months	Days	If less than one day
33 32	10	15	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Helper

11. Industry or business Hat Cleaning Establishment

FATHER
12. Name Robert Carr
13. Birthplace Pa.

MOTHER
14. Maiden Name Lillie Clark
15. Birthplace Md.

16 (a) Informant Lillie Hensen
(b) Address 1924 Brunt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantly Ave.

19 (a) [illegible] Baltimore, Md. Registrar

VS 1[illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1946, at 3:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1946 to June 18 1946, and that I last saw him alive on June 18 1946.

Immediate cause of death	Duration
Uremia	
Due to Hypertensive Cardio-Renal Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Richard A. Young
Address St. Josephs Hosp. Date signed 7/1/46

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41297

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 95c

G41297 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 403 N. Eden St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 403 N. Eden St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: W.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years 53 | Months | Days | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Sidney Price

13. Birthplace N. C.

MOTHER 14. Maiden Name Marion Price

15. Birthplace N. C.

16 (a) Informant Eliza Whitaker

(b) Address Halifax, N. C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/46 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy Oglesby

(b) Address 1000 Brentwood Ave

19 (a) [illegible] (b) [illegible] Registrar

JUN 19 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/14 1946, at 2:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 19__, to June 19__, and that I last saw h[illegible] alive on June 4 1946.

Immediate cause of death: Myocardial failure

Due to: chronic, diabetes

Due to: Hypertension, Nephropathy

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
1 yr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. C. Burwell

Address 121 Craigwith Date signed 6/14/46.

X

Please write plainly, with pen or pencil. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. G41298

The information requested on this certificate is necessary for the registration of the death. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1431 Bounty Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1431 Bounty Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Victoria Toms

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Col

6 (a) Single, married, widowed, or divorced Sep.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1905

8. AGE: Years 41 | Months | Days | If less than one day hr. min.

9. Birthplace West moreland Co. Va. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Griffen Johnson
13. Birthplace Va

MOTHER
14. Maiden Name Nancy Corbin
15. Birthplace Va

16 (a) Informant Emily Johnson
(b) Address 105 S. Bond St.

17 (a) Burial (Burial, cremation, or removal) b Date thereof 6/21/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Bryant Ave

19 (a) Huntington Wilson, M.D. Registrar

JUN 19 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/18 1946, at 7.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/18 1946 to 19 and that I last saw h alive on 6/18 1946.

Immediate cause of death Respiratory failure — Duration 8 hrs.

Due to Edema Pulmonary. — 3 days.

Due to Congestive heart failure — ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. E. Burwell

Address 171 Ensworth Date signed 6/18/46

X

G41299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G41299 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 211 E. 23rd St
(c) Hospital or institution:

17

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 211 E. 23rd St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nellie Johnson Jenifer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-26-06

8. AGE: Years 39 | Months 11 | Days 22 | If less than one day hr. min.

9. Birthplace Howard Co, Md
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Henry Johnson
13. Birthplace Maryland

MOTHER
14. Maiden Name Florence Reynolds
15. Birthplace Maryland

16 (a) Informant Mrs. Catherine Pinkett
(b) Address 211 E. 23rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-46. (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Anne Arundel Co, Md.

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna. Ave

19 (a) (b)
(Signature of person acting) (Registrar)

JUN 19 1946

VS No

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17-46 19 at 6:22 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/10 1946, to 6/17 1946 and that I last saw h[illegible] alive on 6/17 1946

Immediate cause of death
Cardiac Renal Disease

Duration
6 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William A. Jackson M. D.
Address 2329 Greenmount Ave Date signed 6/18/46

G11300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 12B

Registered No. G11300

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1029 Myrtle Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME J. ELMER HARRIS

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-1594

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Louise Harris
6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Apr. 13, 1909

8. AGE: Years	Months	Days	If less than one day
37	2	5	hr. min.

9. Birthplace Hurlock, Md.
(Town, county, and state)
10. Usual Occupation Day Laborer
11. Industry or business Clothing Store

FATHER
12. Name Thomas R. Thompson
13. Birthplace Dorchester Co., Md.

MOTHER
14. Maiden Name Grace Thompson
15. Birthplace Dorchester Co., Md.

16 (a) Informant Mrs. Grace Thompson
(b) Address East New Market, Md.

17 (a) Burial (b) Date thereof June 21 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Thompsontown Cem East new market.
Location East new market Maryland.

18 (a) Funeral director J. J. Trappe Son
(b) Address Federalsburg Md.

JUN 19 1946
(Date Rec'd by Registrar) (b) Huntingtown Williamsport Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18, 1946, at 1205 M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Miliary Tuberculosis of Lungs

Due to

Other Conditions Chronic Retro-tracheal Tuberculous Lymph-adenitis.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Howard M.D.
Medical Examiner.
Date signed 6-18-46

VS 151

(Over)

X

G4 1301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G4 1301

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2406 Woodbrook Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2406 Woodbrook Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Seebree

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced M

6 (b) Name of husband or wife Albert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/4/1911

8. AGE: Years 35 Months Days 12 If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name — Carter
13. Birthplace Va

MOTHER
14. Maiden Name Mary Crosby
15. Birthplace Va

16 (a) Informant Albert Seebree
(b) Address 2406 Woodbrook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/18/46 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location Md

18 (a) Funeral director Wm. H. Gibson
(b) Address 1303 Presstman St

19 (a) JUN 19 1946 (Date received by registrar) (b) Huntington Williamsport, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1946 at 10:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1946 to June 16 1946 and that I last saw h— alive on June 16 1946.

Immediate cause of death
Cardiac Insufficiency
Chronic
Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
6 hrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Watts
Address 575 Wilmington Date signed 6/17/46 M. D.

VS 150

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Exact age is especially important. Physicians: please write the causes of death clearly and legibly.

G4 1302

BC# 945733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 158

Registered No. G4 1302

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Redwood and Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days): 2 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md (b) County:
(c) City or town: Balto (If outside city or town limits, write RURAL and give town)
(d) Street No.: 6 Wolbert St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME: Joan Moore

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Infant

6 (b) Name of husband or wife:

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 4/16/46

8. AGE: Years	Months	Days	If less than one day
	2	1	hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, state)

10. Usual Occupation: Infant

11. Industry or business:

FATHER
12. Name: Burton Moore
13. Birthplace: Balto Md

MOTHER
14. Maiden Name: Dorothy Jordan
15. Birthplace: Balto Md

16 (a) Informant: Dorothy Moore
(b) Address: 628 Wolbert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/19/46 (month) (day) (year)
(c) Cemetery or crematory: Greenmount
Location: Balto Md

18 (a) Funeral director: Chas O Boyer
(b) Address: 512 Cavendish Av

JUN 19 1946 (Date received) (Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6-19 1946, at 10:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-19 1946 to 6-19 1946, and that I last saw her alive on 6-19 1946.

Immediate cause of death: Respiratory failure — Duration:

Due to: Malnutrition

Due to: Impaired car

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Starvation - passive organs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Walter L. Conrad, M. D.
Address: University Hosp Date signed: 6-18-46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G4L303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 13 1a

G4L303 Registered No.

Please answer questions, with ONE WORD OR FIGURE. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 902 N. Augusta Ave.
(c) Hospital or institution:
16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 902 N. Augusta Ave.
(If rural give location)
(e) Citizen of foreign country? ~~Yes~~ or No)
If yes, name country

3 (a) FULL NAME BERTHA E. MURPHY

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: Norman A. Murphy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1891

8. AGE: Years	Months	Days	If less than one day
54	8	22	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George C. Peddicord
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden Name Julia Moxley
15. Birthplace Frederick Co., Md.

16 (a) Informant Mr. Norman A. Murphy
(b) Address 902 N. Augusta Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/46 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received by registrar) (b) Registrar

JUN 19 1946

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17, 1946 at 12:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1946 to June 17 1946 and that I last saw h alive on June 16 1946

Immediate cause of death: Cerebral Embolism — Duration 5 hours
Due to Hypertension Arteriosclerosis
Due to Chronic Nephritis — 5 years
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 4520 Eastern Date signed June 17

Huntington Williams, M.D.

X

G41304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G41304 Registered No. 13a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1222 Park Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1222 Park Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter Cripper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1862

8. AGE: Years 84 | Months | Days | If less than one day hr. min.

9. Birthplace — (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name ?
13. Birthplace

MOTHER 14. Maiden Name ?
15. Birthplace

16 (a) Informant Joseph Thomas
(b) Address 1222 Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

JUN 19 1946 (Date rec'd by Local Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION 30

20. DATE OF DEATH June 11, 1946 at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-3-1946 to 6-11-1946, and that I last saw h alive on 6-11-1946.

Immediate cause of death: Chronic Cardio-Vascular Renal Disease, Arteriosclerosis

Due to Senility

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration: 8 yrs

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Capers

Address 600 N Eutaw St. Date signed 6/15/46

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1468

Registered No. G41305

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Hoffman Sts
(c) Hospital or institution: Sh. Jos. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3413 Mayfield Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Dorothy B. Streb 549728

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-05-3929

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12 | 16 | 16

8. AGE: Years	Months	Days	If less than one day
29 30	6	2	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business Housewife

FATHER
12. Name Oliver J. Peacher
13. Birthplace Baltimore

MOTHER
14. Maiden Name Balbina Stachowski
15. Birthplace Germany

16 (a) Informant William C. Streb
(b) Address 3413 Mayfield Ave

17 (a) Burial (b) Date thereof 6/21/46
(Burial, cremation, or removal) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern & Rd

18 (a) Funeral director John A. Hogan
(b) Address 3000 E Baltimore St

19 JUN 19 1946 (b) Huntington Williamson, M.D.
(Registrar's signature)

VS-480

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1946, at 1:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw her alive on June 18 1946.

Immediate cause of death: Cardio-respiratory failure — Duration:
Due to: Cerebral Postpartum Hemorrhage — Duration:
Due to: Leiomyoma Uteri Couvilar — Duration:
Other Conditions — Duration: over

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Richard A. Young, M.D.
Address St. Joseph Hosp. Date signed 6/18/46

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1131a

Registered No. G41506

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1206 Argonne Dr.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1206 Argonne Dr. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alice Marie Jackmore

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Matthew J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 11-1885

8. AGE: Years 61 | Months 5 | Days 6 | If less than one day hr. min.

9. Birthplace: New York (Town, county, and state?)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER
12. Name: Richard Callahan
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Margaret Hickey
15. Birthplace: Ireland

16 (a) Informant: Frances J. Lewis
(b) Address: 1206 Argonne Dr.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/46 (month) (day, year)
(c) Cemetery or crematory: New Lodge
Location: Old Frederick Rd.

18 (a) Funeral director: John J. Graham
(b) Address: 3600 E. Balto. St.

19 (a) JUN 19 1946 (Date rec'd by Registrar)
Registrar: Huntington Hollins, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1946, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-26- 1935 to 6-17- 1946, and that I last saw her alive on 6-15- 1946.

Immediate cause of death: Arteriosclerotic Cardio-renal disease — Duration: Unknown

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Geo. B. Lybert M.D.

Address 2102 Harford Rd. Date signed 6-18-46

VS 150

G41307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

Registered No. G41307

The information should be carefully supplied. Every item of information should be correct as far as possible, with UNFADING INK. Every item is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 128 Light St.

(c) Hospital or institution: So. Balto. Gen. Hospt.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2813 Maisel St. -30 (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Mary M. Hayden

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) August 25, 1876

8. AGE: Years 70 | Months 9/10 | Days 23 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Edward Werner

13. Birthplace Germany

MOTHER 14. Maiden Name —

15. Birthplace —

16 (a) Informant Same

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20-46 (month) (day) (year)

(c) Cemetery or crematory Meadowbridge

Location Wash. Road

18 (a) Funeral director John J. McGann

(b) Address 3000 E. Balto. St.

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

VS 1 JUN 19 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/17 1946 at 12:57 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/9 1946 to 6/17 1946, and that I last saw h alive on 6/17 1946

Immediate cause of death Cardiac Failure — Duration —

Due to Post Operative — Duration —

Due to Carcinomatosis — Duration 1 week

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature Herbert Swindell M.D.

Address So Balto Gen Hospt Date signed 6/19/46

Herbert Swindell, M.D.

G44308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G44308

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1512 N. Henry St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Cayne

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 N. Henry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine F. Shea

3 (b) If veteran, name war: —
3 (c) Social Security Account No.: —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: late Timothy F.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 1869

8. AGE: Years	Months	Days	If less than one day
77	2		hr. min.

9. Birthplace Ireland
(Town, county, and state)
10. Usual Occupation Nurse
11. Industry or business at home

FATHER
12. Name John Shea
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine F. Shynamiee
15. Birthplace Ireland

16 (a) Informant John F. Shea
(b) Address Walbrook Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd

18 (a) Funeral director John Cooney & Son
(b) Address 90-03 Collins Ave.

19 (Signature of local registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1946 at 9 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1946, to June 18 1946, and that I last saw h[illegible] alive on June 12 1946.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to Hypertensive C.V.D.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. Edmund M.D.
Address 3325 Frederick Ave. Date signed 6/19/46

VS 150

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G4L309 G4L309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH √ 93E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2117 Division St., Ward) 15

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margantha Diem

U.S. Veteran (specify WAR)

(a) Residence: No. 2409 Roslyn Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 3 - 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John B. Diem

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Rickert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Kunigunda Diem
(Address) 2409 Roslyn Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer June 22 1946

19. UNDERTAKER Martin W. E. Ripple Sons
(Address) Cumberland & Ann St.

20. FILED JUN 19 1946 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19 - 1946

22. I HEREBY CERTIFY, That I attended deceased from Apr 17 1946 to June 19 1946

I last saw h. alive on June 18 1946. Death is said to have occurred on the date stated above, at 12:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	years ago
Other contributory causes of importance: Hypostatic Pneumonia	June 19 46

Was an operation performed? No Date of None

For what disease or injury? None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No injury

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Edward P. Smith M. D.

(Address) 920 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

X

G41330 G41330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 507 Baker Street
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 507 Baker Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John W. Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: col.

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Cornelia Harris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept. 1882

8. AGE: Years: 63 | Months: 9 | Days | If less than one day: hr. min.

9. Birthplace: Howard Co. Md.
(Town, county, and state)

10. Usual Occupation: Cook

11. Industry or business

FATHER
12. Name: Edward Harris
13. Birthplace: Howard Co. Md

MOTHER
14. Maiden Name: Nancy Johnson
15. Birthplace: Howard Co. Md

16 (a) Informant: Cornelia Harris
(b) Address: 507 Baker Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19, 1946 (month) (day) (year)
(c) Cemetery or crematory: Western Star
Location: Catonsville, Md

18 (a) Funeral director: Mrs. Katie P. Williams
(b) Address: 322 N. Schroeder St

19 (a) [redacted] 19 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1946 at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1946 to June 16 1946 and that I last saw h[illegible] alive on June 16 1946.

Immediate cause of death: Chronic myocarditis — Duration: 7.
Due to: Arteriosclerosis

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Edward J. Mcallen M.D.
Address: 1231 Druid Hill Ave Date signed: 6/19/46

X

Please write clearly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G41311

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2605 Smith Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) don't
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2605 Smith Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Henry Spurrier

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-29-1867

8. AGE: Years 78 | Months 8 | Days 20 | If less than one day hr. min.

9. Birthplace Howard Co. Md. (Town, county, and state)

10. Usual Occupation Brick Yard

11. Industry or business Retired

FATHER
12. Name Benjamin Spurrier
13. Birthplace Md.

MOTHER
14. Maiden Name Juanita Thompson
15. Birthplace Md.

16 (a) Informant Blanche Machiels
(b) Address 2605 Smith Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/46 (month, day, year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd.

18 (a) Funeral director Edward Faulmann
(b) Address West Blvd

JUN 19 1946 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19, 1946, 4:00 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mazzeo M.D.
Medical Examiner.
Date signed 6-18-46

G41312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

589

Registered No. G41312

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline Street
(c) Hospital or institution: St Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore (If outside city or town)
(d) Street No. 1605 Llewelyn Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Stanley P. Gay

3 (b) If veteran, name war: World War II

3 (c) Social Security Account No. 218-03-6304

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 2nd., 1920

8. AGE: Years	Months	Days	If less than one day: hr.	min.
26	1	15	XX	1

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Auto. Painter

11. Industry or business

FATHER
12. Name Herman T. Gay
13. Birthplace Germany

MOTHER
14. Maiden Name Florence E. Sickal
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Florence E. Gay
(b) Address 1605 Llewelyn Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location 5501 Frederick Road

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) JUN 19 1946 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17- 1946 at 3 30 M.

21. I certify that I took charge of the remains described above, held an Autopsy / Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Rheumatic heart disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature JOHN R. DAVIS M.D. PER Huntington Williams M.D. Medical Examiner
Date signed 6-17-46

VS 151

G4 13313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G4 13313 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1711 Edmondson Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 Edmondson Ave
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Priscilla Osborne

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	W.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace King Queen County Va.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name "
13. Birthplace "

MOTHER
14. Maiden Name Eliza Banks
15. Birthplace Va

16 (a) Informant John Osborne
(b) Address 1711 Edmondson ave

17 (a) shipped (Burial, cremation, or removal) (b) Date thereof 6-21-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemet.
Location King Queen County Va.

18 (a) Funeral director Fred Ide Bailey
(b) Address 1421 E Jefferson St.

19 (a) (b) Registrar

JUN 19 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-18- 1946 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-12- 1945 to 6-18- 1946 and that I last saw h ll alive on 6-17- 1946

Immediate cause of death Cardiac failure — Duration 1 day

Due to Hypertension — Duration 5 yrs

Due to Arteriosclerosis — Duration ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fred Ide Bailey M. D.
Address 3340 Maryland Ave. Date signed 6-18-46

X

G41,514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G41,514 Registered No.

PRINTED WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 252 N. Payson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 252 N. Payson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME R. Lester Davis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Florence E. Davis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 31 - 1881

8. AGE: Years	Months	Days	If less than one day
64	9	19	hr. min.

9. Birthplace Hagerstown Md.
(Town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER
12. Name Lopez Colin Davis
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace Virginia

16 (a) Informant Mrs. Florence Davis
(b) Address 252 N. Payson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/46 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Baltimore Md.

18 (a) Funeral director Jeanne E. Lyter
(b) Address 1625 N. Monroe

19 (a) [redacted] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19, 1946 at 1 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1946 to June 19 1946 and that I last saw him alive on June 19 1946

Immediate cause of death: Cardiac failure

Due to: Hypertension and Arteriosclerotic Cardiovascular renal disease

Due to:

Other Conditions: Pneumonia - bronchial.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. Shorefaker M.D.
Address 601 N. Monroe St Date signed 6/19/46

VS 130

Huntington Williams, M.D.

64 1315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. 64 1315

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2409 E Madison St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town 2409 E Madison St
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George L. Kmiecik

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed or divorced. married

6 (b) Name of husband or wife Lillian Kmiecik

6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) April 20 1900

8. AGE: Years 45 | Months 1 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER

12. Name Michael Kmiecik

13. Birthplace Poland

14. Maiden Name Stanislawa ?

15. Birthplace Poland

16 (a) Informant Lillian Kmiecik

(b) Address 2409 E. Madison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-46 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary Cem

Location Baltimore county

18 (a) Funeral director John M. Welby

(b) Address 401 S. Chester Street

19 (a) JUN 19 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 16 June 1946, at 11:30 P M

21. I certify that I took charge of the remains described above, held an Autopsy / Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ causes of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature William F. Kelpatrick M.D.
Medical Examiner.

Date signed 17 June 46

VS 151

Important: Physicians: please write the causes of death clearly and legibly.

G41316 G41316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 469

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Streets
(c) Hospital or institution U. of Maryland Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 8420 Loch Raven Blvd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cunningham, Melvin C

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Irene A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12 1904

8. AGE: Years	Months	Days	If less than one day
42	0	6	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business

FATHER
12. Name George Cunningham
13. Birthplace Md.

MOTHER
14. Maiden Name Jennie Penish
15. Birthplace Md

16 (a) Informant Mrs Irene A. Cunningham
(b) Address 8420 Loch Raven Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-46 (month) (day) (year)
(c) Cemetery or crematory Ss Johns
Location Long Green Md.

18 (a) Funeral director Leonard J Rush
(b) Address 5305 Harford Rd

19 (a) (b) Registrar

JUN 19 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1946, at 6 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 7, 1946, to June 18 1946 and that I last saw h.i.m alive on June 18 1946.

Immediate cause of death	Duration
Carcinomatosis	
Due to	
Due to	
Other Conditions	over

(Include pregnancy within 3 months of death)
Date of operation June 11, 1946
Major findings of operation: Carcinomatosis
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J B Gregg
Address Maryland G. Hosp. Date signed 6/18/46 M.D.

VS 150

Huntington Williams, M.D.

Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

$3a

Registered No. G41317

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 N. Eutaw (Place)
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3825 KIMBLE RD. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dottie V. Woodsum

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex FEMALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. WIDOWED

6 (b) Name of husband or wife FREDERICK WOODSUM

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years 85 Months Days If less than one day hr. min.

9. Birthplace MARYLAND (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name UNKNOWN
13. Birthplace

MOTHER
14. Maiden Name UNKNOWN.
15. Birthplace

16 (a) Informant MR. FRED. O. WOODSUM
(b) Address 3825 KIMBLE RD

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-20-46 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location CITY

18 (a) Funeral director WIEDEFELD & SON
(b) Address GREENMOUNT AVE & 22ND ST.

19 JUN 20 1946 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 17, 1946 at 4:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1943 to June 16 1946, and that I last saw her alive on June 16 1946.

Immediate cause of death / Duration

Cerebral Hemorrhage.

Due to Adv. atherosclerosis

Due to

Other Conditions Chr. Arthritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Loretta Carol M. D.
Address 1700 Eutaw Pl. Date signed 6-18-46

Registered by Wilmington, Mass.

VS 150

G41318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G41318

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 948 Webb Court
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 - 2
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 948 Webb Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William G Loebrucker

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Marie
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) May 6 1868

8. AGE: Years	Months	Days	If less than one day
78	1	13	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Solicitor
11. Industry or business Balto Correspondent

FATHER
12. Name Wm Loebrucker
13. Birthplace Germany

MOTHER
14. Maiden Name Charlotte Lappe
15. Birthplace Germany

16 (a) Informant Marie Loebrucker
(b) Address 948 Webb Court 22

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2106 Orleans St

19 (a) (Date received by registrar) (b)
JUN 20 1946
VS 150

Huntington Williams, M.D. Address 701 N. Howard ave Date signed 6/19/46

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1946, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1946 to June 19 1946, and that I last saw h[illegible] alive on June 18 1946.

Immediate cause of death Cerebral Apoplexy
Due to Hypertension.
Due to
Other Conditions Chr. Nephritis

Duration 24 Days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm D Schmick

83a

G41319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48B

G41319 Registered No.

PRESS WHITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2723 Eastern Ave.
(c) Hospital or institution: Parkview Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
City or town 2723 Eastern Ave
(If outside city or town limits, write RURAL and give town)
(c) Street No. 2723
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lina C Miller

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 9, 1895

8. AGE: Years 50 | Months 10 | Days 9 | Less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation
11. Industry or business None

FATHER
12. Name Charles Miller
13. Birthplace Baltimore

MOTHER
14. Maiden Name Jennie McQueller
15. Birthplace Baltimore

16 (a) Informant Mrs Adalide Lutz
(b) Address 4209 Kolb Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem Co City
Location

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St

19 (a) (Date received by registrar) (b)

JUN 20 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1946, at 3:20 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1946 to June 18 1946 and that I last saw h[illegible] alive on June 18 1946.

Immediate cause of death
Cessation of bodily functions
Due to Metastasis
Due to Carcinoma of Uterus
Other Conditions

Duration
hours
1 month

(Include pregnancy within 3 months of death)
Date of operation March 27. 1945
Major findings of operation: Adenocarcinoma of Uterus
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Raymond Huntington Williams M.D. 1716 Bolton St. M. D.
Date signed June 19 1946

X

G41360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

G41360 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City or Maryland
(b) Street address Pennsylvania Ave
(c) Hospital or institution: Lloyd Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JACOB WEINBERG

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years 81 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Not Known

13. Birthplace Russia

MOTHER 14. Maiden Name Not Known

15. Birthplace Russia

16 (a) Informant David Weinberg

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-46 (month) (day) (year)

(c) Cemetery or crematory Pleasant View

Location Pikesville Md. Hamilton Ave

18 (a) Funeral director Jack Levy Inc

(b) Address 1432 E. Balto St

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 20 1946

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1946, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-31 1944 to 6-18 1946 and that I last saw him alive on 6-18 1946.

Immediate cause of death Carcinoma of rectum — Duration 7-1944

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Edmund Kerns, M.D.

Address Lewisdale Date signed 6/18/46

X

A CERTIFICATE WHICH IS ILLEGIBLE, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G4L.561 ✓ G4L.521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Monument St
(b) Street address ~~2910 Parkwood Ave~~ 17
(c) Hospital or institution: Sinai Hospital Baltimore Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2910 Parkwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Herman Harris

3 (b) If veteran, name war: 1st World War
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years 51 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER 12. Name Philip
13. Birthplace Poland

MOTHER 14. Maiden Name Bessie
15. Birthplace Poland

16 (a) Informant Bessie Harris
(b) Address 2910 Parkwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-46 (months) (day) (years)
(c) Cemetery or crematory United Hebrew Cem
Location Washington Boulevard

18 (a) Funeral director Jack Levin Inc
(b) Address 1429 E Fallo St

19 (a) Filed by registrar (b) Registrar

Harrington for Hollander, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19, 1946 at 10 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1946 to June 19 1946 and that I last saw him alive on June 19, 1946

Immediate cause of death: Cachexia
Cardiac + resp. failure
Due to: Carcinoma of stomach
& metastasis to liver
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation ~~Dec~~ 1945
Major findings of operation: Repair of colostomy for ca of stomach
of autopsy:

Duration
✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel P. Gabay
Address Sinai Hospital Date signed 6/19/46 M. D.

X

G4L3322

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 137a

Registered No. G4L3322

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1730 McCulloh St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leo Watson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	N	married

6 (b) Name of husband or wife Senia Watson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-?-1891

8. AGE: Years	Months	Days	If less than one day
55	2	?	hr. min.

9. Birthplace Richland Co, S.C.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Sandy Watson
13. Birthplace S.C.

MOTHER
14. Maiden Name Unknown
15. Birthplace South

16 (a) Informant Mrs. Senia Watson
(b) Address 1730 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23, 1946 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. George H. Stallard
(b) Address 1631 North Gilmor.

19 (Signature of person who viewed body) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-18 1946 at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1946, to 6-18 1946
and that I last saw him alive on 6-18 1946

Immediate cause of death	Duration
Uremia	
Hypostatic Pneumonia	Terminal
Due to Acute urinary stenosis	
Due to Prostatic hypertrophy	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Acute urinary stenosis
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R L. Jackson M. D.
Address Provident Hosp Date signed 6-19-46

VS 180

G4L323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G4L323

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 436 S.Oldham Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 436 S.Oldham Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Andrew J.Dietz

3 (b) If veteran, name war --

3 (c) Social Security Account No. 213-01-0712

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Catherine Dietz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29,1906

8. AGE: Years 40 Months 2 Days 19 If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Elec.Crane Oper.

11. Industry or business

FATHER
12. Name -- Dietz
13. Birthplace Unk.

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs.Catherine Dietz
(b) Address 436 S.Oldham St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June21/46 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem.
Location Balto. Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St.

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 20 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18/46 19 , at 2.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/30 1946 to 6/18 1946, and that I last saw him alive on 6/15 1946.

Immediate cause of death Coronary Thrombosis — Duration 2-3 wks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jordan A. Gootman M.D.

Address 3400 E. Baltimore St Date signed 6/18/46

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. — CAUSES STATED, WITH UNFADING INK. Every item of information should be carefully supplied. The

CERTIFICATE OF DEATH

Registered No. 1326

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 DA
(e) Length of stay in Baltimore (yrs., mos., or days) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 661 Vine St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM H. MORRIS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Widowed

6 (b) Name of husband or wife Maria ---

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. , 1888

8. AGE: Years	Months	Days	If less than one day
57	6		hr. min.

9. Birthplace Baltimore , Md.
(Town, county, and state)

10. Usual Occupation Dishwasher

11. Industry or business

FATHER
12. Name Albert Morris
13. Birthplace Md.

MOTHER
14. Maiden Name Agnes Robinson
15. Birthplace Md.

16 (a) Informant George Morris
(b) Address 1321 Edmondson Ave.

17 (a) Burial (b) Date thereof Jan 21-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director James A. Hayes
(b) Address 1342 W. Pratt St.

19 (a) [illegible] (b) Huntington Williams
(Signature of registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/18/46 19 . at 5:10 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Davis M.D.
Medical Examiner
Date signed 6/19/46

G4 3325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G4 3325 Registered No.

HB # 101228

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 6
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 518 Oxford St. Zone 1
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Blanche Mitchell

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Separated

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20, 1909

8. AGE: Years	Months	Days	If less than one day
37	2	28	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Jacob Hariston
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Perkins
15. Birthplace Va.

16 (a) Informant Balto. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-22-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 20 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18, 1946 at 8:1AM M

21. I certify that death occurred on the date above stated; that I attended deceased from May 12, 1946 to June 18 1946 and that I last saw h alive on June 18, 1946

Immediate cause of death: Pulmonary Tuberculosis far advanced — Duration yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alvin J. Harte M.D.
Address Balto City Hosp Date signed 6/19/46

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G4L526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G4L526 Registered No. 5

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1912 St Paul
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2D
(e) Length of stay in Baltimore (yrs., mos., or days) 65

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 912 St Paul St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herman E. Graefe

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Agnes C Graefe
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 23-1853

8. AGE: Years 93 | Months 4 | Days 25 | If less than one day: hrs. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation C E
11. Industry or business

FATHER 12. Name Gd. Graefe
13. Birthplace Germany

MOTHER 14. Maiden Name Eleanora Mc Cauley
15. Birthplace Germany

16 (a) Informant Jno. E. Graefe
(b) Address Annapolis Md.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/20/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director J. A. Wappat & Son
(b) Address 300 Eutaw Place

19 (a) Received JUN 20 1946 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/17 1946, at 3:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1938, to 6/17 1946, and that I last saw him alive on 6/17 1946

Immediate cause of death: Arteriosclerotic Cardio-Vascular Disease — Duration 5

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D.C. Mac Laughlin M. D.
Address 402 N. Payson St Date signed 6/19/46

VS 150

G4L527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 53

G4L527 Registered No.

PRINCIPAL WORKS PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 431 S. Bentalou St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 431 S. Bentalou St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna A. Wagner

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-22-4604

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Henry L. Wagner
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2/7/1893

8. AGE: Years	Months	Days	If less than one day
53	4	11	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Finisher Mfg
11. Industry or business Bldg. Supplies Clothing

FATHER 12. Name	Frank Bauer
FATHER 13. Birthplace	Germany
MOTHER 14. Maiden Name	—
MOTHER 15. Birthplace	Germany

16 (a) Informant Mrs. Anna A. Wagner Dodrill
(b) Address 431 S. Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/46 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director J. A. Hilgenbrink Son
(b) Address 1300 Eastern Ave

19 (a) (Date received by registrar) (b) Huntington Williams, M.D.

JUN 20 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/18/1946, at 8:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1943 to June 18 1946, and that I last saw he alive on June 17 1946.

Immediate cause of death: Metastatic carcinoma of ovaries — Duration 2 yrs.
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy —

over

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. B. Schreiber M. D.
Address 548 S. Fulton Ave Date signed 6-19-46

G4L:328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G4L:328 Registered No. 137a

PRESS WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga St.
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2208 Mt Holly (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence L. Johnson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	Married

6 (b) Name of husband or wife Claire M. Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 9, 1877

8. AGE: Years	Months	Days	If less than one day
68	6	10	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

MOTHER / FATHER	
FATHER	12. Name Clarence Johnson
FATHER	13. Birthplace Md
MOTHER	14. Maiden Name Elva Benson
MOTHER	15. Birthplace Md.

16 (a) Informant Claire Huntzele Johnson
(b) Address 2218 Mt Holly St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director John D. Mitchell Home
(b) Address 1906 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar

VS No JUN 20 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-19 1946, at 8 p M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-11 1946 to 6-19 1946, and that I last saw him alive on 6-19 1946

Immediate cause of death Bronchopneumonia Failure — Duration

Due to Postoperative Hemorrhage

Due to Perineal Prostatectomy

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6-15-46

Major findings of operation: Hypertrophy of Prostate

of autopsy none done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James V. Minor, Jr. M. D.
Address Mercy Hospital Date signed 6/19/46

X

G4L329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G4L329

Registered No.

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Cecil Apts.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days): 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: none
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.: Cecil Apts.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3 (a) FULL NAME: Mary W. Soho

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife: Aristo M. Soho
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 13 1886

8. AGE: Years	Months	Days	If less than one day
60 66	4	5	hr. min.

9. Birthplace: Virginia
(Town, county, and state)
10. Usual Occupation: housewife
11. Industry or business:

FATHER
12. Name: John D. Wimbrough
13. Birthplace: Va.

MOTHER
14. Maiden Name: Elizabeth Bundick
15. Birthplace: Va.

16 (a) Informant: Mrs. Lucius Bryan
(b) Address: 41 Fifth Ave., N. Y. C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/46 (month) (day) (year)
(c) Cemetery: Baptist
Location: Modestown, Va.

18 (a) Funeral director: John O. Mitchell & Sons, Inc.
(b) Address: 1900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 18 1946, at 6:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1927 to June 18 1946, and that I last saw her alive on June 17 1946.

	Duration
Immediate cause of death: Coronary Thrombosis	1 hr.
Due to: Arterio Sclerosis Hypertension	Estimated
Due to:	
Other Conditions: Diabetes Mellitus	2 yrs

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: H N Moody M. D.
Address: 1403 Park Ave. Date signed: 6/20/46

VS 6 JUN 20 1946

94a

G4,350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52B

G4,350 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 106 S Stockton
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 106 South Stockton (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) FULL NAME Lizzie Elizabeth Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years 49 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Solomon Scott

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Rachel Bacon

15. Birthplace Baltimore, Md.

16 (a) Informant Solomon Scott

(b) Address 106 S Stockton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21, 1946 (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N. Schroeder St.

19 (a) JUN 20 1946 (Date filed by City Registrar) (b) Katie R. Williams Registrar

Mrs. Katie R. Williams, M

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/17/46 19 at 6:50 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral Occlusion

Carcinoma Bladder

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature John R Ward M.D.

Medical Examiner.

Date signed 6/18/46

X

G41,551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

G41,551 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5 N. Vincent St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 10 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5 N. Vincent St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cicero Bud Layman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col.	Widower

6 (b) Name of husband or wife Margaret Layman
6 (c) If dive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1888

8. AGE: Years	Months	Days	If less than one day
58	—	7	hr. min.

9. Birthplace Winston Salem N.C
(City, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James Layman
13. Birthplace Winston Salem N.C

MOTHER
14. Maiden Name Laura Walford
15. Birthplace Winston Salem N.C

16 (a) Informant Lucious Layman
(b) Address 5 N Vincent St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof June 20, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N Schroeder St

19 (a) (Date rec'd by local reg.) (b) Signature of Registrar

JUN 20 1946

MEDICAL CERTIFICATION 30

20. DATE OF DEATH June 17 1946 at 10 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1946 to June 17 1946; that I last saw him alive on June 16 1946.

Immediate cause of death Cerebral
Embolism
Duration

Due to Coronary Thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Trammell Jr. M. D.

Address 1717 W. Lee St Date signed 6/20/46

G41,342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓107

G41,342
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 843 Harlem Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 843 Harlem Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susie Gibson Carter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	divorced

6 (b) Name of husband or wife James Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1895

8. AGE: Years	Months	Days	If less than one day
50	10	23	hr. min.

9. Birthplace Howard Co. Md.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name William Carter
13. Birthplace Culpeper Va.

MOTHER
14. Maiden Name Maria Fuller
15. Birthplace Howard Co. Md.

16 (a) Informant John H. Carter
(b) Address 843 Harlem Ave.

17 (a) Burial (b) Date thereof June 20-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) [illegible] (b) Livingston Williams
(Signature of local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1946, at 1.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1946 to June 15 1946, and that I last saw h[illegible] alive on June 15 1946.

Immediate cause of death Cerebral Hemorrhage — Duration 3 Wks.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 6-17-46 M. D.

VS 150

G 4 L 3 53

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G 3 L 3 53

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1051 W. Lexington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARVEY JONES

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of ~~husband~~ or wife Bertha
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 16, 1898

8. AGE: Years	Months	Days	If less than one day
47	7	29	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Labour
11. Industry or business

FATHER
12. Name Thomas Jones
13. Birthplace Virginia

MOTHER
14. Maiden Name Hattie Quarles
15. Birthplace Virginia

16 (a) Informant Etta Burke
(b) Address 2000 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20, 1946 (month) (day) (year)
(c) Cemetery or crematory Arlington Memorial
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (Date rec'd by registrar) JUN 20 1946 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/15/46 19..., at 2:10 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Davis M.D.
Medical Examiner.
Date signed 6/16/46

VS 151

64,534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47a

64,534 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga St.
(c) Hospital or institution: Mercy Hosp. 4th
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mo. 24 da
(e) Length of stay in Baltimore (yrs., mos., or days) 9 mo. 24 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 316 W. Saratoga St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME B. EUGENE PEAKE

3 (b) If veteran, name war: none
3 (c) Social Security Account No.:
4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Divorced
6 (b) Name of husband or wife: Unknown
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 30 1881
8. AGE: Years 67 Months 9 Days 18 If less than one day hr. min.
9. Birthplace St. Mary's County, Md. (Town, county, and state)
10. Usual Occupation Shipping Clerk
11. Industry or business Purity Creamery Co.
FATHER 12. Name John D. Peake
13. Birthplace Md.
MOTHER 14. Maiden Name Julia M. Bond
15. Birthplace Md.
16 (a) Informant Mr. Johnson D. Peake
(b) Address 313 Tuscany Rd.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.
18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.
19 (a) Date received (b) Huntingtown, Md.
JUN 20 1946
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 18 June 1946 at 11 10 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from 10 Sept. 1945 to 18 June 1946 and that I last saw him alive on 18 June 1946.
Immediate cause of death Cardio & Respiratory Failure
Due to Metastasis to lung probably brain
Due to Carcinoma of tongue
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [illegible] M. D.
Address Mercy Hosp. Date signed 18 June 1946

G41335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓467

Registered No. G41335

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Frankenn Square Hosp. 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 N. Loudon Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME PATRICK Lee DOYLE

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widower

6 (b) Name of husband or wife: Louise G. Doyle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov. 23, 1879

8. AGE: Years	Months	Days	If less than one day
66	6	25	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Hotel Clerk (Retired)
11. Industry or business: Redwood Hotel

FATHER
12. Name: Michael Doyle
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Margaret Mullen
15. Birthplace: Ireland

16 (a) Informant: Mrs. Katherine E. Rice
(b) Address: 602 N. Loudon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/46 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral Cem.
Location: Baltimore, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Baltimore, Md.

19 (a) Date received by Registrar: JUN 20 1946 (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/18 1946 at 5.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/22 1946 to 6/18 1946 and that I last saw him alive on 6/18 1946.

Immediate cause of death	Duration
Coronary Thrombosis	2 min.
Due to Arteriosclerosis	?
C.V.D.	
Due to	
Other Conditions Adeno carcinoma of the rectum (Include pregnancy within 3 months of death)	6 mos?

Date of operation 6/3/46
Major findings of operation: Adeno Carcinoma of the rectum
of autopsy:

PHYSICIAN
Underline the cause to which it should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. Baltazzi M.D.
Address 5829 Belair Rd Date signed 6/19/46

X

G4L336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 517

Registered No. G4L336

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2417 - Harlem ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DR. ALLIE GLENN PHIFER

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widower

6 (b) Name of husband or wife Mary Cole Phifer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1879

8. AGE: Years	Months	Days	If less than one day
66	11	8	hr. min.

9. Birthplace N. C. (Statesville)
(Town, county, and state)
10. Usual Occupation Dentist
11. Industry or business

FATHER
12. Name William P Phifer
13. Birthplace N. C.

MOTHER
14. Maiden Name Mary Jane Morrison
15. Birthplace Miss.

16 (a) Informant JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (b) Date thereof 6/21/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 20 1946 Thurston for Williams
(Date received by Registrar) (Signature of Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-18 1946 at 11:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-5 1946 to 6-18 1946 and that I last saw h[illegible] alive on 6-18 1946

Immediate cause of death Uremia — Duration 2 wks.

Due to Hypertensive Cardiovascular Disease — 1 yr.

Due to

Other Conditions Carcinoma of penis (surgically removed) — 1 yr.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Eva A. White, M.D.
Address Johns Hopkins Hospital signed 6-19-46

G41337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G41337 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution West Balt Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 Dys
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3025 Oakley Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josef Schachter

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Pauline

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 75 | Months | Days | If less than one day hr. min.

9. Birthplace Austria
(Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name Philip
13. Birthplace Austria

MOTHER
14. Maiden Name Tessa
15. Birthplace Austria

16 (a) Informant Philip Schachter
(b) Address 3075 Oakley ave

17 (a) removal (b) Date thereof 6-20-46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location New York Cem

18 (a) Funeral director Jack Lewis Inc
(b) Address 439 E Balto St

JUN 20 1946 Registered [illegible] Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 19 June 1946, at 6 00 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William G McGuire M.D.
Medical Examiner
Date signed 20 June 46

G41338 RUMRNAP

HEALTH DEPARTMENT—CITY OF BALTIMORE

G41338

CERTIFICATE OF DEATH

✓937

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4231 Belmar Ave St. 6-1 Ward)

Length of residance in city or town where death occurred 55 yrs. ... mos. 8 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Henry Rumenap

(a) Residence: No. 4231 Belmar ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie R. Rumenap

6. DATE OF BIRTH (month, day, year) June 11, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confectionary

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Rumenap.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Louisa C. Rose

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Elsie R. Rumenap
(Address) 4231 Belmar Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 22 1946

19. UNDERTAKER Mrs. Mrs. John H. Gaebel & Son
(Address) 2624 Harford Ave.

JUN 20 1946

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1946

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1946 to June 16, 1946
I last saw him alive on June 11, 1946 death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	June 19/46

Other contributory causes of importance:
chronic myocarditis
Hypertension
Cholecystitis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Beyeth Tenson Lawless M. D.

(Address) 1224 Bloomingdale Rd.

OCCUPATION is very important. See instructions on back of certificate.

G41339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G41339 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3518 Greenmount avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3518 Greenmount avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME PETER J. HARRON

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. ------

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOWED

6 (b) Name of husband or wife: Catherine Harron

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 23, 1869

8. AGE: Years 77 | Months 3 | Days 24 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name FREDERICK J. HARRON
13. Birthplace BALTIMORE, MARYLAND

MOTHER
14. Maiden Name BRIDGET McCARTNEY
15. Birthplace IRELAND

16 (a) Informant MRS. ANNA COONEY
(b) Address 3518 GREENMOUNT AVENUE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/21/46 (month) (day) (year)
(c) Cemetery or crematory CATHEDRAL
Location

18 (a) Funeral director Chas. J. Gray & Son
(b) Address 118 W. Mt. Royal Ave.

19 (Date rec'd by registrar) JUN 20 1946 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 17, 1946 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 28, 1946 to June 17 1946, and that I last saw h alive on June 16 1946.

Immediate cause of death: Cerebral Hypocondition

Due to

Due to

Other Conditions Hemiplegia (R) — Duration: 19 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel A. Wolfe M. D.
Address 1331 E. North Ave. Date signed 6-18-46

G41340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

G41340

Registered No.

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkins & Catonsville Ave

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 5

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3400 Edgewood Rd

(If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Mr. George A Muth

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	/

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 19, 1872

8. AGE: Years	Months	Days	If less than one day: hr.	min.
73	9	29		

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Drug Business

11. Industry or business

FATHER — 12. Name Francis X. Muth

13. Birthplace Germany

MOTHER — 14. Maiden Name Theresa Kittlinger

15. Birthplace Baltimore Co. Md

16 (a) Informant Miss Alphonsa Muth

(b) Address 3400 Edgewood Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/46 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location

18 (a) Funeral director Chas. J. Evans & Son Inc.

(b) Address 118 W. Mt. Royal Ave

19 JUN 20 1946 (b) Huntingtor Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/18 1946 12:58 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/11 1946 to 6/18 1946 and that I last saw him alive on 6/18 1946.

Immediate cause of death

Hypostatic Pneumonia

Due to Fracture, left femur

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes (violence) fill in the following:

(a) Accident, suicide, or homicide Accident 15/11

(b) Date of occurrence 5/4/46 at

(c) Where did injury occur? Baltimore Balto. Md

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home Bldg While at work?

(Specify type of place)

(e) Means of injury Fall down steps

23. Signature Harold J. Meadows M.D.

Address Agnes Hosp Date signed 6/18/46.

Harold J. Meadows, M.D. X

VS 130

G41341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 142B

G41341
Registered No.

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Caroline and Wolfe Sts.

(c) Hospital or institution: St. Joseph's Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Towson
(If outside city or town limits, write RURAL and give town)

(d) Street No. 123 Linden Terrace
(If rural give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine * Price *(Gertrude)

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Arthur M. Price

6 (c) If alive, give age: 30 years

7. Birth date of deceased (mo., day, yr.): Dec. 4, 1920

8. AGE: Years: 25 | Months: 5 | Days: 16 | If less than one day: hr. min.

9. Birthplace: Lutherville, Balto. Co., Md.
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: At Home

FATHER
12. Name: Elmer T. Scrivner
13. Birthplace: Carroll County, Md.

MOTHER
14. Maiden Name: Mary Gertrude Bedecker
15. Birthplace: Balto. Co., Md.

16 (a) Informant: Arthur M. Price
(b) Address: 123 Linden Terrace, Towson Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June (month) 22 (day) 1946 (year)

(c) Cemetery or crematory: Prospect Hill Cem.
Location: Towson, Maryland

18 (a) Funeral director: John Cairns Sons
(b) Address: Towson, Maryland

19 (a) Date received by registrar: JUN 20 1946 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 20 1946, at 3:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/16 1946 to 6/20 1946, and that I last saw her alive on 6/20 1946:

Immediate cause of death	Duration
Cardio-respiratory failure	
Due to Pneumonia - Post Op.	
Due to Ruptured Ectopic Pregnancy.	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 6/17/46.

Major findings of operation: Ruptured & Bleeding Tubal Pregnancy.

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature: Richard N. Young M. D.

Address: St. Joseph's Hosp. Date signed: 6/20/46

VS 180

X

G41342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195E

G41342
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Essex (If outside city or town limits, write RURAL and give town)
(d) Street No. Riverside & Cedar Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carroll E. Herrick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Olga Jean (Sommerak) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15-1904

8. AGE: Years	Months	Days	If less than one day
42	2	2	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Catcher
11. Industry or business Eastern Stainless Steel Co.

FATHER
12. Name George Herrick
13. Birthplace Connecticut

MOTHER
14. Maiden Name
15. Birthplace Balto.

16 (a) Informant Mrs. Olga Herrick.
(b) Address 401 Cedar Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/46 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Rd.

18 (a) Funeral director John B Connelly.
(b) Address 418 Eastern Ave. Apt 21

19 (a) Date received for registration JUN 20 1946 (b) Registrar for Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1946 at 8:10 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Crushed chest and ribs; multiple fractures, avulsion of tissue

Due to

Other Conditions Lacerations, bruises,
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-17-46 Balto. Md. 7:45 P.M.
(b) Where did injury occur Eastern Stainless Steel Co. on Roland Mill Rd & Baltimore Beltway (Specify whether in home, on farm, industrial place, or in public place)
(c) Industrial While at work? Yes
(d) Means of injury Pot of steel fell on head

23. Signature Howard J. Madeira M.D. Medical Examiner.
Date signed 6-18-46

G41343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G41343 / 1318 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution St. Joseph's
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12½ hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1727 Jackson
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine F. Lawrence

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	

6 (b) Name of husband or wife Frederick D.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1906

8. AGE: Years	Months	Days	If less than one day
39	10	17	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name George L. Hinkelman
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Rose Loughran
15. Birthplace Baltimore Md

16 (a) Informant Herbert D. Lawrence
(b) Address 645 Tazewell St Va

17 (a) Burial (b) Date thereof 6-21-1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md.

18 (a) Funeral director Flynn + Fleming
(b) Address 1426 Light St

19 6-20-1946 Washington Williams, M.D.
(Date received by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1946, at 4:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1946 to June 18 1946, and that I last saw her alive on June 18 1946.

Immediate cause of death Uremia and Chemical Carditis — Duration

Due to Chronic Nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Richard R. Young M.D.
Address St. Joseph's Hosp. Date signed 6/18/46

VS 150

X

G41.344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √61

G41.344 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 779 W. Cross Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 779 W. Cross Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Louis W. Kennard

3 (b) If veteran, name war W
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Emma Kennard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29, 1892

8. AGE: Years	Months	Days	If less than one day
54	1	19	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business Machinist

FATHER
12. Name Lewis W. Kennard
13. Birthplace Maryland

MOTHER
14. Maiden Name Estella Williams
15. Birthplace Maryland

16 (a) Informant Emma Kennard
(b) Address 779 W. Cross Street

17 (a) Burial (b) Date thereof 6/21/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Maryland

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul Street

19 JUN 20 1946 (b) Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18th. 1946, at 9:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3, 1946 to June 18, 1946, and that I last saw h im alive on June 17, 1946

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Diabetes Mellitus	
Due to Myocarditis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George A. Kemp M. D.
Address 3030 Edmondson Ave. Date signed 6/19/46

VS 150

X

G41345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. G41345

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 210 N. Colvin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 N. Colvin St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cora Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1907

8. AGE: Years 39 | Months | Days | If less than one day: hr. min.

9. Birthplace Warrenton Va.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name George Brown
13. Birthplace Va.

MOTHER
14. Maiden Name Emma ?
15. Birthplace Va.

16 (a) Informant Lillian Brown
(b) Address 415 N. Ann St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/46 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Division Ave.

19 (a) JUN 20 1946 (b) Huntington Williamsville Md

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1946 at 6:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1946 to June 15 1946, and that I last saw he alive on June 14 1946.

Immediate cause of death: Acute myocarditis — Duration 10

Due to: Pulmonary tuberculosis 6 mo.

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis L. Levy M.D.
Address 1420 E. Chase Date signed 6-19-46

VS 150

G41346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G41346

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 531 Laurens Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME COLLINS JONES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years 51 | Months | Days | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert Jones
13. Birthplace Md.

MOTHER
14. Maiden Name Ellen Chase
15. Birthplace Md.

15 (a) Informant Juanita Smith
(b) Address 925 Elmore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/20/46 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elias Addison
(b) Address 1600 Braidlyne

19 (a) JUN 20 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/15/46 19 at 10:10 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Davis M.D.
Medical Examiner.
Date signed 6/16/46

VS 151

X

Important. Physicians: please write the causes of death clearly and legibly.

M. D. R. 1936-9

G41347

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92B G41347

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) House Good Shepherd (St.) (Ward) 19

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Louise Woods

(a) Residence: No. House Good Shepherd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F | 4. Color or Race: W | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Feb 19 - 1870

7. AGE: Years 76 | Months 4 | Days 0 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Concord Pa

FATHER

13. NAME: John Wood

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Bertha ?

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Sr. M. of the Holy Ghost (Address) 15 S. Mound St.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt. Calvary Date 6/22/46

19. UNDERTAKER: J. J. Zahn & Sons (Address) 321 S. Eutaw St.

20. FILED JUN 20 1946 19 ... Registrar. Huntington Woods, Mich.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/19/46

22. I HEREBY CERTIFY, That I attended deceased from March 1943 to June 19 1946

I last saw her alive on June 19 1946 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	
Mitral Regurgitation	
Other contributory causes of importance:	
Pulmonary Oedema	4 hrs

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Fred Mauss M. D.

(Address) 1400 N. Charles St

AUTOPSY OR INQUEST in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G11,348 ✓ G11,348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3450 Hickory Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3450 Hickory Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Nancy Virginia Ford

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Harry Clinton Ford
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 4-1872
8. AGE: Years 73 Months 9 Days 15 If less than one day hr. min.
9. Birthplace Hoffmanville Balto. Co. Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Joseph Dandy
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Swam
15. Birthplace Maryland

16 (a) Informant Mrs Nancy V. Ford
(b) Address 3450 Hickory Avenue
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21-1946 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Maryland
18 (a) Funeral director Burger Funeral Home
(b) Address 3631 Falls Road
19 (a) JUN 20 1946 (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1946, at 6:15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1946 to June 19 1946, and that I last saw h[illegible] alive on June 19 1946.

Immediate cause of death
Myocardial Insufficiency
Due to Acute Coronary Occlusion
Due to
Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations —
of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Herman Ot M. D.
Address 3429 Chestnut Ave Date signed June 19-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G4L349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 497

Registered No. G4L349

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1148 N. Longwood St.
(c) Hospital or institution: 167
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1148 N. Longwood St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CLARA R. CLARY

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nicholas B. Clary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct. 10, 1871

8. AGE: Years 74 | Months 8 | Days 8 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Marcus E. Markland
13. Birthplace: Balto., Md.

MOTHER
14. Maiden Name: Sarah E. Nagle
15. Birthplace: Balto., Md.

16 (a) Informant: Mr. Frank J. Clary
(b) Address: 3020 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/46 (month) (day) (year)
(c) Cemetery or crematory: Mt. Olivet Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) JUN 20 1946 (Registered) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18, 1946 at 10:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb - 1946 to June 18 1946, and that I last saw her alive on 6/15 1946.

Immediate cause of death: Inadequacy of Pulmonary Valve
Duration: 8 mos.
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation 8 months ago
Major findings of operations: Valve
Inadequacy of
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel K. Glenn M. D.
Address 1945 N. Baltimore Date signed 6-20-46

VS 180

D 41350

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

939 G 41350 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2017 Bolton Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) About 86 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2017 Bolton Street
(If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country ------

3 (a) FULL NAME Lillian Cochran Hiss

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John C. Hiss
6 (c) If alive, give age --years

7. Birth date of deceased (mo., day, yr.) --------

8. AGE: Years	Months	Days	If less than one day
About 86	---	--	-- hr. -- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business -------

FATHER
12. Name James Edward Cochran
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary Magarrity
15. Birthplace Baltimore, Maryland

16 (a) Informant John B. Hiss
(b) Address Towson, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/46 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore, Md.

18 (a) Funeral director Wm. H. Means and Son
(b) Address 805 N. Calvert Street

19 JUN 20 1946 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1946 at 12:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1946 to June 19 1946 and that I last saw her alive on June 18 1946

Immediate cause of death Cardio-Renal Artery Failure

Due to Arteriosclerotic Heart disease, Cerebral Arteriosclerosis

Due to ------

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howland Edward Day M. D.
Address 4-E-33rd St Balto 18 Date signed June 20 1946

VS 150

G41351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938

Registered No. G41351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1529 N. Pulaski St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1529 N. Pulaski St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SHERMAN OSWALD THOMAS

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	577-05-8360	Male	White	Married

6 (b) Name of husband or wife Fannie Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1887

8. AGE: Years	Months	Days	If less than one day hr.	min.
58	7	7		

9. Birthplace Fairfax Co., Va. (Town, county, and state)
10. Usual Occupation Printer
11. Industry or business

MOTHER - FATHER
12. Name John P. Thomas
13. Birthplace Fairfax Co., Va.
14. Maiden Name Anna Lou Fletcher
15. Birthplace Fairfax Co., Va.

16 (a) Informant Mrs. Fannie Thomas
(b) Address 1529 N. Pulaski St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/22/46 (month) (day) (year)
(c) Cemetery or crematory Flinthill, Va.
Location

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 JUN 20 1946 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-19 1946, at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 46 to 6-19 1946, and that I last saw him alive on 6-19 1946.

Immediate cause of death Coronary Occlusion — Duration 3 hrs.
Due to Arteriosclerotic Heart Disease — Duration several yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Katherine H. Borkowski M.D.
Address 11 E. Chase St. Baltimore Date signed 6-19-46

VS 150

G41352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G41352

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Caroline & Oliver Sts.

(c) Hospital or institution: St Joseph's

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month

(e) Length of stay in Baltimore (yrs., mos., or days) 78 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3303 Rosehemp Ct

(If rural give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3 (a) FULL NAME Frank J. Brown

3 (b) If veteran, name war W

3 (c) Social Security Account No. 218-07-8622

4. Sex M

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife NONE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/24/68

8. AGE: Years 78 | Months 1 | Days 25 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Retired Streetcar Motorman

11. Industry or business Transportation

FATHER 12. Name James Brown

13. Birthplace Md.

MOTHER 14. Maiden Name Annie Cassidy

15. Birthplace Ireland

16 (a) Informant Herbert F Brown

(b) Address 4710 Hornet Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 22 46 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Baltimore Md

18 (a) Funeral director Fullerton Co Inc

(b) Address 1319 E Cold Spg

JUN 20 1946 (Date rec'd by Local Registrar)

(b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1946 at 9.05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1946 to Jun 19 1946, and that I last saw him alive on Jun 19 1946.

Immediate cause of death Cardio-respiratory failure

Due to Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Julian Jaworski

Address 4 Forge Hospl. Date signed 6/19/46

VS 180

G41353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. G41353

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals 25-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 85A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 Oakley Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Howard Phillips

3 (b) If veteran, name war

3 (c) Social Security Account No. 446-03-3291

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1 - 1907

8. AGE: Years	Months	Days	If less than one day
39 40	10	18	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER
12. Name Wm R Phillips
13. Birthplace U S A

MOTHER
14. Maiden Name D. Mufton
15. Birthplace U S A

16 (a) Informant Mrs O Phillips
(b) Address Middle River Md

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6 20 46 (month) (day) (year)

(c) Cemetery or crematory
Location Marshall Gardens

18 (a) Funeral director James J Brydzinski
(b) Address 1407 Eastern Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 19 - 1946, at 10 P.M. 45

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

Autopsy, Inspection or Inquiry

IMMEDIATE CAUSE OF DEATH Fractured Skull & Intracranial Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:-

(a) Date of injury 10 - P.M. at 6 - 19 - 46 M.

(b) Where did injury occur? Middle River Rd & Lengley Road

(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No

(d) Means of injury Fell from bumper of Gas auto while trying to untie rope

23. Signature Howard J. Mueller M.D. Medical Examiner.

Date signed 6 - 20 - 46

VS 151

G4 L:354
AB-16195

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937 ✓ Registered No. G4 L:354

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14yrs- 2 mos. 4days
(e) Length of stay in Baltimore (yrs., mos., or days) 30yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
-17
(d) Street No. No Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nannie Washington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Seperated

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9-1889

8. AGE: Years	Months	Days	If less than one day
56	7	9	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Robinson
13. Birthplace Md.

MOTHER
14. Maiden Name Dora Carr
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-20-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Arburn
Location Baltimore Md.

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna. Ave.

19 JUN 21 1946 (Date received by Registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18- 19 46 at 12.20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14- 1932 to 6-18 1946, and that I last saw her alive on 6-18- 19 46

Immediate cause of death Cardiac failure

Due to A S H H D.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Doyle Watson M. D.
Address B C H Date signed 6-20-46

VS 150

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G44355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117a

G44355 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 Days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 1526 E. Baltimore St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Abraham Joseph Fried

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Herskel
13. Birthplace Poland

MOTHER
14. Maiden Name Myslet
15. Birthplace Poland

16 (a) Informant Hospt Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-46 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Philadelphia Road & Bradley Lane

18 (a) Funeral director Jack Levin Inc.
(b) Address 1439 E. Balto St.

19 (a) [illegible] Registrar

JUN 21 1946 [illegible] Washington Wilkinson, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 20 June 1946, at 9 5/6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3 June 1946, to 20 June 1946, and that I last saw him alive on 20 June 1946

Immediate cause of death Pulmonary embolism — Duration —

Due to Thrombus formation — Duration —

Due to operation for ruptured gastric ulcer — Duration 10 days

Other Conditions — Duration —

(Include pregnancy within 3 months of death)

Date of operation 3 June 1946

Major findings of operation: Ruptured Gastric ulcer

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas M. Tuttle
Address South Balto. Hosp. Date signed 20 June 1946 M.D.

X

Med examiner case G41356 released & sup. KARWOWSKI ✓ G41356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 – Aliceanna St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Augustus Karwowski (also known as Konstanty Karwowski)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Eleonora Karwowska
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1889

8. AGE: Years	Months	Days	If less than one day
57	5	6	hr. min.

9. Birthplace Poland.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name ? ?
13. Birthplace ? ?

MOTHER
14. Maiden Name ? ?
15. Birthplace ? ?

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21/46 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore

18 (a) Funeral director Fred W. Ozarzewski
(b) Address 1930 Eastern Ave.

19 (a) Filed June 21 1946 (b) Registrar Huntington Woods, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1946 at 10 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1946 to June 18 1946, and that I last saw him alive on June 18 1946

Immediate cause of death Cerebral Edema & Hemorrhage — Duration 4 Days.

Due to Lacerating Brain

Due to Fractured Skull.

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation 17 June 1946

Major findings of operation: Cerebral Lacer. Fractured Skull

of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 2/3
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 15 June 46 at 8 00 P.M.
(c) Where did injury occur? Baltimore, Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Fell down steps

23. Signature Arthur B. Laing M.D.
Address Johns Hopkins Hosp. Date signed 6/20/46
John R. Oliver
for Howard J. Maldeis, M.D. X

G41357 ✓ G41357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 718 N. Bradford Street
(c) Hospital or institution: 7-13

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 718 N. Bradford Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry K. Skudrna (Skudana)

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 218-01-3644

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Antoinette Skudrna

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 2/1/80

8. AGE: Years: 66 | Months: 4 | Days: 18 | If less than one day: hr. min.

9. Birthplace: Czeckoslovakia (State or foreign country)

10. Usual Occupation: Carpenter

11. Industry or business: Bethelehem Steel Corp.

FATHER
12. Name: Unknown
13. Birthplace: "

MOTHER
14. Maiden Name: "
15. Birthplace

16 (a) Informant: Edward Skudrna - son
(b) Address: 718 N. Duncan Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/22/46 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Road

18 (a) Funeral director: Charles E. Schimunek.
(b) Address: 2601-03 E. Madison Street

JUN 21 1946 (b) Registrar
Date rec'd by registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 19 1946, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 19 1943 to June 19 1946 and that I last saw him alive on June 18 1946.

Immediate cause of death: Acute Cardiac Failure — Duration: 10 min.

Due to: Hypertensive Cardio-Vascular Renal Disease — 10 yrs

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Israel Rosen M.D. M. D.
Address: 2413 E Monument St Date signed: 6/20/46

X

G41358 ✓ G41358

AB-99664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mos-16days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County BALTO.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3034 Elliott St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Joseph Adler

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife JULIA ADLER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 21- 1879

8. AGE: Years	Months	Days	If less than one day
67	3	28	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation LABORER
11. Industry or business BALTO. CITY

FATHER
12. Name Joseph Adler
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) BURIAL (b) Date thereof JUNE 22/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Tilley & Zeiler Inc.
(b) Address 403 S. WOLFE ST.

JUN 21 1946 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION AM

20. DATE OF DEATH June 19-1946 19 46 at 10.50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-3- 19 46 to 6-19 19 46, and that I last saw h im alive on 6-19 19 46.

Immediate cause of death	Duration
Respiratory Failure	
Due to Bronchopneumonia	13 days
Due to	
Other Conditions Chronic alcoholism 2-S.C.U.D mth C.V.A and hemiplegia	4 mos.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edmund S. Beaclair M. D.
Address 2002 Eastern Ave Date signed 17 June '46

VS 150

107

G41359 pulled

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

G41359 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital,
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 Hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 55 Min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2436 N. Charles St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Donald Richard Kennedy

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			15 hr. 55 min.

9. Birthplace Bon Secours Hospital (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Mr. Harry Kennedy
13. Birthplace

MOTHER
14. Maiden Name Breen
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Mary Kennedy (Mother)
(b) Address 2436 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21, 1946 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 900 E. Biddle St

19 (a) (Date received) (Registrar) Baltimore, Md.

VS 8

MEDICAL CERTIFICATION 5:25

20. DATE OF DEATH 6/20/46 1946 at 5:25 P M

21. I certify that death occurred on the date above stated, at 5:25 P M and attended deceased from 6-20, 1946 to 6-20, 1946.
and that I last saw him alive on 6-20, 1946.
Immediate cause of death Atelectasis

	Duration
Due to	
Due to	
Other Conditions Cerebral birth injury. (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature P. L. Hankley M. D.
Bon Secours Hospital Date signed 6-20-46

X

G41360 ✓ G41360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 712 W Lombard St
(c) Hospital or institution: 4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County 2
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 712 W Lombard St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marion Grigalunas

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	Widowed

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Lith. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name ?
13. Birthplace Lith.

MOTHER
14. Maiden Name ?
15. Birthplace Lith.

16 (a) Informant Diane Hutchenson
(b) Address 712 W Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Joseph Kasinskas
(b) Address 620 Washington Blvd

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 21 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-19-46 19 , at 6:10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 , and that I last saw h alive on 19 .

Immediate cause of death Terminal Bronchopneumonia

Due to Coronary Thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations

of autopsy:

Duration: 1 year

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury R.V. RANGLE

X. Signature H. Rangle M.D.
Address 642 York Rd Date signed 6-21-46

X

G41361 AB 101871 Uner

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G41361 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2607 Bruce Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7- 1946

8. AGE: Years | Months | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Vernon Allen
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine Bond
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave.

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 6-15-46 (month) (day) (year)
(c) Crematory Baltimore City Hospitals
Location 4940 Eastern Ave.

18 (a) Funeral director
(b) Address

19 (a) JUN 21 1946 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11- 1946 at 10.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-7- 1946 to 6-11- 1946, and that I last saw h er alive on 6-11- 1946

Immediate cause of death: Pulmonary atelectasis — Duration 4 days
Due to Prematurity
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A Culbertson M. D.
Address Baltimore City Hosp Date signed 18 June 1946

VS 150

G41362

TR. 101792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. G41362

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 518 Oxford St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Mitchell (Blanche

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5th 1946

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Hamee Mitchell
13. Birthplace ?

MOTHER
14. Maiden Name Blanche Harrison
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Cremation (b) Date thereof 6-14-46 (month) (day) (year)
(c) ~~Cemetery~~ or crematory 4940 Eastern Ave at 9.00 A.M
Location Baltimore City Hospitals

18 (a) Funeral director
(b) Address

19 JUN 21 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

A

20. DATE OF DEATH June 8th 1946 19 , at 10.23 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5th 19 46 to June 8 1946, and that I last saw h er alive on June 8 1946.

Immediate cause of death — Duration

Respiratory failure. — 15 min.

Due to Pulmonary Atelectasis — 45 min.

Due to Prematurity — 3 days

Other Conditions

Prematurity

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: "

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hamee Stevens M. D.

Address Date signed

G41363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

Registered No. G41363

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1518 Holbrook Street
(c) Hospital or institution: 9-9

(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1518 Holbrook Street
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Jerimiah Regan (Reagan)

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 705-07-6461

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret Cremin
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Jan. 14th. 1873

8. AGE: Years 73 | Months 5 | Days 3 | If less than one day ###### min.

9. Birthplace ######## Ireland
(Town, county, and state)

10. Usual Occupation Retired- Carpenter

11. Industry or business B.&.O.R.R.

FATHER
12. Name Michael Regan
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Mahoney
15. Birthplace Ireland

16 (a) Informant Mrs. Margaret Regan, (Wife)
(b) Address 1518 Holbrook Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Avenue Balto: Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) (b)

Huntington Williamson Registrar

JUN 21 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17th 1946 at 9:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1943 to June 17 1946 and that I last saw [illegible] alive on June 17 1946.

Immediate cause of death: Carcinoma of prostate — Duration 3 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

Signature W. H. Spencer, M.D.
M. D.

Address 1402 S. Lansdale Date signed 6-20-46

X

G4 L364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G4 L364

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1710 E. 25th., Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1710 E. 25th., Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frank J. Saurin

3 (b) If veteran, name war	3 (c) Social Security Account No.
War I	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Gertrude A. Schroed
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) April 10, 1893

8. AGE: Years	Months	Days	If less than one day
53	2	9	###### min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired Guard
11. Industry or business Maryland Penitentiary

FATHER
12. Name Edmond Saurin
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Dyer
15. Birthplace Ireland

16 (a) Informant Gertrude A. Saurin
(b) Address 1710 E. 25th., Street

17 (a) Burial (b) Date thereof 6/2[illegible]/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick Road Balto Md

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) (Date rec'd by registrar) (b) Registrar, Baltimore, Md.

VS 150 JUN 21 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19th 1946, at 11.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1927 to 19 June 1946
and that I last saw h[illegible] alive on 19 June 1946

Immediate cause of death: Coronary Thrombosis — Duration: Sudden
Due to: Arteriosclerotic Cardio Vascular Disease — 1940
Due to:
Other Conditions: Diabetes Mellitus — 1926

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles W. Edmonds M. D.
Address 2746 The Alameda (Date signed) June 19, 46

93D

G4 1365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193E

G4 1365 Registered No.

PRINT WITH PEN AND INK. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1515 Register St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME August H. Scheper

3 (b) If veteran, name war: None
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Widowed.

6 (b) Name of husband or wife: Elizabeth Kraus
6 (c) If alive, give age: D years

7. Birth date of deceased (mo., day, yr.): August 31, 1875

8. AGE: Years	Months	Days	If less than one day
70	9	20	######## min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: ### Retired
11. Industry or business: Cigar-Maker

FATHER
12. Name: Henry Scheper
13. Birthplace: Germany

MOTHER
14. Maiden Name: Bertha A. Hälker
15. Birthplace:

16 (a) Informant: Mrs. Charles L. Thillman
(b) Address: 1777 Montpelier Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/46 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Rd. Balto: Md.

18 (a) Funeral director: George J. Ruth, Inc.
(b) Address: 1735 Harford Avenue

19 (a) (Date rec'd by Registrar) JUN 21 1946 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20, 1946 at 1:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1946 to June 20 1946 and that I last saw him alive on June 20 1946

Immediate cause of death: Cardio-Respiratory Failure — Duration:
Due to: Conjestive Heart Failure
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: George C. Rogers M.D.
Address: 1 W. Joseph Hopkins Date signed 6/22/46

VS 150

G41366

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

G41366 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd ST.
(c) Hospital or institution: UNION MEMORIAL HOSPITAL. 27-17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4202 SOMERSET PLACE. (If rural give location)
(e) Citizen of foreign country? NO. (Yes or No) If yes, name country

3 (a) FULL NAME SPENCER MERRICK, JR.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W	M

6 (b) Name of husband or wife MRS SPENCER MERRICK. 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 11, 1906

8. AGE: Years	Months	Days	If less than one day
40	3	8	hr. min.

9. Birthplace MARYLAND. (Town, county, and state)
10. Usual Occupation FINANCIAL EXECUTIVE.
11. Industry or business LORD BALTO. PRESS

FATHER
12. Name SPENCER MERRICK, SR.
13. Birthplace MARYLAND.

MOTHER
14. Maiden Name CARRIE BRADLEY
15. Birthplace MARYLAND.

16 (a) Informant MRS. SPENCER MERRICK, SR.
(b) Address 4202 SOMERSET PL., BALTO.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem. Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 JUN 21 1946 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 19, 1946 at 6:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from JUNE 19 1946 to JUNE 19 1946, and that I last saw him alive on JUNE 19, 1946.

Immediate cause of death: CEREBRAL HEMORRHAGE — Duration: # hrs.
Due to: HYPER TENSIVE CARDIO-
Due to: VASCULAR DISEASE.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 0
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul B. Tome, M. D.
Address Union Memorial Hosp. Date signed 6/19/46

VS 150

G41367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 94a

Registered No. G41367

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give county)
(d) Street No. 1030 Homewood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Father C. Rogers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) ~~Single, married, widowed, or~~ divorced. Married

6 (b) Name of ~~husband or~~ wife Rada B. Rogers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 8-1883

8. AGE: Years 62 | Months 8 | Days 11 | If less than one day hr. min.

9. Birthplace Purgitsville W. Va.
(Town, county, and state)

10. Usual Occupation Baker

11. Industry or business Coal & Wood

FATHER
12. Name James Rogers
13. Birthplace Miners Co. W. Va.

MOTHER
14. Maiden Name Ida Chaplin
15. Birthplace Shepherdstown W. Va.

16 (a) Informant Charles S. Davy
(b) Address Berryville Va.

17 (a) Removal (b) Date thereof 6/21/46
(~~Burial, cremation~~ or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Rogers House
Location Purgitsville W. Va.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

JUN 21 1946
(Date rec'd by registrar)

(b) Huntington Williams
Registrar

JUN 21 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 19 June 1946 at 2.40 P M

21. I certify that I took charge of the remains described above, held an Aut & Insp thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William S. McGuire M.D.
Medical Examiner
Date signed 21 June 46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49a

Registered G41368

1. PLACE OF DEATH: 3017 Frisby St
(a) Baltimore City, Maryland
(b) Street address 3017 Frisby St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3017 Frisby St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ada Birmingham

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Samuel T. Birmingham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4, 1880

8. AGE: Years	Months	Days	If less than one day
65	6	15	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation At Home.
11. Industry or business

FATHER
12. Name Do not Know.
13. Birthplace " " "

MOTHER
14. Maiden Name Do not Know.
15. Birthplace " " "

16 (a) Informant Mrs. Eleanor Freyman
(b) Address 1926 N. Washington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22, 1946 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md.

18 (a) Funeral director Geo. Weber & Son.
(b) Address 2503 Eastern Ave. Huntington Williams, Reg.

JUN 21 1946 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1946 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1946. to June 19 1946. and that I last saw h[illegible] alive on June 19 1946.

Immediate cause of death: Cerebral Hemorrhage
Due to: Nephritis

Due to:

Other Conditions: Hypertension
Cancer
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:

of autopsy:

Duration
1
24 hr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. M. Daily, M.D.
Address 1 N. Market and Balto Date signed June 21 1946

VS 150

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G41369 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1610 N.Caroline St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 N.Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rose M.Selby

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife George L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1,1900

8. AGE: Years	Months	Days, if	If less than one day
46	1	18	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation house wife
11. Industry or business

FATHER
12. Name James V.McCarron
13. Birthplace Baltimore

MOTHER
14. Maiden Name Francis Jordon
15. Birthplace Baltimore

16 (a) Informant Husband
(b) Address 1610 N.Caroline St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Frederick Rd.

18 (a) Funeral director Clarence F.Hoffmann
(b) Address 1639 N.Broadway

19 (a) (Signature of informant) (b) Huntington Mills

JUN 21 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/18 1946 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/4 1946 to 6/18 1946 and that I last saw h[illegible] alive on 6/18 1946

Immediate cause of death — Hypertensive cardio-vascular disease — Duration 6 mos

Due to

Due to

Other Conditions Anemia — 10 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Peter J. Sikorsky M.D.
Address 2929 Eastern Ave. Date signed 6/20/46

G41570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 148a

G41570 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Culver & Saratoga Sts
(c) Hospital or institution: Mercy Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (2) (If outside city or town limits, write RURAL and give town)
(d) Street No. 208 N Bradenbaugh St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Murray

3 (b) If veteran, name war —

3 (c) Social Security Account No. 240-01-4167

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 15th 1873

8. AGE: Years	Months	Days	If less than one day
72	11	5	hr. min.

9. Birthplace Harpersburg Pa. (Town, county, and state)

10. Usual Occupation Iron Worker

11. Industry or business

FATHER
12. Name Michael Murray
13. Birthplace Ireland

MOTHER
14. Maiden Name Anna Daugherty
15. Birthplace Ireland

16 (a) Informant Mrs. Florence Snyder
259 Black St. Cleveland Ohio

17 (a) Removed (Burial, cremation, or removal) (b) Date thereof 6/21/46 (month) (day) (year)

(c) Cemetery or crematory Cleveland
Location Cleveland, Ohio

18 (a) Funeral director Tompkins Co Inc
(b) Address 1219 E. 79th St

JUN 21 1946 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20th 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 17 June 1946 to 20 June 1946, and that I last saw h[illegible] alive on 20 June 1946

Immediate cause of death Cerebral Vascular accident — Duration

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward P. Smith Jr M.D.
Address Mercy Hospital Date signed 6-20-46

VS 150

G41371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 B2

Registered No. G41371

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution: US Marine Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 days

2. USUAL RESIDENCE OF DECEASED:
(a) State NY (b) County
(c) City or town New York (If outside city or town limits, write RURAL and give town)
(d) Street No. 1279 Third Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Ridyard, Ernest

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 22, 1881

8. AGE: Years	Months	Days	If less than one day
64	5 4	26	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Steward
11. Industry or business Seafarer

FATHER
12. Name Wm. Ridyard
13. Birthplace England

MOTHER
14. Maiden Name Mary Anna Williams
15. Birthplace England

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/46 (month) (day) (year)
(c) Cemetery or crematory St. John's
Location Old South City

18 (a) Funeral director Lisby & Zollendo
(b) Address 403 N. Eutaw St

19 JUN 21 1946 (Date received by registrar) Huntington Williams, M.D. (Local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1946 at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1946, to June 19 1946, and that I last saw him alive on June 19 1946.

Immediate cause of death	Duration
Coronary occlusion	Unknown
Due to	
Due to	
Other Conditions Adenocarcinoma of stomach (Include pregnancy within 3 months of death)	6 mos

Date of operation 6/18/46
Major findings of operation: Adenocarcinoma of stomach
of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Wilson
John L. Wilson, Sr. Surgeon M. D.
Address Clinical Director Date signed 6/21/46
US Marine Hospital, Balto, Md.

VS 150

G41372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V46E

Registered No. G41372

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2220 Gough St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2220 Gough St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stanislaw Gromacki

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Jozefa
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER — 12. Name	Ignacy Gromacki
FATHER — 13. Birthplace	Poland
MOTHER — 14. Maiden Name	Victoria
MOTHER — 15. Birthplace	Poland

16 (a) Informant Jozefa Gromacki
(b) Address 2220 Gough St.

17 (a) Burial (b) Date thereof 6-22-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Balto. Co.

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern Ave

19 (a) (b)
Registrar

JUN 21 1946

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18 1946, at 6:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 19 1946 to June 18 1946, and that I last saw h[illegible] alive on June 16 1946.

Immediate cause of death: Cancer of the Sigmoid — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sigmund R. Nowak

Address 408 S. Patt. Pl. Gen. Date signed 6/20/46

X

G41373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G41373 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: MARYLAND GENERAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. I43 E. Randall St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LEROY SPOON

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	212-07-6130	M	W	D

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 30, 1885

8. AGE: Years	Months	Days	If less than one day
61	2	19	hr. min.

9. Birthplace Bristol, Virginia (Town, county, and state)
10. Usual Occupation Crane Operator- ret.
11. Industry or business Am. Sugar Ref. Co.

FATHER
12. Name William Spoon
13. Birthplace Virginia

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace Virginia

16 (a) Informant Family
(b) Address I43 E. Randall St.

17 (a) B (Burial, cremation, or removal) (b) Date thereof 6/24/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave.

18 (a) Funeral director James L. McCarthy
(b) Address I30 E. Fort Ave.

19 (a) JUN 21 1946 Registrar
Huntington Williams, M.D.

VS-150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/19 1946, at 10 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/19 1946, to 6/19 1946, and that I last saw H I M alive on 6/19 1946.

Immediate cause of death CORONARY THROMBOSIS — Duration 15 MINUTES

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles W. Stewart, M.D.
Address Md. Gen Hosp. Date signed 6/19/46

X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. G41374

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4509 Glenarm Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4509 Glenarm Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clara Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	White	widowed

6 (b) Name of husband or wife James E. Williams 6 (c) If alive, give age D years

7. Birth date of deceased (mo., day, yr.) Feb 22, 1864

8. AGE: Years	Months	Days	If less than one day
82	3	23	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Thomas North
13. Birthplace Maryland

MOTHER
14. Maiden Name Adelaid Langley
15. Birthplace Maryland

16 (a) Informant Mr James Hand
(b) Address 4509 Glenarm Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave

18 (a) Funeral director John F Kenny Inc
(b) Address 718 Light St.

19 (a) JUN 21 1946 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/17/46 19 , at 6 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 10 19 46 to 6-17 19 46, and that I last saw h[illegible] alive on 6-17 19 46.

Immediate cause of death: General Coccumulosis — Duration

Due to

Due to Pneumonia Rt Lung

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address 5705 Belair Rd Date signed 6-21-46

150

Huntington Williams, M.D.

G41375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 170 C

G41375 Registered No.

1. PLACE OF DEATH:
(a) ~~Baltimore City~~, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3904 St Paul St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Patricia Louise Sattler

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Apr 19 1925

8. AGE: Years	Months	Days	If less than one day
21	2	029	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Augustus E Sattler
13. Birthplace Nebraska

MOTHER
14. Maiden Name Marie McConnell
15. Birthplace Lutherville Md

16 (a) Informant Augustus E Sattler
(b) Address 3904 St Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22/46 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Druid Ridge
Location Pikesville Md

18 (a) Funeral director Henry W Jenkins Assn
(b) Address McCulloh Richard Sts

19 (a) JUN 21 1946 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 181 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-18- 1946 at 11¼ P.M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractured 3rd Cervical Vertebra

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-18-46 at 10.15 P.M. Balto. Co.
(b) Where did injury occur? Running Hy. at Smith ave Pikesville, Md.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Ran off road - struck a tree.

23. Signature Howard J. Moreden M.D. Medical Examiner.
Date signed 6-19-46

G41376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓50

G41376 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 11 Elmwood Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 Elmwood Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAMS, Dora

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Wht	Married

6 (b) Name of husband or wife (Living)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 3 1884

8. AGE: Years	Months	Days	If less than one day
59	4	17	20 hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Thos. Cox
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Peel
15. Birthplace Ireland

16 (a) Informant Nancy M. C. Kennedy
(b) Address 11 Elmwood Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Wilson & Co
(b) Address 1217 Eutaw St

19 (a) JUN 21 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1946, at 8 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1937 to June 20 1946, and that I last saw h alive on June 17 1946.

Immediate cause of death: Carcinoma of Breast — Duration 3yrs

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation Dec 10 1945

Major findings of operation: Carcinoma of Breast

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Chatfield M.D. M. D.
Address 6210 York Rd Date signed

VS 150

G4 E:577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 1220

G4 E:577 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 7310 Martell Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ulysses S. G. Lewis

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: non
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Mary A Lewis
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Jan 8 1866
8. AGE: Years: 80 | Months: 5 | Days: 12 | If less than one day: hr. min.
9. Birthplace: Virginia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name: John Lewis
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Amelia Hinkle
15. Birthplace: Virginia

16 (a) Informant: Urban Lewis
(b) Address: 6816 Martell Rd
17 (a) Final (Burial, cremation, or removal) (b) Date thereof: 6/24/46 (month) (day) (year)
(c) Cemetery or crematory: Pine Grove
Location: Balto Co Md
18 (a) Funeral director: Wilson Conklin
(b) Address: 5411 Belair Rd
19 (a) JUN 21 1946 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/20/46 19 , at 7 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/19 1946, to 6/20 1946, and that I last saw him alive on 6/20 1946.

Immediate cause of death: Cardiac Failure — Duration: 6 Hours
Due to: Arteriosclerotic Heart Dis. — Duration:
Due to: Generalized Arteriosclerosis / Diabetes — Duration:
Other Conditions: Hernia Inguinal, Right, Early Strangulation — Duration: 1 day
(Include pregnancy within 3 months of death)
Date of operation 6/19/46
Major findings of operation: Large right irreducible, incarcerated hernia
of autopsy: Perforated Duodenal Ulcer

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
Signature: Arthur W Lyons M. D.
Address: Bon Secours Hosp Date signed: 6/20/46

VS 180

G41378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52B

G41378

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 16
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: Baltimore
(c) City or town: 1915 W. Mosher St. Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: William Peter Kimmel

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: 233-30-6502

4. Sex: M. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Lola Roxy Kimmel
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 25, 1885

8. AGE: Years: 60 | Months: 8 | Days: 25 | If less than one day: hr. min.

9. Birthplace: Grafton, W. Va. (Town, county, and state)

10. Usual Occupation: Clerk (retired)

11. Industry or business:

FATHER
12. Name: Charles Kimmel
13. Birthplace: Grafton, W. Va.

MOTHER
14. Maiden Name: Belle Hundley
15. Birthplace: Parkersburg, W. Va.

16 (a) Informant: Mrs. Lola R. Kimmel
(b) Address: 1915 W. Mosher St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof: 6/22/46 (month) (day) (year)
(c) Cemetery or crematory
Location: Grafton, W. Va.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto. Md.

19 JUN 21 1946 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 20th 1946 at 10 50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1946 to Jun. 20 1946. and that I last saw him alive on Jun. 20 1946.

Immediate cause of death: Embolism of pulmonary artery due to
Due to: Carcinoma of prostate and bladder; frozen pelvis.
Due to:

Other Conditions: Perineal abscess & infiltration of urine
(Include pregnancy within 3 months of death)

Date of operation: May 23, 1946

Major findings of operation: Ca. of bladder

of autopsy: Liver cirrhosis; pulmonary TB

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: John F. Nogueras, M.D.
Address: Md. Gen. Hospital Date signed: 6/20/46

VS 180

G41379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

463

G41379 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution:
US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Philadelphia
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4063 Ashland Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME O' Brien, Michael

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1880

8. AGE: Years	Months	Days	If less than one day
65	7	4 5	hr. min.

9. Birthplace Boston, Mass. (Town, county, and state)
10. Usual Occupation AB seaman
11. Industry or business Seafarer

FATHER
12. Name Michael O'Brien
13. Birthplace Boston, Mass.

MOTHER
14. Maiden Name Alice ? O'Malley
15. Birthplace Boston, Mass.

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof 6-21-46 (month) (day) (year)
(c) Cemetery or crematory Hillside Cem.
Location Phila. Pa.

18 (a) Funeral director Funk Kownslar Funeral Home
(b) Address 2069 Kinsessing St. Phila.

19 (a) (Date received by registrar) (b) Huntingdon Valley, Pa.

JUN 21 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1946, at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1946, to June 20 1946, and that I last saw h. im alive on June 20 1946.

Immediate cause of death Bilateral bronchopneumonia with pulmonary edema, severe — Duration: FEW DAYS

Due to

Due to

Other Conditions Postoperative abdomino-perineal operation for rectal carcinoma. (Within 3 months of death)

Date of operation 6/11/46

Major findings of operation: Adenocarcinoma of rectum with regional node metastases.

of autopsy: As above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Wilson
John L. Wilson, Sr. Surgeon M. D.
Address Medical Director Date signed 6/21/46
US Marine Hospital, Balto, Md.

G41380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G41380 Registered No.

AB-102031

Please WRITE PLAINLY, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals 17

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7days

(e) Length of stay in Baltimore (yrs., mos., or days) 2yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 622 W. Franklin St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jinnie Strothers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2- 1881

8. AGE: Years	Months	Days	If less than one day
65	3	18	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Sim Banks or Brooks

13. Birthplace Va.

MOTHER 14. Maiden Name Caroline ?

15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals Records

(b) Address 4940 Eastern Ave.

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof June 22, 1946 (month) (day) (year)

(c) Cemetery or crematory Barboursville Va

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 N Schroeder St

19 (a) ~~June 21 1946~~ Huntington W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20- 1946, at 8.20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-13 1946 to 6-20- 1946 and that I last saw h alive on 6-20 1946

Immediate cause of death Cardiac failure — Duration

Due to HCVD C — Duration

Due to congestive failure — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. Doyle Wallace M. D.

Address OCH Date signed 6-21-46

VS 150

G41381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G41381

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1116 Eutaw St
(c) Hospital or institution: 11-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 Eutaw St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eleanore Nevin Connolly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife James A. Connolly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1863

8. AGE: Years 83 | Months 3 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore Co, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Thomas Nevin
13. Birthplace Ireland

MOTHER 14. Maiden Name Ida M. Ennis
15. Birthplace Howard Co, Md

16 (a) Informant Dr. Connolly
(b) Address 1116 Eutaw St

17 (a) Cathedral (Burial, cremation, or removal) (b) Date thereof June 22, 1946 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 900 East Biddle St

19 (a) JUN 21 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19th 1946, at 6th P.M

21. I certify that death occurred on the date above stated: that I attended deceased from 1st June 1946 to 19th June 1946, and that I last saw h.er alive on 18 June 1946.

Immediate cause of death Chronic Arteriosclerotic Heart Disease with decompensation — Duration 6 mos.
Due to and Anasarca
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Kenneth L. Kerr
Address 1938 Linden Ave Date signed 20 June 46

VS 150

Dr Kerr 1938 Linden Ave

G41382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G41382 / 1498 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2900 Woodland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2900 Woodland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose A. ~~Fabbon~~, CALLIS G48252

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Wilmer R. Callis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 14, 1914

8. AGE: Years	Months	Days	If less than one day
32	5	5	hr. min.

9. Birthplace Philadelphia, Pa.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business at home

FATHER
12. Name Michael Bufano,
13. Birthplace Italy,

MOTHER
14. Maiden Name Concheta Petrochoni,
15. Birthplace Italy,

16 (a) Informant Mr. Wilmer R. Callis,
(b) Address 2900 Woodland Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6/22/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Balto. City,

18 (a) Funeral director C. Vernon Lennon
(b) Address 4611 Park Heights Ave.

19 JUN 22 1946 (b) Huntington Williams, M.D. Registrar

JUN 21 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19, 1946 at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1946 to June 19 1946 and that I last saw her alive on June 18 1946

Immediate cause of death Cardiac Failure — due to Complete Heart block — due to Auricular Fibrillation

Due to Rheumatic Heart Disease

Due to ~~Cause~~ Pregnancy

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation May 29, 1946

Major findings of operation: Cesarean Section

of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Newland Edward Day M. D.
Address 4 E. 33rd. St. Date signed June 20 1946

G41383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G41383 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Merville ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Usual
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5607 Merville ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Fallon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife Thomas E. Fallon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1890

8. AGE: Years	Months	Days	If less than one day
56	0	11	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business at home.

FATHER
12. Name Wm. J. Ryan
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Ryan
15. Birthplace Ireland

16 (a) Informant C. Vernon Lemmon
(b) Address 4611 Park Hgts.

17 (a) Burial. (b) Date thereof 6/24/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. City.

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights

19 (a) JUN 22 1946 (b) JUN 21 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20-1946 at 9 a M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Chronic Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mullen M.D.
Medical Examiner.
Date signed 6-20-46

VS 151

Cause of death is especially important. Physicians: please write the causes of death clearly and legibly. The

G41384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G41384 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address CALHOUN & FAYETTE ST.

(c) Hospital or institution: FRANKLIN SQUARE HOSP.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 14

(e) Length of stay in Baltimore (yrs.) mos., or days) 54

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2007 W. LANVALE ST. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME STREIB, ALBERT L.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	~~Married~~ Widower

6 (b) Name of husband or wife Lott Mary V. nee Wana 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-22-91

8. AGE: Years	Months	Days	If less than one day
55	5	27 28	hr. min.

9. Birthplace Dallas Texas (Town, county, and state)

10. Usual Occupation

11. Industry or business Russco Co

FATHER 12. Name JACOB STRIEB

13. Birthplace Texas

MOTHER 14. Maiden Name EMMA NEIDIMUS

15. Birthplace Texas

16 (a) Informant Mrs. Vera Coe

(b) Address 2007 W. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22/46 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk Location 3801 Frederick Road

18 (a) Funeral director Harry H. Nitzke

(b) Address 4104 Edmondson ave.

19 JUN 21 1946 JUN 21 1946 Registered by [illegible]

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-19-46 19 at 6:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-15 19 to 6-19-1946, and that I last saw him alive on 6-19-1946

Immediate cause of death Coronary thrombosis — Duration 6 months

Due to -

Due to -

Other Conditions Pulmonary Embolism — ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Thos. J. Streib, M. D.

Address 54 S. Fulton Ave Date signed 6-20-46

G41385 DC# 47061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓86

Registered No. G41385

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 3 weeks.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1775 Homestead St #18
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Walter Eatridge

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23-1946

8. AGE: Years | Months | Days 28 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or Business

FATHER
12. Name John W. Eatridge
13. Birthplace Balto.

MOTHER
14. Maiden Name Verna Bunyon
15. Birthplace Balto

16 (a) Informant J. W. Eatridge
(b) Address 1775 Homestead St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/22/46 (month) (day) (year)
(c) Cemetery or crematory Holy Rood
Location Beltsville Rd.

18 (a) Funeral director John E. Boulton
(b) Address 3 E. Lexington St Baltimore, Md.

(a) Date received by Registrar JUN 21 1946
(b) Registrar
Registered JUN 22 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20th 1946, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 20th 1946 to June 20 1946, and that I last saw him alive on June 20 1946.

Immediate cause of death: Respiratory failure — Duration: 12 hrs.
Due to Acidosis and Collapse
Due to Pyloric Spasm
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. E. Goodale, M.D.
Address Maryland G. Hosp Date signed 6/20/46

G4 L386

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 1576

Registered No. G4 L386

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State La. (b) County
(c) City or town New Orleans
(If outside city or town limits, write RURAL and give town)
(d) Street No. 226 Broadmbrough St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carolyn Favret
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-11-44

8. AGE: Years	Months	Days	If less than one day
1	23 11	10	hr. min.

9. Birthplace La.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James E. Favret
13. Birthplace La.

MOTHER
14. Maiden Name Carolyn Vanburg
15. Birthplace La.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 6/24/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Metairie Cem
Location New Orleans La

18 (a) Funeral director John G. Buckley & Son
(b) Address 1900 Carondelet St.

JUN 21 1946 (Date rec'd by Registrar) Huntington Williams M.D.

JUN 22 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1946 11 25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1946 to June 21 1946 and that I last saw h-- alive on June 21 1946.

Immediate cause of death

Due to Tetralogy of Fallot

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6-21-46

Major findings of operation: Pulmonary atresia

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eldridge A. Palmer
Address Johns Hopkins Hosp Date signed 6-21-46

X

G41387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 516

Registered No. G41387

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2527 W. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 weeks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2527 W. North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Henry Lester
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	widowed

6 (b) Name of husband or wife Susan R. Lester
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 31 1863

8. AGE: Years	Months	Days	If less than one day
83	4	21	hr. min.

9. Birthplace Carroll Co. Md (Town, county, and state)
10. Usual Occupation farmer (retired)
11. Industry or business

FATHER
12. Name Isaiah Lester
13. Birthplace Carroll Co.

MOTHER
14. Maiden Name Amanda Barr
15. Birthplace Franklin Co. Penna

16 (a) Informant Wm. A Lester
(b) Address 401 Frederick Rd Catonsville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/46 (month) (day) (year)
(c) Cemetery or crematory Kriders Cemetery
Location Near Forest Hunter, Md

18 (a) Funeral director J. E. Myers Jr.
(b) Address West Hunter Md.

19 (a) [illegible] (Signature of Registrar) Huntington Williams M.D. Registrar

VS 184

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1946 at 10-30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12/20/45 to June 21 1946, and that I last saw him alive on June 20 1946.

Immediate cause of death
Carcinoma Prostate
Due to Bone Cancer
Due to Urinary Retention
Due to
Other Conditions

Duration
6 Mos.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry C Houck MD
Address 1929 W Mount Rd Date signed 22/46

X

G4 1388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G4 1388

131a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cathedral near Read St
(c) Hospital or institution:
Milner Hotel
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If not in city or town, write RURAL and give town)
Milner Hotel
(d) Street No. Cathedral near Read St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Henry Whitsford

3 (b) If veteran, name war: X
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Edith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 10. 1888

8. AGE: Years 58 | Months 8 | Days 15 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Cook Officers Mess
11. Industry or business Navy

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Edith Whitsford
(b) Address Severna Park Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-46 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Hudgins Funeral Home
(b) Address 1320 E. Pratt St

19 JUN 22 1946 (Date rec'd by registrar) (b) Huntington Williams, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1946 at 8.20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1946 to June 20 1946 and that I last saw h alive on June 20 1946

Immediate cause of death: Cardiac failure — Duration:
Due to Hypertensive Cardiovascular renal disease
Due to Chronic Alcoholism
Other Conditions Bronchopneumonia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature I. Slotofsky M. D.
Address 601 N. Howard St Date signed 6/20/46
O.C.J. Lutomski, for Howard J. Mullin M.D.

VS 150

G41389

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. G41389

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Balto Gen Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Greenport. Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2944 Cornwall Rd.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Kathryn Balsley

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband Eugene A. Balsley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/18/10

8. AGE: Years	Months	Days	If less than one day
36 yrs	2	3	hr. min.

9. Birthplace Greenport L.I.
(Town, county, and state)
10. Usual Occupation Seamstress
11. Industry or business Turkey

FATHER
12. Name John M. Barr
13. Birthplace Scotland

MOTHER
14. Maiden Name Cora A Preston
15. Birthplace Greenport L.I.

16 (a) Informant South Balto. Gen. Hospital
(b) Address

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6/24/46 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto. Md.

18 (a) Funeral director Wilkinson Cook Inc.
(b) Address 217 St. Paul St

19 (a) JUN 22 1946 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1946 at 6 00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1946 1.30 AM 6/21 19 6 AM and that I last saw her alive on June 21 1946 5.45 AM

Immediate cause of death: Cardiac failure - acute edema — Duration
Due to Mitral stenosis
Due to Rheumatic heart disease
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Pulmonary Edema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Vincent O Carecten Jr.
Address So Balto Gen Hosp Date signed 6/21/46 M. D.

941390

Seaman - Norwegian Seaman's Home 0324 E. 21st St. Balto.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164F

Registered No. G41390

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Norway
(a) State (b) County
(c) City or town Austrheim (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Norway

3 (a) FULL NAME Olaf Hansen Fonnes

3 (b) If veteran, name war W | 3 (c) Social Security Account No. 1011

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: ?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2 1922

8. AGE: Years 24 | Months 1 | Days 18 | If less than one day hr. min.

9. Birthplace Austrheim Norway (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Norwegian Consul
(b) Address Md. Trust Bldg.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6/24/46 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore, Md.

18 (a) Funeral director Wilson Conway
(b) Address 1317 Eutaw St.

19 JUN 22 1946 (Date rec'd by registrar) (b) Huntington Williams, Mgr.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20-1946, at 5-25 P.M

21. I certify that I took charge of the remains described above, held an Insp + Inq thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Shock, crushed Pelvis, Hemoperitoneum, Gaping wounds.

Due to

Other Conditions Multiple bruises + bruises.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/20/46 1:40 P.M.
(b) Where did injury occur? B+O.R.R. yds-Camden
(c) Did injury occur at home, on farm, industrial place, in public place? Private RR Property While at work? No
(d) Means of injury Jumped in front of train

23. Signature Howard J. McInnis M.D. Medical Examiner.
Date signed 6-21-46

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. C41391

C41391

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 N. Broadway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1514 N. Broadway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis H. Wanner

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 218-10-5599

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lydia Wanner

6 (c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): June 9, 1886

8. AGE: Years 60 | Months 0 | Days 11 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation: Steam Fitter

11. Industry or business

FATHER
12. Name: Charles Gottleib Wanner
13. Birthplace: Germany

MOTHER
14. Maiden Name: Mary Elizabeth Blazer
15. Birthplace: ? U.S.

16 (a) Informant: Mrs. Lydia Wanner - widow
(b) Address: 1514 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/46 (month) (day) (year)
(c) Cemetery or crematory: Immanuel Cemetery
Location: Baltimore, Maryland

18 (a) Funeral director: HENRY SANDER & SONS, INC
(b) Address: NORTH AVE. & BROADWAY

19 (a) JUN 22 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/20 1946 at 8:45 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Cardio-Vascular Renal Disease

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury:

23. Signature Howard J. Clausen M.D.
Medical Examiner.
Date signed 6-20-46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

641392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 94a

Registered No. 641392

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Mt. Hope
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: The Seton Institute V
(d) Length of stay in hospital or inst. (yrs., mos., or days) 70 yrs 2 mos 19 da
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs - 2 mo - 19 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town 6420 Reisterstown (If outside city or town limits, write RURAL and give town) Baltimd
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Bridget McSorley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years	Months	Days	If less than one day hr.	min.
85				

9. Birthplace Philadelphia, Pa. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant The Seton Institute
(b) Address 6420 Reisterstown Rd Balti Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director Sullivan Mayer Co.
(b) Address 108 W Mt Ave.

19 (a) JUN 22 1946 (Date rec'd by registrar) Huntington for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1946 at 12:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1937 to June 21 1946, and that I last saw h.e.r alive on June 21 1946.

Immediate cause of death Repeated Myocardial Infarcts — Duration 6 mos.

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel P. Magruder M. D.
Address 33 W Preston St Signed

VS 150

X

G4 1393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G4 1393 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1106 Ensor St
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 Ensor St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Thomas Gannon

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Honora Gannon
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Aug 29 1888

8. AGE: Years	Months	Days	If less than one day: hr.	min.
57	9	22		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Chauffer & Limousine Driver
11. Industry or business Self

FATHER
12. Name Michael Gannon
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Downs
15. Birthplace Ireland

16 (a) Informant Mrs J T Gannon (wife)
(b) Address 1106 Ensor St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-46 (month) (day) (year)
(c) Cemetery or crematory New Lakeland
Location Baltimore
18 (a) Funeral director Steward Mortuary Co.
(b) Address 108 W North Ave
19 (d) JUN 22 1946 (Date rec'd by registrar) Huntington Nelligan, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 20 June 1946 at 3:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6 Feb. 1946 to 20 June 1946, and that I last saw him alive on 20 June 1946.

	Duration
Immediate cause of death Heart Failure	8 days
Due to Cerebrovascular accident	15 days
Due to Hypertension	4 years
Other Conditions Hypostatic pneumonia	4 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lee M Gannon M. D.
Address 2050 Linford Rd Date signed 21 June

VS 150

G41394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G41394 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1224 McCulloh St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1224 McCulloh St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Rice

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Katie Rice

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER 12. Name William Rice
13. Birthplace Va

MOTHER 14. Maiden Name Hannah Wallace
15. Birthplace Va

16 (a) Informant Mrs. Katie Rice
(b) Address 1224 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md

18 (a) Funeral director Mrs. Frances A. Hensley
(b) Address 578 W. Biddle St

19 (a) JUN 22 1946 (b) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1946, at 1:50 P.M.

21. I certify that I took charge of the remains described above, held an autopsy, and thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardio-vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Cleveland M.D.
Medical Examiner.
Date signed 6-21-46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41395

BALTIMORE CITY HEALTH DEPARTMENT

HB #102095 **CERTIFICATE OF DEATH** 937 Registered No. G41395

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6Days
(e) Length of stay in Baltimore (yrs., mos., or days) 87 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2124 Hollins St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EDWARD John Howard Eschrich

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-05-5072

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Mary A. Eschrich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1858

8. AGE: Years	Months	Days	If less than one day
87	10	19	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Eshhrich
13. Birthplace Md.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Balto. City Hospitals(Records)
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24 1946 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Dill Bros.
(b) Address 3109 Frederick Ave.

JUN 22 1946 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION P.M.

20. DATE OF DEATH June 20, 1946, at 10:45PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 14, 1946, to June 20, 1946, and that I last saw h im alive on June 20, 1946

Immediate cause of death Cardiac failure — Duration
Due to A S H D
Due to
Other Conditions Bronchopneumonia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Doyle Waldron M. D.
Address B C H Date signed June 21 1946

VS 150

G41396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

Registered No. G41396

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4515 Garrison Ave.
(c) Hospital or institution:
Ventura Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4515 Garrison Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Caroline Rodgers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 7, 1858

8. AGE: Years	Months	Days	If less than one day
88	5	13	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name George H. Rodgers
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary S. Evans
15. Birthplace Baltimore

16 (a) Informant Maurice F. Rodgers
(b) Address 411 Woodlawn Road

17 (a) Burial (b) Date thereof 6/22/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location North & Greenmount Aves.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

JUN 22 1946
Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1946, at 4:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1946 to June 20 1946 and that I last saw h[illegible] alive on June 20 1946.

Immediate cause of death Bronchopneumonia — Duration 4 days

Due to

Due to

Other Conditions Myocarditis — about 4 mo.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hale Drewett M. D.
Address 4515 Garrison Ave. Date signed

VS 150

X

G41397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48a

Registered No. G41397

EB # 99643

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 17
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1502 McKlderry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel May Jett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18, 1889

8. AGE: Years	Months	Days	If less than one day
56	11	1	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Filmore Finney(d)
13. Birthplace Va. ?

MOTHER 14. Maiden Name Sally Ann ?
15. Birthplace ?

16 (a) Informant Balto. City Hospitals(Records)
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof June 22-1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location a a co md

18 (a) Funeral director Robert E Williams
(b) Address 1975 McElderry St

19 (Date received) JUN 22 1946 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19, 1946, at 5:30a M

21. I certify that death occurred on the date above stated; that I attended deceased from March 2, 1946, to June 19, 1946, and that I last saw h er alive on June 19, 1946

Immediate cause of death Cachexia — Duration 1 yr

Due to Carcinoma of cervix — Duration ? yrs?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 0

Major findings of operation: 0

of autopsy: 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas J Oneill M. D.
Address Balto. City Hosp. Date signed 6-21-46

G41398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 132

G41398

Registered No. 24747

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item o. information should be carefully checked and correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1230 Ashland Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10

(e) Length of stay in Baltimore (yrs., mos., or days) 4yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1230 Ashland Ave (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) **FULL NAME** Pearline Gadson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race Col

6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife Andrew Gadson

6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) Oct 1920

8. AGE: Years 25 | Months 7 | Days | If less than one day hr. min.

9. Birthplace Jamestown S.C.

(Town, county, and state)

10. Usual Occupation Housework.

11. Industry or business

FATHER

12. Name Andrew Morrison

13. Birthplace Jamestown S.C.

MOTHER

14. Maiden Name Lenera Thompson

15. Birthplace Jamestown S.C.

16 (a) Informant Andrew Gadson

(b) Address 1230 Ashland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25-1946 (month) (day)

(c) Cemetery or crematory Zion Cemetery

Location Jamestown S.C.

18 (a) Funeral director Robert E Williams

(b) Address 515 McCeddery St

19 (a) JUN 22 1946 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1946, at 11:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1946, to June 21 1946, and that I last saw her alive on 21 1946.

Immediate cause of death Broncho Pneumonia

Duration 4 days

Due to

Due to

Other Conditions Tuberculosis.

over

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature RB Lipscomb M.D.

Address 501 Cherry Hill Rd Date signed 6/21/46

VS 180

641399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

641399 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1206 E. Lafayette Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1206 Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emile V. Merkle

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Adam Merkle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1881

8. AGE: Years	Months	Days	If less than one day
65	3	15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Antone Wittbecker
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Sarah E. Patton
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Rachel
(b) Address 5208 Northview Ave. Waterside

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24, 1946 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Eastern Avenue

18 (a) Funeral director Roland L. Fisher
(b) Address 2112 Dundalk Ave.

19 (Date rec'd by registrar) JUN 22 1946 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20- 1946, at 1:45 p.m.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 6-20-46

VS 151

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170C

Registered No. G41400

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 120 N. Lakewood Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3 (a) FULL NAME William J. Moore

3 (b) If veteran, name war: no.

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife none.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1944

8. AGE: Years 2 | Months | Days | If less than one day hr. min.

9. Birthplace ?
(Town, county, and state)

10. Usual Occupation none.

11. Industry or business

FATHER 12. Name Gary R. Moore.

13. Birthplace Clapin, Va.

MOTHER 14. Maiden Name Julia Lawson Cullen

15. Birthplace Chilfield, Md.

16 (a) Informant Parents

(b) Address 120 N. Lakewood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/46 (month) (day) (year)

(c) Cemetery or crematory Greenmount Cem.

Location Crofield, Md.

18 (a) Funeral director C. Edelmann & Co.

(b) Address 426-432 E. Madison St.

19 (a) JUN 22 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21, 1946, at 5:55 P. M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractures skull
" 3rd Cervical vertebra

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-21-46 at 5:45 P. M. 6/2
(b) Where did injury occur? In front of 120 N. Lakewood Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian struck by auto.

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 6-22-46

VS 151

(over)

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. G41401

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1938 Perlman Place

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No 1938 Perlman Place (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Theresa Sieber

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widow

6 (b) Name of husband or wife Christian

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 6th 1869

8. AGE: Years	Months	Days	If less than one day
76	7	14	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER — 12. Name Andrew Kohl.

13. Birthplace Germany

MOTHER — 14. Maiden Name Kuningda Piller

15. Birthplace Germany

16 (a) Informant Laphia M. Schneider

(b) Address 1938 Perlman Place

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 6-24th 1946 (month) (day) (year)

(c) Cemetery or crematory Balto.

Location E North Ave Ext

18 (a) Funeral director Leo G. Leask

(b) 1901-03 N Patterson Park

19 (a) JUN 22 1946 (Date rec'd by registrar) (b) Huntington Hollister, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20th 1946 at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1946 to Jun 20 1946 and that I last saw deceased alive on June 19 1946.

Immediate cause of death Carcinoma of Breast

Duration one year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Ed Smith.

Address 1223 E. North Ave Date signed 6/22/46 (M/D)

VS 150

G41402 BC# 942468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1192

Registered No. G41402

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct. age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos

2. USUAL RESIDENCE OF DECEASED:
(a) Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1062 W Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gloria B Towns

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/24/46

8. AGE: Years	Months	Days	If less than one day
24		24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name James Willis
13. Birthplace Ga

MOTHER
14. Maiden Name Dorothy Evans Ruth.
15. Birthplace Ga

16 (a) Informant Mrs Towns
(b) Address 1062 W. Fayette

17 (a) (Burial, cremation, or removal) (b) Date thereof 6 (month) 25 (day) 46 (year)
(c) Cemetery or crematory Mt. Calvary.
Location Baltimore, Md.

18 (a) Funeral director Bailey Bros
(b) Address 1911 W Hamburg St

19 (a) JUN 22 1946 (Date filed by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20 1946, at 12:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-19 1946, to 6-20 1946, and that I last saw h Cr alive on 6-19 1946

Immediate cause of death Respiratory failure

Due to Dehydration & acidosis

Due to Starvation & diarrhea

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter L. Ronch M. D.
Address University Hosp Date signed 6-20-46

VS 150

G41403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G41403

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3503 Devonshire Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City as above Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3903 Milford Ave. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME FERDINAND N. FRANK.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna C. Frank.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1881.

8. AGE: Years	Months	Days	If less than one day
64	8	3	hr. min.

9. Birthplace Indiana. (Town, county, and state)
10. Usual Occupation Retired -Paper box mnfgr.
11. Industry or business

FATHER
12. Name Frederick Frank,
13. Birthplace Germany.

MOTHER
14. Maiden Name Johanna Schloss,
15. Birthplace Germany.

16 (a) Informant Mr. Jonas Frank,
(b) Address 3903 Milford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6.23.46. (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Balto. Md.

18 (a) Funeral director Harris Levine & Son
(b) Address 1902 Eutaw Place.

19 JUN 22 1946 (Date rec'd by registrar) (b) Huntington Williams, Mch (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20th. 1946, at PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1939 to June 20 1946.
and that I last saw h. alive on 6/5 1946.

Immediate cause of death Coronary Thrombosis — Duration Sudden

Due to Coronary Sclerosis — Duration several years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Sharfstein M.D. M. D. (Only one signed)
Address 5106 Pk. Heights Ave.

VS 180

G41404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G41404

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1321 W. North Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1321 W. North Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MATILDA HARMAN.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1st. 1871.

8. AGE: Years	Months	Days	If less than one day hr.	min.
75	5	20		

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired School Teacher.

11. Industry or business

FATHER 12. Name Bernard Harman,
13. Birthplace Holland.

MOTHER 14. Maiden Name Jeannette Hess,
15. Birthplace Germany.

16 (a) Informant Mrs. A. S. Frank,
(b) Address 1321 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6.23.46. (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Harris Sonnenborn & Son
(b) Address 1902 Eutaw Place.

19 JUN 22 1946 Huntington Hollins, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21st. 1946 at P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 20 1945 to 6-21-1946 and that I last saw her alive on 6-21-1946.

Immediate cause of death Coronary Occlusion — Duration Immediate

Due to Coronary Sclerosis — Duration Plus.

Due to Generalized arterio-sclerosis, — Duration 15 yr.

Other Conditions Diabetes Mellitus — Duration 15 yr.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Peterman M. Eaton M. D.
Address 2424 Eutaw Pl. Date signed 6-21-46

VS 150

94a

641405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. 641405

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully compiled. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 313 Warren Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 73
(If outside city or town limits, write RURAL and give town)
(d) Street No. 313 Warren Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Etta Emma Willen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Randridge J. Willen
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Dec. 30, 1873

8. AGE: Years	Months	Days	If less than one day
72	5	21	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name J. Cock
13. Birthplace Va

MOTHER
14. Maiden Name Fannie Sandy
15. Birthplace Va

16 (a) Informant Randridge J. Willen
(b) Address 313 Warren Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/46 (month) (day) (year)
(c) Cemetery or crematory Henderson M.E. Church
Location Hyattsville, Md.

18 (a) Funeral director John F. Kenny Inc
(b) Address 716 Light St.

19 (a) JUN 22 1946 (Registrar's signature) Transferred from Williamsport, Md. (Address)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/20/1946, at 7 05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1945 to 6/24/46 and that I last saw h alive on 6/20/46

Immediate cause of death Carcinoma of liver

Due to

Due to

Other Conditions None
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

Duration
6 mos

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isaac Mills M. D.
Address 122 S. Charles Street signed

x 6/24/46.

G41406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B

Registered No. G41406

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: So Balto Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 42 days
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1740 S. Hanover St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Edward Slouch
3 (b) If veteran, name war
3 (c) Social Security Account No. 218-03-1323

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife ADA LEE THOMAS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 22, 1892

8. AGE: Years	Months	Days	If less than one day
53	9 10	[redacted] 29	hr. min.

9. Birthplace Md. (town, county, and state)
10. Usual Occupation Boiler maker
11. Industry or business BETHLEHEM STEEL

FATHER
12. Name Harry Slouch
13. Birthplace Md.

MOTHER
14. Maiden Name Maggie Allen
15. Birthplace Md.

16 (a) Informant RICHARD E. SLOUCK
(b) Address 1746 S HANOVER ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/25/46 (month) (day) (year)
(c) Cemetery or crematory CEDAR HILL
Location ANNAPOLIS BLVD

18 (a) Funeral director JOHN F. DENNY, INC.
(b) Address 715 LIGHT ST. Transfer for Veterans, Md.

19 (a) (b) Registrar

JUN 22 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1946 at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1946 to June 21 1946.
and that I last saw h[redacted] alive on June 21 1946.

Immediate cause of death	Duration
Respiratory failure	
Due to Pulmonary Edema	
Due to Cirrhosis of Liver	
Other Conditions Uremia	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy portal cirrhosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T O Carrecham, Jr.
Address So Balto Gen Hosp Date signed 6/22/46 C. D.

VS 150

X

G41407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E

Registered No. G41407

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland GREEN + Preston
(b) Street address [illegible], Howard Co.
(c) Hospital or institution: Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard Co.
(c) City or town Clarksville.
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Laura Rebecca Wilson

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	M

6 (b) Name of husband or wife Frank Thomas Wilson
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Feb 9, 1888

8. AGE: Years	Months	Days	If less than one day
58	4	11	hr. min.

9. Birthplace Simpsonville, Howard Co.
(Town, county, and state)
10. Usual Occupation house wife
11. Industry or business

FATHER
12. Name John Henson
13. Birthplace Simpsonville, Howard Co.

MOTHER
14. Maiden Name Laura Bruce
15. Birthplace Simpsonville, Howard Co.

16 (a) Informant Walter F. Wilson.
(b) Address Highland, Howard Co.

17 (a) BURIAL (b) Date thereof 6-23-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOPKINS CHAPEL
Location HIGHLAND Md.

18 (a) Funeral director F. C. HIGGINBOTHAM
(b) Address ELLICOTT CITY Md

19 (a) June 21 1946 Huntington Williams M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1946, at 6 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-17 1946 to 6-20 1946, and that I last saw h Wife alive on 6-20 1946.

Immediate cause of death: Pulm. respiratory failure — Duration: 6 hrs.
Due to following explan. lap. at which diagnosis of
Due to Ca. Panc. Liver enlarged
Resp. diff. increased a few days
Other Conditions & resp. failure ensued. WW

(Include pregnancy within 3 months of death)
Date of operation 6-20-46
Major findings of operation: General Ca Carcinomatosis
of autopsy: Generalized Carcinomatosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James I. Hunter, Jr. M.D.
Address University Hospital Date signed 6/21/46

VS 150

G41408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G41408

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2909 Halcyon Av
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2909 Halcyon Av (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Naomi Waldhauer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Paul

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 18-1875

8. AGE: Years 70 | Months 6 | Days 2 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Thomas H. Kirby
13. Birthplace England.

MOTHER
14. Maiden Name Sarah Horney
15. Birthplace Balto Md

16 (a) Informant Mrs Lillian Dean
(b) Address 2909 Halcyon Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/46 (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location Wash. Co.

18 (a) Funeral director Geo. H. Eglentine
(b) Address 1232 Aiken St.

JUN 22 1946 (Date rec'd by registrar) (b) Huntington Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1946, at 7:00 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 6 1945 to June 20 1946, and that I last saw h[illegible] alive on June 20 1946.

Immediate cause of death: Hypertensive Heart Disease

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: over 1 yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Dawson, M. D.
Address 4808 Harford Rd. Date signed 6/25/46

VS 150

G41409

G41409

495413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G41409

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1815 W. Mulberry St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Stella Rambert.

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife Henry Rambert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-1-91

8. AGE: Years	Months	Days	If less than one day
54	6	21	hr. min.

9. Birthplace W. Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Martin Mullenneax
13. Birthplace W. Va.

MOTHER
14. Maiden Name Rachel Teter
15. Birthplace W. Va.

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22 1946 (month) (day) (year)
(c) Cemetery or crematory Mayflower Mem. Location Arlington, W. Va.
18 (a) Funeral director Wesley Memorial Home
(b) Address 2024 Eutaw St
19 (a) JUN 22 1946 (Date filed by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1946 at 1.10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1946 to June 22 1946 and that I last saw h[illegible] alive on June 22 1946.

	Duration
Immediate cause of death Cerebral Thrombosis	24 hrs
Due to Hypertensive Cardio Vascular disease	15 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Grob M. D.
Address J. N. H. Date signed June 22 46

VS 190

X

G41410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30E

G41410 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1014 Wilson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dalvin Ross.

3 (b) If veteran, name war	3 (c) Social Security Account No.
Second World War	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	married

6 (b) Name of husband or wife Violetta Ross
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 3-5-1897

8. AGE: Years	Months	Days	If less than one day
49	3	15	hr. min.

9. Birthplace md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Dannie Ross
13. Birthplace md.

MOTHER
14. Maiden Name Mamie Curtis
15. Birthplace md

16 (a) Informant Record.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 6-24-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Baltimore, Md.

18 (a) Funeral director Marsha Bailey
(b) Address 1421 E. Jefferson St

19 JUN 22 1946 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June - 20 1946 at 8.43 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June - 19 1946 to June - 20 1946 and that I last saw him alive on June - 20 1946.

Immediate cause of death subarachnoid hemorrhage

Due to hypertension and cardiovascular disease.

Due to

Other Conditions epilepsy, Syphilis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert C. Austen M.D.
Address Johns Hopkins Hosp. Date signed 24 June 46

X

G41411 MAGUIRE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. G41411

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2516 E. Federal St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) all his life
(e) Length of stay in Baltimore (yrs., mos., or days) all his life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2516 E. Federal St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine Elizabeth Maguire

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Joseph Samuel Maguire
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 15, 1867

8. AGE: Years	Months	Days	If less than one day
79	4	5	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Herman Heuerman
13. Birthplace Germany

MOTHER
14. Maiden Name Mary M. Deutsman
15. Birthplace Germany

16 (a) Informant Mrs. Gladys Maguire
(b) Address 2516 E. Federal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director John F. Miller Inc
(b) Address 3438 E. Oliver St

19 (a) (Signature of registrar) (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1946, at 11:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1946 to June 20 1946, and that I last saw h[illegible] alive on June 19 1946.

Immediate cause of death Bronchopneumonia, bilateral

Duration 2 days

Due to —

Due to —

Other Conditions Arteriosclerosis, General.
Cholecystectomy, Exploratory Laparotomy.
(Pertinent pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Heuerman M. D.
Address 1513 N. Milton Ave Date signed June 20 1946

VS 150

G41412

AB-97189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 48 B

G41412 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7mos- 14days
(e) Length of stay in Baltimore (yrs., mos., or days) 16yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 St. Paul St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Niemi

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Separated

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2- 1896

8. AGE: Years	Months	Days	If less than one day
50	0	18	hr. min.

9. Birthplace Penn.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Venus
13. Birthplace Pa.

MOTHER
14. Maiden Name Mary Saltsman
15. Birthplace Penn.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24 1946 (Month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem
Location Belair Rd.

18 (a) Funeral director Joseph Fanaw Inc
(b) Address 2093 Greenmount Ave

19 (a) FILED JUN 22 1946 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION AM

20. DATE OF DEATH June 20 1946, at 5.55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-6 1945, to 6-20 1946 and that I last saw her alive on 6-20- 1946.

	Duration
Immediate cause of death: Cachexia	6 mo
Due to: Carcinoma of uterus	2 yrs
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation 0
Major findings of operation: 0
of autopsy: 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas J O'Neill M. D.
Address Balto City Hosps Date signed 6-21-46

VS 150

X

G41413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G41413

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4702 HARFORD AVE.
(c) Hospital or institution: CONVALESCENCE HOME.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6MONTH
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE.

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE CITY.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3150 REMINGTON AVE (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME RACHEL HOLLINS HOSHALL.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Franklin R. Hoshall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 18, 1873

8. AGE: Years	Months	Days	If less than one day
72	6	2	hr. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Wilson.
13. Birthplace Maryland.

MOTHER
14. Maiden Name Mary E. Ryan.
15. Birthplace Maryland.

16 (a) Informant Mrs. Clarence E. Baker
(b) Address 3150 Remington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23/46 (month) (day) (year)
(c) Cemetery or crematory Hereford
Location Balto Co. Md.

18 (a) Funeral director Edmonds & Sons
(b) Address 3615-17 Chestnut Ave

19 (a) JUN 22 1946 (b) Huntington Williams, MD Registrar

VS 150

MEDICAL CERTIFICATION A

20. DATE OF DEATH JUNE 20 1946 19 , at 4.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from JANY 13 1946 to JUNE 20 1946. and that I last saw her ALIVE on JUNE 20 1946.

Immediate cause of death	Duration
CHRONIC MYOCARDITIS JANY.	13.1946
Due to CHRONIC NEPTHRITIS.	1945.
Due to ARTERIOR SCLEROSIS.	1945.
Other Conditions NONE (Include pregnancy within three months of death)	

Date of operation NONE
Major findings of operation: NONE
of autopsy: NONE.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas L Clautice M. D.
Address #3013 ST PAUL ST Date signed JUNE 20 1946.

X

G41414 BALTIMORE CITY HEALTH DEPARTMENT X 110 B G41414

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkins & Caton Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Arbutus (If outside city or town limits, write RURAL and give town)
(d) Street No. 5515 Selma Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Anna E. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Wilton
6 (c) If alive, give age 2 years

7. Birth date of deceased (mo., day, yr.) April 30. 1914

8. AGE: Years	Months	Days	If less than one day
32	1	23	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Brown
13. Birthplace Maryland

MOTHER
14. Maiden Name Lucy Yost
15. Birthplace Maryland

16 (a) Informant Husband Wilton
(b) Address 5515 Selma Ave

17 (a) [redacted] (Burial, cremation, or removal) (b) Date thereof 6-22-46 (month) (day) (year)
(c) Cemetery or crematory Privately
Location Hyattsville, Md.

18 (a) Funeral director Francis J. Leach Sons
(b) Address Hyattsville, Md.

19 (a) (b) Huntington Williams, M.D. Registrar
(Filed by registrar)

JUN 23 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/22 1946 at 4:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/19 1946 to 6/22 1946, and that I last saw her alive on 6/22 1946.

Immediate cause of death Acute cardiac dilatation & peripheral vascular collapse
Due to Toxic endarteritis
Due to Acute inflammation of vascular & reticuloendothelial systems.
Other Conditions

Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Cardiac dilatation, acute; dilatation of pulmonary artery & hydrothorax & hydropericardium & hydroperitoneum & generalized reticuloendothelial hyperplasia
of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature Henry Wirt Hollyes M. D.
Address St. Agnes Hospital Date signed 6-22-46

99

G41415 G41415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 744 Warwick St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 5yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 744 Warwick ave
(If rural give location)
(e) Citizen of foreign country? NA (Yes or No)
If yes, name country

3 (a) FULL NAME Roosevelt Fisher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Negro	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1904

8. AGE: Years 41 | Months 10 | Days 22 | If less than one day hr. min.

9. Birthplace Ridgeville Carroll Co Md
(Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Charles Fisher
13. Birthplace Carroll Co Md

MOTHER
14. Maiden Name Evelyn Anderson
15. Birthplace Carroll Co Md

16 (a) Informant Stephen Fisher
(b) Address 823 Linden ave

17 (a) Burial (b) Date thereof June 26 1946
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Lebanon
Location Mt Airy Carroll Co

18 (a) Funeral director H. M. Snyder
(b) Address Mt Airy

19 (a) JUN 23 1946 (b) Registrar for Williamsport
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

D

20. DATE OF DEATH June 22 1946 at 9.50 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1946 to 19 , and that I last saw him alive on June 1 1946.

Immediate cause of death Cardio Vascular Disease

Duration 7 hrs

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. H. Watts M D

Address 515 Green st Date signed June 22 1946

X

G41416

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH ✓307

G41416 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 512 Division St.
(c) Hospital or institution Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 8 N. Caroline St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rebecca Dawson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | **5. Color or race** Negro | **6 (a) Single, married, widowed, or divorced** Widowed

6 (b) Name of husband or wife Daniel Dawson **6 (c) If alive, give age** years

7. Birth date of deceased (mo., day, yr.) 2-6-1886

8. AGE: Years 60 | Months 5 | Days 15 | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Maid

11. Industry or business

FATHER
12. Name James Lucas
13. Birthplace Jacksonville, N. C.

MOTHER
14. Maiden Name Mary Francis
15. Birthplace Halifax, N. C.

16 (a) Informant Mary Davis
(b) Address 8 N. Carolina St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23, 1946 (month) (day) (year)
(c) Cemetery or crematory Suffolk, Virginia
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroder St

JUN 23 1946 (a) (b)
(Date received by registrar) Registrar
Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1946, at 10:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1946 to June 21 1946 and that I last saw him alive on June 21, 1946.

Immediate cause of death Cerebral Thrombosis — **Duration**

Due to Generalized Arteriosclerosis, Hypertensive

Due to Cardiovascular renal disease

Other Conditions Arthritis of Knees, Rectal Abscess

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. Banfield M. D.

Address Provident Hospital Date signed 6/22/46

X

G 11437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195E

Registered No. 17

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 100 N. Calhoun Street
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Owings Mills
(If outside city or town limits, write RURAL and give town)
(d) Street No. ST. Thomas Lane
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Hattie P Zeigler

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-24-4231

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28-1888

8. AGE: Years	Months	Days	If less than one day
58	3 2	6 25	— hr. — min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Prac. Nurse
11. Industry or business None

FATHER
12. Name Richard Mason
13. Birthplace Virginia

MOTHER
14. Maiden Name Emma Jackson
15. Birthplace Virginia

16 (a) Informant Mrs Sarah Seidl
(b) Address 3715 Arundel Ave Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26-46 (month) (day) (year)
(c) Cemetery or crematory Pleasant Hill
Location Balto Co

18 (a) Funeral director J F Elmer & Sons
(b) Address Reisterstown Md

19 (a) Filed by registrar Huntington Williams, MD (b) Registrar

23 1948

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1946, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 20 June 1946 to 22 June 1946, and that I last saw h ER alive on 22 June 1946

Immediate cause of death: Ruptured Kidney, Left. — Duration: 5 days.

Due to Hydronephrosis, L.

Due to Renal Calculi, Multiple, Left.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations

of autopsy Confirmed Kidney, L. & Urinary Bladder Pathological

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward H Santmeier

Address Franklin Sq. Hosp Date signed 6/23/46

X

G41418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 63B

G41418 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2886 Kentucky Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2886 Kentucky ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna T Gross

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed
6 (b) Name of husband or ~~wife~~: August Gross
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 12-23-1883
8. AGE: Years 62 | Months 5 | Days 28 | If less than one day: hr. min.
9. Birthplace Balto (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Eberding
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Mr John E Gross
(b) Address 2886 Kentucky ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jun 24-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto
18 (a) Funeral director Jos J Sterrybow
(b) Address 3061 Kentucky ave
JUN 23 1946 (Date) Received (Registrar) Huntington Williams Jr

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1946, at M
21. I certify that death occurred on the date above stated; that I attended deceased from May 1946, to June 20 1946 and that I last saw h[illegible] alive on June 19 1946.

Immediate cause of death: Acute Cardiac failure — Duration
Due to: Hypertensive cardio-vascular disease
Due to: Arterio Sclerosis 5-6yrs
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J B Stevens M.D.
Address 3700 Eastern Ave Date signed 6/21/46

VS 150

G41419 — BALTIMORE CITY HEALTH DEPARTMENT — G41419

CERTIFICATE OF DEATH 94a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 793 Grantley Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2702 Jefferson Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Eleanor Marie Moan

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: James J. Moan
6 (c) If alive, give age: D years

7. Birth date of deceased (mo., day, yr.): June 11, 1877

8. AGE: Years: 69 | Months: 0 | Days: 9 | If less than one day: ########## hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: At Home

11. Industry or business

FATHER
12. Name: Edward J. Dunn
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Olivia McKenna
15. Birthplace: Ireland

16 (a) Informant: Mr. Bernard Moan (son)
(b) Address: 793 Grantley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/46 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Edmondson Avenue

18 (a) Funeral director: George J. Ruth, Inc.
(b) Address: 1735 Harford Avenue

19 (a) JUN 23 1946 (Date received by registrar) Huntington Williams, M.D. Registrar
(b)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20th., 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 17, 1946, to June 20, 1946, and that I last saw h[illegible] alive on June 19, 1946.

Immediate cause of death: Coronary Thrombosis — Duration: 3 days

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Eugene L. Cassard M. D.
Address: 514 Druid Pk. Date signed 6/21/46

X

G41420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G41420 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct. Age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1327 N. Eden St
(c) Hospital or institution: 9
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life 39 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1327 N. Eden St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Betty Booker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Henry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 14 1907

8. AGE: Years	Months	Days	If less than one day
39	4	6	hr. min.

9. Birthplace Littleton N. Carolina (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Jenkins
13. Birthplace N. C.

MOTHER
14. Maiden Name Bertie Eaton
15. Birthplace N. C.

16 (a) Informant Henry Booker
(b) Address 1327 N. Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23 46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Balto County

18 (a) Funeral director Thos. H. A. Elliott & Dyt
(b) Address 1129 N. Caroline St

JUN 23 1946 (Date received by Registrar) Huntington Mills Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/20 1946 at 11:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/21 1946 to 6/19 1946 and that I last saw h[illegible] alive on 6/19 1946

Immediate cause of death Hypertensive cardio-renal disease
Due to (Uremia)
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 1 yr

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rayner Browne M. D.
Address 1500 E. Madison St Date signed 6/22/46

VS 150

Rayner Browne X

G41421 G41421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 614 Abbott St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 Abbott St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Noel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ? ?

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Md. Balto.
(Town, county, and state)

10. Usual Occupation Unemployed
11. Industry or business Seaman

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Josephine Vaughn
(b) Address 1614 Abbott St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27 1937 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location A A County Md.

18 (a) Funeral director Md. Funeral Directors Dept
(b) Address 1129 N. Carlton St.

19 (a) 1946 (Date filed by registrar) Thurlington Williams, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/21 1946 at 3.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/1 1945 to 6/21 1946 and that I last saw h IM alive on 6/19 1946

Immediate cause of death gangrene (both legs) — Duration 1 Mo.

Due to peripheral arterio-sclerosis — Duration 2 yrs

Due to

Other Conditions chr. myocarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Raynor Browne 98

Address 1520 E. Madison St Date signed 6/22/46

VS 150

G11422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G11422 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 533 N. Central Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herman Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male.	Black	single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-1-24

8. AGE: Years	Months	Days	If less than one day
21	10	20	hr. min.

9. Birthplace md
(Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER
12. Name John W. Davis
13. Birthplace md.

MOTHER
14. Maiden Name Addie Steward
15. Birthplace md

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24 46 (month) (day) (year)
(c) Cemetery or crematory Laurel Cemetery
Location

18 (a) Funeral director Mrs Robt. A. Elliott Daughter
(b) Address 1129 N. Caroline St.

19 (a) 1946 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION A

20. DATE OF DEATH June 21 1946 at 4:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1946 to June 21 1946 and that I last saw h alive on June 21 1946.

Immediate cause of death	Duration
pulmonary edema hypertensive encephalopathy	
Due to heart failure	
Due to hyper tensive cardio vascular disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Arellanes
Address Johns Hopkins Hosp. Date signed June 26 46

Thos. Williams, M.D. Registrar

VS 150

X

G41423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓164E

G41423 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life time

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2360 Eutaw Place (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Dannal Louise Stichner

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-22-732[illegible]

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12 1928

8. AGE: 18 Years | 3 Months | 10 Days | If less than one day ____ hr. ____ min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Clerical
11. Industry or business Stationery

FATHER
12. Name Manuel Stichner
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Bertha Mears
15. Birthplace Balto. Md.

16 (a) Informant Mrs. D. Somerset
(b) Address 2360 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/46 (month) (day) (year)
(c) Cemetery Ohel Shalom
Location Balto. Md.

18 (a) Funeral director David Sonneborn & Son
(b) Address 902 Eutaw Place

19 (a) Filed JUN 23 1946 (b) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1946, at 1:35 a. M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Shock
Multiple fractures
Due to
Other Conditions Fractured lumbar vertebrae
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-21-46 at 11:30 P. M.
(b) Where did injury occur? Southern Hotel 3rd floor
Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
Means of injury Jumped from window.

23. Signature Howard A. Thurston M.D. Medical Examiner.
Date signed 6-22-46

X

G41424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G41424 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1547 Argyle Ave.
(c) Hospital or institution: 14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1547 Argyle Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME H. Henry Parker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Rachel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1865

8. AGE: Years 81 | Months 5 | Days 1 | If less than one day: hr. min.

9. Birthplace Calvert Co. Md.
(Town, County, and state)

10. Usual Occupation janitor

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Rosa Lee Marshall
(b) Address 1554 Argyle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto, Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1601 Druid Hill Ave.

19 (a) Rec'd by registrar Huntington Williams 6/23 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20 1946 at 7 45 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/12 1946 to 19 ; and that I last saw h alive on 6/19 1946

Immediate cause of Death
Chronic Myocarditis
Chronic Nephritis
Due to

Due to

Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. D. Harrell M. D.
Address 601 N. Carrollton Ave. Signed 6/24/46

G41425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G41425

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. They correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 S. Callington ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 38

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S. Callington ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julianna Nasarzewska

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John Nasarzewski

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name unknown
13. Birthplace Poland

MOTHER
14. Maiden Name unknown
15. Birthplace poland

16 (a) Informant Ignacy Nasarzewski
(b) Address 109 Fleet Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-46 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary
Location Balto. county

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester St

19 (a) (Registrar) (b) Registrar

JUN 23 1946

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION 430

20. DATE OF DEATH June 21 1946, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 30 1946 to June 21 1946, and that I last saw her alive on June 21 1946.

Immediate cause of death

Due to myocarditis Chronic unknown

Due to arteriosclerosis unknown

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at P.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank J. Januszewski M.D.

Address 2431 Fait Ave Date signed 6/22/46

Januszeski

G41426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G41426

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 847 Ducatel St
(c) Hospital or institution 13
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 847 Ducatel St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ike Gross

3 (b) If veteran, name war

3 (c) Social Security Account No. 052-03-7502

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Beckie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Lith
(Town, county and state)

10. Usual Occupation Steel Metal Worker

11. Industry or business

FATHER 12. Name Harry

13. Birthplace G Lith

MOTHER 14. Maiden Name Etta

15. Birthplace Lith

16 (a) Informant Beckie Gross

(b) Address 847 Ducatel St

17 (a) removal (b) Date thereof 6-25-46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Lebanon Cem
Location New York City

18 (c) Funeral director Jake Lewin Inc

(b) Address 1469 E Balto St

19 (a) (b)
(Date of registry) Huntington Williams

23 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1946, at 9:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-17 1946, to 6-21 1946, and that I last saw h[illegible] alive on 6-17 1946

Immediate cause of death Coronary thrombosis

Due to coronary sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harold H. Dix M. D.

Address 2516 Linden Ave Date signed 6-22-46

G41427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183a

Registered No. G41427

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvedere ave - Belmont ave
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 years
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town White Hall.
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Thomas Lee Kelley

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Martha A. Foot
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1873

8. AGE: Years	Months	Days	If less than one day
73	4	8	hr. min.

9. Birthplace U.S.A. (Town, county, and state)
10. Usual Occupation Retired Farmer
11. Industry or business

FATHER
12. Name Moses B. Kelley
13. Birthplace U.S.A.

MOTHER
14. Maiden Name Mary Catherine O. Connor
15. Birthplace U.S.A.

16 (a) Informant Mrs Harry Connaday
(b) Address Monkton, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26-46 (month) (day) (year)
(c) Cemetery or crematory Ellay
Location Ellay Md

18 (a) Funeral director Howard S. Mashline
(b) Address White Hall, Md.

JUN 24 1946 (Date rec'd by registrar) (Huntingtown Williamsport, Md.)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946 at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1946 to June 27 1946 and that I last saw him alive on June 27 1946

Immediate cause of death (a) Paralysis
Due to
Due to
Other Conditions Cerebral Hemorrhage
Nephritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration 1 Year

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature L. A. Richardson
Address 112 W. 25th St. Date signed June 27. 46

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. The

G11428 Dr. Otto Dutker 928 E. North Ave Un 0368 G11428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. G11428

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2030 Harford Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2030 Harford Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Leonard Schad

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary E. T. Schad
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 15th 1867

8. AGE: Years	Months	Days	If less than one day
79	5	8	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Prof. Andrew Schad
13. Birthplace Bavaria

MOTHER
14. Maiden Name Elizabeth Hall
15. Birthplace Phila. Pa.

16 (a) Informant Mrs. Helen Macey Schad
(b) Address Locust Ave. Ruxton Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/46 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location " Md.

18 (a) Funeral director Wm Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) (Date received by local registrar) JUN 24 1946 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23rd 1946, at 12 M.

21. I certify that death occurred on the date above stated; that I attended deceased from JUN 17 1946 to JUN 23 1946, and that I last saw h alive on JUN 22 1946

Immediate cause of death Acute dilated heart & thrombosis — Duration 1 hour

Due to fulvar Pneumonia

Due to Myocarditis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature O. H. Dutker
Address 928 E. North Ave Date signed 6/24/46

X

641429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts.
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Lombard & Green Sts (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3916

3 (a) FULL NAME Paula Helen Yutzy

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1946

8. AGE: Years	Months	Days	If less than one day
		8	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Thomas Yutzy
13. Birthplace Mt Savage, Maryland

MOTHER
14. Maiden Name Helen Pearl Allen
15. Birthplace Towson, Maryland

16 (a) Informant George F. Yutzy
(b) Address 3916 Southern Ave.

17 (a) Burial (b) Date thereof 6/24/46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Parkwood
Location Taylor Ave.

18 (a) Funeral director Howard N. Bligh Jr
(b) Address 4914 Belair Road

19 (a) (b)
(Filed by registrar) Registrar

N 24 1946

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 23 June 1946, at 10 1/2 M

21. I certify that death occurred on the date above stated; that I attended deceased from 15 June 1946, to 23 June 1946, and that I last saw her alive on 23 June 1946.

Immediate cause of death Cardiac Respiratory Failure — **Duration**

Due to Pulmonary Tuberculosis

Due to

Other Conditions Pulmonary;
Empyema Contagiosa.
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature Clement Markin M. D.
Address Univ Hosp Date signed 23 June 46

161

G41430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

Registered No. G41430

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address USMarine Hospital
(c) Hospital or institution:
Baltimore 11, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3018 Cresmont Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Koonce, Mariah May

3 (b) If veteran, name war

3 (c) Social Security Account No. 232 20 1760

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
f	w	Widow

6 (b) Name of husband or wife Claude J Koonce
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-28-82

8. AGE: Years	Months	Days	If less than one day
63	10	5	hr. min.

9. Birthplace Martinsburg W. Va.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Edward Kirby
13. Birthplace England

MOTHER
14. Maiden Name Mary Wilson
15. Birthplace W. Va

16 (a) Informant Hospital records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/24/46 (month) (day) (year)
(c) Cemetery or crematory
Location Charles Town West, Va.

18 (a) Funeral director Melvin T. Strider
(b) Address Charles Town W. Va.

19 6/24 1946 (b) Huntington Williamson, W.Va. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 19 46 at 1030A M

21. I certify that death occurred on the date above stated; that I attended deceased from on 19 to 6-23 19 46 and that I last saw h alive on 19

Immediate cause of death

	Duration
Carcinoma of Cervix with pelvic metastases	5 years
Peritonitis, acute terminal, due to ulceration of cecum by tumor	
Obstruction, Partial Intestinal due to metastatic tumor.	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 6-19-46
Major findings of operation: Carcinoma
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. MacClintock, M.D.
Address USMarine Hospital, Baltimore 11, Md. Date signed 6-23-46

G41431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. G41431

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2519 Orleans St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2519 Orleans St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine Leibert

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4 Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Adam Leibert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1868

8. AGE: Years 78 | Months - | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name John Stumpfner
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Birkley
15. Birthplace Germany

16 (a) Informant Mrs. Louisa Reil
(b) Address 2519 Orleans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 200 E Orleans St

19 (a) (b)

JUN 24 1946

Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1946, at 1:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1, 1946 to June 21, 1946 and that I last saw h[illegible] alive on June 20, 1946

Immediate cause of death January Thrombosis
Due to Arteriosclerotic Cardiovascular Renal Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 6 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Allen L. Lukens M. D.

Address 2939 W. Cold Spring Ln Date signed 6/25/46

Huntington Williams, M.D.

X

G41432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183a

Registered No. G41432

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1531 E Fayette st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1531 E. Fayette st. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Arthur Griffin

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-3001

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	colored	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Norfolk Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James Griffin
13. Birthplace Norfolk Virginia

MOTHER
14. Maiden Name unknown.
15. Birthplace unknown.

16 (a) Informant Carrie Butler (friend)
(b) Address 1531 E. Fayette st.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6 24 46 (month) (day) (year)

(c) Cemetery or crematory Calvary
Location Norfolk Virginia

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 E. Jefferson st.

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 24 1946

Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June - 20 1946, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-16 1946, to 6-20 1946, and that I last saw h[illegible] alive on 6-20-1946.

Immediate cause of death: arterio Sclerosis hypertension — Duration: 2

Due to: Hemaplegia — Duration: 2

Due to: cerebral stasis Sclerosis — Duration: 4 days

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Nicholson M. D.

Address 2270 Eutaw Pl Date signed 6/22/46

X

G41433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13D

G41433 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts.
(c) Hospital or institution: Univ Hospital 7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14d.
(e) Length of stay in Baltimore (yrs., mos., or days) 60yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2816 Jefferson St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Katie E. Glover

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband ~~or wife~~ Emmett A. Glover
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 16. 1867

8. AGE: Years	Months	Days	If less than one day
78	8	5	hr. min.

9. Birthplace Harford Co Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Julius Mathews
13. Birthplace Harford Co. Md.

MOTHER
14. Maiden Name Elizabeth Bayless
15. Birthplace Harford Co Md.

16 (a) Informant Mr. John M. Glover
(b) Address 2816 Jefferson St Balto. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24. 1940 (month) (day) (year)
(c) Cemetery or crematory Methodist Chapel
Location Near Aberdeen Md.

18 (a) Funeral director Harvey Fanning Sons
(b) Address Aberdeen Md.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 150 JUN 24 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/21 1940, at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/21 1940 to 6/21 1940, and that I last saw her alive on 6/21 1940.

Immediate cause of death: Coronary Occlusion — Duration
Due to: Hypertensive Cardio-vascular disease
Due to: Uric failure
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. B. Marshall Jr. M. D.
Address Date signed

X

G41434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 148B

Registered No. G41434

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4116 Mary Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4116 Mary Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Roberts Ethel Reed
3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Harry Reed
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Dec. 23 1888

8. AGE: Years 57 | Months 6 | Days | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name E. Pauline Hartsell
15. Birthplace Md.

16 (a) Informant Harry Reed
(b) Address 4116 Mary Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 6-26-46 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location North Ave & Mellor Ave

18 (a) Funeral director John C. Melly Sons
(b) Address 2435 E. Oliver St

19 (a) (Date rec'd by registrar) (b) Registrar
JUN 24 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-23- 1946, at 8 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 17 1945 to June 23 1946 and that I last saw h[illegible] alive on June 23 1946.

Immediate cause of death: Carcinoma of uterus — Duration: 2 years
Due to: Metastases to fabric & lymphatics of lower abdomen
Due to: Peritoneal metastases
Due to:
Other Conditions: Chronic myocarditis; Phlebitis Right Leg; Lymphadenitis right leg
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. V. Harbold
Address 4706 Harford Road Date signed 6/24/46

G44435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G44435

The information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City Maryland
(b) Street address 2429 E Lanvale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give county)
(d) Street No. 2429 E Lanvale St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Bell

3 (b) If veteran, name war: World War #1
3 (c) Social Security Account No. 214-01-3938
4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed or divorced: Married
6 (b) Name of husband or wife: Charlotte R. Bell
6 (c) If alive, give age 44 years
7. Birth date of deceased (mo., day, yr.) Oct - 1 - 1899
8. AGE: Years 46 Months 8 Days 21 If less than one day hr. min.
9. Birthplace Italy (town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Wiels & Co
FATHER 12. Name Philip Bell
13. Birthplace Italy
MOTHER 14. Maiden Name Rosa Topretti
15. Birthplace Italy
16 (a) Informant Charlotte R. Bell
(b) Address 2429 E. Lanvale St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-46 (month) (day) (year)
(c) Cemetery or crematory Mt Cathedral
Location Old Frederick Road
18 (a) Funeral director John C Miller Inc
(b) Address 243 [illegible]
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 22 June 1946, at 320 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William J Skipsch M.D. Medical Examiner.
Date signed 22 June 46

VS 151 JUN 24 1946

G41436

HB #64224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G41436 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 D
(e) Length of stay in Baltimore (yrs., mos., or days) 26 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1627 Laurens St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edna Conaway

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 31, 1919

8. AGE: Years	Months	Days	If less than one day
26	5	21	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert Conaway
13. Birthplace Va.

MOTHER
14. Maiden Name Annie Tomlin
15. Birthplace Va.

16 (a) Informant Balto. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27-46 (month) (day) (year)
(c) Cemetery or crematory Arlington Cemetery
Location Arlington

18 (a) Funeral director Wm Brooks
(b) Address 1463 No Carey St

19 (a) JUN 24 1946 (Date of City Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22, 1919 1946, at 2:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 7, 1943 to June 22, 1946 and that I last saw her alive on June 22, 1946

Immediate cause of death: Pulmonary Tuberculosis — Duration: 3 Yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A.J. Kaste, M.D.
Address Balto City Hosp Date signed 6/22/46

VS 150

Dr Ruben
G41437

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

✓ G41437
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 406 Patapsco Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 406 Patapsco Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Harry Eades

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Rosa Eades

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1871

8. AGE: Years 74 | Months 9 | Days 10 | If less than one day ... hr. ... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Mill Wright

11. Industry or business

FATHER
12. Name Robert M. Eades
13. Birthplace England

MOTHER
14. Maiden Name Mary Chaney
15. Birthplace Md.

16 (a) Informant Mrs. Rosa Eades
(b) Address 406 Patapsco Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-46 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn, Md.

18 (a) Funeral director H. Howard Strong
(b) Address 3207 W. North Ave.

19 JUN 24 1946 (b) [illegible] Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1946; at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1946 to June 21 1946 and that I last saw h— alive on 6/21 1946

Immediate cause of death — Duration

Respiratory Paralysis
Due to Cerebral Hemorrhage

Due to

Other Conditions Hypertension
Hypertensive Cardiovascular Disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Anderson M. D.
Address 203 Patapsco Ave. Date signed 6/22/46

VS 150

G41438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131C

G41438 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3204 Ramona Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ?
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3204 Ramona Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Patrick J. Langan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, widowed, or ~~divorced~~
Male	White	Married

6 (b) Name of husband or wife Frances Langan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 13-1866

8. AGE: Years	Months	Days	If less than one day
80	5	13	hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name	Patrick Langan
13. Birthplace	Ireland
MOTHER 14. Maiden Name	Catherine Cane
15. Birthplace	Ireland

16 (a) Informant Mrs Frances Langan
(b) Address [redacted] Ramona Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director Jas J Steer & Son
(b) Address 3001 Kentucky ave

JUN 24 1946 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21, 1946 at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-2-1942 to 6-21-1946 and that I last saw h alive on 6-21-1946

Immediate cause of death: Uremia — Duration 5 days

Due to Arteriosclerotic cardio-renal disease — Duration Unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos B. Sybert M. D.
Address Box Harford Co Date signed 6-22-46

VS 150

G41439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. G41439

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 811 N. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Beauford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 26, 1928

8. AGE: Years 18 | Months 3 | Days 22 | If less than one day hr. min.

9. Birthplace Jamestown, S. C. (Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name Wallace Beauford
13. Birthplace S.C.

MOTHER
14. Maiden Name Rosa Austin
15. Birthplace S.C.

16 (a) Informant Wallace Beauford
(b) Address 811 N. Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Ebon O. Wilson
(b) Address 1000 Brantly Ave

19 (a) (Date rec'd by registrar) (b) Burial Permit Issued by Registrar, Baltimore, Md.

VS Form [illegible] JUN 24 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20-1946 at 9 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Chronic Pulmonary tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 6-21-46

X

VOID UNLESS TYPEWRITTEN, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 D

Registered No. G41440

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3818 Greenmount Ave.
(c) ~~Hospital or institution~~
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 81 yrs +

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 3818 Greenmount Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Julia Dyer Huggins.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fem | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 6, 1864

8. AGE: Years 81 | Months 8 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Thomas J. Huggins
13. Birthplace Lexington Kentucky

MOTHER
14. Maiden Name Jane E. Magraw
15. Birthplace Baltimore, Md

16 (a) Informant Miss. Annie Huggins
(b) Address 3412 Guilford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24 1946 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Baltimore, Md

18 (a) Funeral director Durward F. Covington
(b) Address 246 W. 25th St Baltimore, Md

19 (a) JUN 24 1946 (b) Registered by registrar Covington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1946, at 6.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1944 to June 22 1946 and that I last saw h[illegible] alive on June 18 1946.

	Duration
Immediate cause of death: Myocarditis (degeneration)	2 yrs.
Due to Arteria - Sclerosis	10 yrs.
Due to Hypertension	
Other Conditions Advanced age Parkinson Syndrome (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carter T. Baggott M. D.
Address 3812 Greenmount Ave Date signed 6/22/46

G41441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

MB #102156

Registered No. G41441

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 703 N. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Kyriakos Kerepence

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-05-0378

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892 ?

8. AGE: Years 54? Months ? Days ? If less than one day hr. min.

9. Birthplace Turkey (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Dimitorio ?
13. Birthplace ?

MOTHER 14. Maiden Name Soultano
15. Birthplace ?

16 (a) Informant Balto. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-46 (month) (day) (year)
(c) Cemetery or crematory Greek Orthodox Location Baltimore Md.

18 (a) Funeral director Leeward D. Carrington
(b) Address 21 W. 25th ST

19 (a) (Date received by registrar) 1946 Carrington Williams, M.D. Registrar

VS JUN 27

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20, 1946 at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 17, 1946 to June 20 1946 and that I last saw him alive on June 20, 1946

Immediate cause of death: Pulmonary Tuberculosis — Duration: ? years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ad Hatte

Address Balto City Hos. Date signed 6/20/46

(over)

G41442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48B

G41442 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 212 N.Maderia St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 212 N.Maderia St. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country

3 (a) FULL NAME Rose A.Eggert

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Wm.A.Eggert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23,1895

8. AGE: Years	Months	Days	If less than one day
51	1	0	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Micheal Pruchnieski
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Balto. Md.

16 (a) Informant Wm.A.Eggert
(b) Address 212 N.Maderia St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25/46 (month) (day) (year)
(c) Cemetery or crematory Mt.Carmel Cem.
Location Balto. Md.

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans St.

(c) Huntington Williams, M.D. Registrar
(Date rec'd by registrar) JUN 24 1946 (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23/46 19 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 19 46 to June 23 19 46 and that I last saw h alive on June 21 19 46

Immediate cause of death
Cardiac Failure
Due to Hypertension
Due to Acute Gastritis
Other Conditions Acute Gastritis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
2 days
4 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Wm. A. Eggert M.D.
Address 1516 N. Madeira St. Date signed 6/24/46

X

VS 150

G41443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

450

G41443 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 S. Madeira Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 517 S. Madeira Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN LIPKA

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 24, 1866

8. AGE: Years	Months	Days	If less than one day
79	5	27	hr. min.

9. Birthplace Horitz, Austria-Hungary
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Lipka
13. Birthplace Horitz, Austria-Hungary

MOTHER
14. Maiden Name ------- Lenard
15. Birthplace Horitz, Austria-Hungary

16 (a) Informant Mr. Frank Lipka
(b) Address 517 S. Madeira Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/46 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road

18 (a) Funeral director M. J. Sadowski & Sons
(b) Address 1808 Eastern Avenue

19 (a) 6 (rec'd by registrar) Huntington Williams, M.D. Registrar

24 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH January 24 1946, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1946 to June 24 1946, and that I last saw him alive on January 24 1946.

Immediate cause of death Carcinoma of Stomach 2 months
Secondary abdominal

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
1 yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. A. D. Lipsky M. D.
Address 1437 S. Patterson Park Date signed 6/24/46

G41444 ✓ G41444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Belvedere Ave

(c) Hospital or institution: Levindale

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo

(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. Monterey & Belvedere (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME ESTHER FAGIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER

12. Name

13. Birthplace Russia

MOTHER

14. Maiden Name

15. Birthplace Russia

16 (a) Informant Albert R. Haynes

(b) Address 3806 Woodhaven Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-46 (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship

Location

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Balto. St

19 (a) 6-24 1946 (Date) Registrar Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-23 1946, at 2:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1936, to June 1946

and that I last saw her alive on June 13 1946

Immediate cause of death Central Hemiplegia

Due to Arteriosclerosis, Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 6-12-46

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Edmund Levin, M.D.

Address Levindale Date signed 6/23/46

VS 180

G41445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42D

G41445 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 14 N. Poppleton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 14 N. Poppleton St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Mabel Palmer

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) April 2 1919
8. AGE: Years 27 | Months 2 | Days | If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Henry Palmer
13. Birthplace Taylors Island

MOTHER
14. Maiden Name Bell Cooper
15. Birthplace Taylors Island

16 (a) Informant Bell Palmer
(b) Address 14 N. Poppleton St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-46 (month) (day) (year)
(c) Cemetery or crematory Taylors Island
Location MD
18 (a) Funeral director Adolphus Halsted
(b) Address 918 Druid Hill Ave
19 (a) JUN 24 1946 (Date rec'd by registrar) (b) [illegible] for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1946, at 7:30 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1946 to 6-23 1946 and that I last saw her alive on 6-23 1946
Immediate cause of death Cancer of Lung — Duration 8 mos.
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —
23. Signature C. N. Pigott M. D.
Address 1536 W. Lanvale St. Date signed 6-24-46

VS 3

G41446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

G41446 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Linden Ave. & Lake Drive Riviera Apts.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Riviera Apts. (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME BERTHA RICE.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 31, 1877.

8. AGE: Years	Months	Days	If less than one day
69	2	22	hr. min.

9. Birthplace Pa

(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Gustav Rice,

13. Birthplace Germany.

MOTHER

14. Maiden Name Pauline Rhonheim,

15. Birthplace Germany.

16 (a) Informant Miss. Estella Rice,

(b) Address Riviera Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6. 25th 46. (month) (day) (year)

(c) Cemetery or crematory Baltimore Hebrew

Location Balto. Md.

18 (a) Funeral director Levine Concession Store

(b) Address 1902 Eutaw Place.

19 (a) Huntington Williams, M.D. (Date rec'd by Registrar) Registrar

JUN 24 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22, 1946. at P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1943. to June 22 1946 and that I last saw her alive on June 22 1946.

Immediate cause of death

1) - Bronchio-pneumonia — Duration 14 hrs.

Due to - Polycythemia Vera — 18 1/2 years

Due to

Other Conditions -

(Include pregnancy within 3 months of death)

Date of operation - None

Major findings of operation: None

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Earl L. Chambers M. D.

Address 4108 Liberty Heights Signed

X

G41447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. G41447

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5248 St. Chas Ave
(c) Hospital or institution: 5248 St. Chas. Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5248 St. Chas Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph L. Dench

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-3435

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Emma F. Dench
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 13-1880

8. AGE: Years	Months	Days	If less than one day
65 66	7	10	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Streetcar Salesman
11. Industry or business

FATHER
12. Name Augustus
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Bishop
15. Birthplace Germany

16 (a) Informant Louise L. Dench
(b) Address 2717 Arnold Park Dr

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-46 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore Md

18 (a) Funeral director Geo. Weber & Son
(b) Address 2503 Edmondson Ave

19 (a) JUN 24 1946 (Date received by registrar) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1946, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 21 1946 to June 23 1946 and that I last saw him alive on June 22 1946.

Immediate cause of death: Carcinoma Liver — Duration: 4

Due to:

Due to:

Other Conditions: Metastatic Cancer

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place) ERNEST RAHN
(e) Means of injury

23. Signature Ernest R. Rahn M.D.

Address 1735 Eye St. Date signed 6/24/46 M.D.

G41448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 H

Registered No. G41448

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison Sts.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2614 W. Mosher St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary L. Cook

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	widowed

6 (b) Name of husband or wife Mary or Cook

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 14, 1876

8. AGE: Years	Months	Days	If less than one day
69	8	8	hr. min.

9. Birthplace Westminster Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name John Wantz
13. Birthplace Westminster Md

MOTHER
14. Maiden Name Catherine Rogers
15. Birthplace Westminster Md.

16 (a) Informant Edmund Cook.
(b) Address 1304 Rice Ave. Catonsville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25, 1946 (month) (day) (year)
(c) Cemetery or crematory Krider's
Location Westminster, Md.

18 (a) Funeral director George Weber & Son
(b) Address 2503 Edmondson Ave.

19 (a) JUN 24 1946 (Date received by City Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-22 1946, at 6.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-30 1946 to 6-22 1946 and that I last saw her alive on 6-22 1946.

Immediate cause of death Intestinal obstruction paralysis the mesenteric vessels

Due to Cell carcinoma of the abdomen

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carlton Armfield M. D.
Address Md. Gen. Hosp Date signed 6-22-46

VS 150

Hunting for Nellie Cook, Md

G41449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G41449 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 733 NEwington AVe.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamen Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business Salesman

FATHER
12. Name Unknow
13. Birthplace Unknow

MOTHER
14. Maiden Name Unknow
15. Birthplace Unknow

16 (a) Informant Mr. Kaufman
(b) Address Riviera Apt.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25 /46 (month) (day) (year)
(c) Cemetery or crematory Oheb Shalom Cemetery
Location Odonnell St.

18 (a) Funeral director Sol Levinson &Bros
(b) Address 1124/"26 W. North Ave

19 (a) JUN 24 1946 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1946 12.15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 18, 1946 to June 24, 1946 and that I last saw h[illegible] alive on June 23, 1946.

Immediate cause of death Myocardial Insufficiency — Duration

Due to Arteriosclerosis

Due to

Other Conditions Cerebral apoplexy

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isidor D. Levy, M.D.

Address 2322 Eutaw Place Date signed 6/27/46

VS 180

G41450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G41450

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Whittier Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 Whittier Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JACOB SANDLER

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Minnie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business Retired

FATHER
12. Name Louis Sandler
13. Birthplace Russia

MOTHER
14. Maiden Name Fannie ?
15. Birthplace Russia

16 (a) Informant Mr. Hyman Sandler
(b) Address 2101 Whittier Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25/46 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North Ave.

19 (a) JUN 24 1946 (Date received by local registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1946, at 10:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1946 to June 24 1946, and that I last saw him alive on June 24 1946

Immediate cause of death: Acute coronary thrombosis — Duration: 1 day
Due to: Arteriosclerosis — 10 yrs
Due to: Chr. myocarditis — 10 yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sol Levinson
Address 4601 Liberty Hts Ave Date signed 6/24/46 M. D.

VS 150

G41451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1860

Registered No. G41451

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH;
(a) Baltimore City, Maryland
(b) Street address 1211 Light St.
(c) Hospital or institution: South Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days.
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Crownsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Francesca Fransenia.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/1/1867

8. AGE: Years	Months	Days	If less than one day
88	7 4	22	hr. min.

9. Birthplace Wisconsin
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name E. Osborne
13. Birthplace England

MOTHER
14. Maiden Name Unknown.
15. Birthplace

16 (a) Informant Son.
(b) Address Crownsville, Md

17 (a) Burial (b) Date thereof 6/26/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location A. A. Co. Md.

18 (a) Funeral director Long & Bogert
(b) Address 5005 P K Ave

19 (a) 6/25/1946 (b) Registrar
(Date received by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-23 1946 at 7:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-16 1946 to 6-23 1946 and that I last saw her alive on 6-23 1946.

Immediate cause of death Respiratory failure

Due to Old age.

Due to —

Other Conditions Fracture of left femur
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6/16/46 at 8 P. M.
(c) Where did injury occur? Crownsville Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No.
(Specify type of place)
(e) Means of injury Fell to floor

23. Signature Thomas J. Lanahan M.D.
Address 5 E. Balto Conv Hosp Date signed 6-24-46 M. D.

Huntington Williams, Md — Registrar

Thomas J. Lanahan, M. D.

G41452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

Registered No. G41452

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Weeks
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Phoenix (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME JOHN R. RYAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Mary E. Fox

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Oct 11, 1877

8. AGE: Years	Months	Days	If less than one day
68	8	12	hr. min.

9. Birthplace Mt. Carmel, Balto Co, Md (Town, county, and state)

10. Usual Occupation Trackman

11. Industry or business Penn. R.R.

FATHER
12. Name John Ryan
13. Birthplace Balto Co Md.

MOTHER
14. Maiden Name Mary Winner
15. Birthplace Balto Co, Md.

16 (a) Informant Mrs. J. R. Ryan
(b) Address Phoenix, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-46 (month) (day) (year)
(c) Cemetery or crematory Reformed Lutheran
Location Parkville, Balto Co, Md

18 (a) Funeral director Landon M. Bishop
(b) Address Sparks, Md.

19 (a) JUN 24 1946 (Date received by Registrar) Lavinia Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1946, at 6 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute congestive Cardiac failure; acute congestion and edema of lungs due to generalized arteriosclerosis; nephrosclerosis; edema and

Other Conditions congestion of brain; healing fracture of right femur (Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☒ cause of death, fill in the following:
(a) Date of injury 1-25-46 at 10 A.M. 26-4
(b) Where did injury occur? Pa. R.R. Tracks--Kresson
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? Yes
(d) Means of injury Struck by falling steel plate

23. Signature Howard J. Clemens M.D.
Medical Examiner.
Date signed 6-24-46

VS 151

G41453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G41453

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St.
(c) Hospital or institution:
UNION MEMORIAL HOSPITAL.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 77 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4420 ROLAND AVE.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE J. SCHUSTER.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M.

6 (b) Name of husband or wife MRS. GEORGE SCHUSTER.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 11, ~~1868~~ 1877

8. AGE: Years	Months	Days	If less than one day
68 97	7	11	hr. min.

9. Birthplace BALTIMORE, MD.
(Town, county, and state)
10. Usual Occupation BEDDING BUSINESS.
11. Industry or business

FATHER
12. Name AUGUST SCHUSTER.
13. Birthplace BALTIMORE, MD.

MOTHER
14. Maiden Name ELIZABETH ~~WITCHER~~ Wetzen
15. Birthplace BALTIMORE, MD.

16 (a) Informant MRS. GEORGE SCHUSTER
(b) Address BALTIMORE, MD.

17 (a) Burial (b) Date thereof June 25
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Franklintown

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Pentaw Place

19 (a) JUN 24 1946 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 22 1946, at 8:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from JUNE 8 1946 to JUNE 22 1946 and that I last saw him alive on JUNE 22 1946.

Immediate cause of death CARDIAC ASTHMA. — Duration 16 MON.

Due to ARTERIOSCLEROTIC

Due to HEART DISEASE. — ?

Other Conditions CARDIAC DELIRIUM.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature
M. D.
Address Edward H. Jones Jr. Date signed 6-22-46

G44454 ✓ G44454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94 a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 28 N Gilmor St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give location)
(d) Street No. 28 N Gilmor St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George J Tscheulin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 19 1880

8. AGE: Years 66 | Months 8 | Days 3 | If less than one day hr. min.

9. Birthplace ny.
(Town, county, and state)

10. Usual Occupation machinist

11. Industry or business Alex milborn Co

FATHER 12. Name Frederick Tscheulin

FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name unknown

MOTHER 15. Birthplace Germany

16 (a) Informant Herbert F Tscheulin

(b) Address 5602 Plymouth Rd

17 (a) Burial (b) Date thereof June 25 46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory London Park

Location Frederick ave

18 (a) Funeral director Harry H Wilke

(b) Address 4101 Edmondson ave

19 (a) (b)
(Date received by Registrar) Registrar

JUN 24 1946

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 22 June 1946 at 5 45 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William F Holbrook M.D.
Medical Examiner.

Date signed 22 June 46

G41455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G41455
Registered No.

Typed 86402

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4 12
(e) Length of stay in Baltimore (yrs., mos., or days) 4 4 12

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 645 N. Paca St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Farmer

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Separated

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/11/1915

8. AGE: Years	Months	Days	If less than one day
30	9	11	hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Luke Baily
13. Birthplace Va.

MOTHER
14. Maiden Name Rose Kelly
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals (Record)
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/27/46 (month) (day) (year)
(c) Cemetery or crematory Bailey
Location Petersburg, Va.

18 (a) Funeral director Metropolitan Fun. Homes
(b) Address 927 N. Mount St.

19 (a) (b) Registrar Huntington Williams, M.D.
(Date received by registrar) JUN 24 1946

VS Y50

MEDICAL CERTIFICATION P

20. DATE OF DEATH June 22, 1946, at 5:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 10 1944 to June 22 1946 and that I last saw h alive on June 22, 1946

Immediate cause of death: Pulmonary Tuberculosis — Duration: yrs?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 0

Major findings of operations 0

of autopsy: 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas J. Corbett
Address Balto City Hosp. Date signed 6-22-46 M D Y

(over)

G41456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G41456

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5001 Midwood Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 78 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5001 Midwood Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BERTHA E. HUBERT

3 (b) If veteran, name war: No

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Gustav A. Hubert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 30, 1848

8. AGE: Years 98 | Months 1 | Days 23 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Klees
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia Roebuck
15. Birthplace Germany

16 (a) Informant Clara M. Faupel
(b) Address 5001 Midwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/46 (month) (day) (year)
(c) Cemetery or crematory St. Paul's Cemetery
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) [illegible] Registrar

JUN 24 1946 Huntington Williams, Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1946 at 4.25 A. M. / P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/10 1946 to 6/23 1946 and that I last saw h.e.r. alive on 6/22 1946

Immediate cause of death

Coronary Thrombosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at A. M. / P. M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Bokorny

Address 2200 E Madison St Date signed 6/24/46

G41457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

Registered No. G41457

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Trainer,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 Wilcox Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HUMBARTH . . FIGURELL

3 (b) If veteran, name war

3 (c) Social Security Account No. 196-14-5015

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. I

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18 1924

8. AGE: Years 22 | Months 4 | Days 5 | If less than one day hr. min.

9. Birthplace Mt Union Pa
(Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business Merchant

FATHER
12. Name Rudolph Figurelli
13. Birthplace Italy

MOTHER
14. Maiden Name Grace Figurelli
15. Birthplace Italy

16 (a) Informant Rudolph Figurelli
(b) Address Wilmington Del

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/46 (month) (day) (year)
(c) Cemetery or crematory Wilmington
Location Williamsburg Pa

18 (a) Funeral director Wilson & Son
(b) Address 1946 W. 4th St. Wilmington Del

19 JUN 24 1946 Date rec'd by registrar Wilmington Delaware Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1946, at 6:09 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Shock due to 2°
burns

Due to

Other Conditions Burns & Compression Lungs and all viscera
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-23-46 at 21/2 M.
(b) Where did injury occur? S/S "Seneca Sun"
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? Yes
Docked at Anderson's Wharf, Fussell St.
(d) Means of injury Burns & Drowning by gas flames

23. Signature Harper J. Wallace M.D.
Medical Examiner.
Date signed 6/24/46

VS 151

PRINT ALL ENTRIES CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46D

Registered No. G41458

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1404 W. Lexington Street
(c) Hospital or institution:
Aged Women's Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 86 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1404 W. Lexington Street
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME MENIA SCHUSTER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/26/1860

8. AGE: Years	Months	Days	If less than one day
86	3	26	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Schuster
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothy Nordt
15. Birthplace Germany

16 (a) Informant Mrs. E. Horigan
(b) Address 1404 W. Lexington Street

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 6/25/46 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Maryland

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul Street

19 (a) JUN 24 1946 (Date rec'd by registrar) (b) Lexington Williamson M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/22 1946; at 11:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/16 1931 to 6/22 1946 and that I last saw h[illegible] alive on 6/21 1946.

Immediate cause of death Carcinoma of the rectum

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 6 Mo.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edwin C. Jarrell M.D.
Address 11 E. Chase St., Date signed 6/22/46

1 City

G41459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G41459 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner & Dukeland Sts
(c) Hospital or institution: West Baltimore Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A. A. Co.
(c) City or town Brooklyn (P.O.) (If outside city or town limits, write RURAL and give town)
(d) Street No. Furnace Branch Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John J. Hartenstein
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Sept. 20
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 69 ? Months Days If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Operator of bar
11. Industry or business Station
FATHER 12. Name John Hartenstein
FATHER 13. Birthplace Baltimore Md.
MOTHER 14. Maiden Name —
MOTHER 15. Birthplace —
16 (a) Informant Theresa F. Skelly
16 (b) Address Furnace Branch Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26-46 (month) (day) (year)
17 (c) Cemetery or crematory Holy Cross Location A. A. Co. Md.
18 (a) Funeral director Flynn & Flanagan
18 (b) Address 1416 Light St.
19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/23/ 1946 at 955 AM
21. I certify that death occurred on the date above stated; that I attended deceased from 6/19 1946 to 6/23 1946 and that I last saw h/m alive on 6/23 1946

Immediate cause of death Cardiorespiratory failure — Duration
Due to Pulmonary Edema
Due to Arteriosclerotic Heart
Other Conditions Disease
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Benjamin Berkowitz M.D.
Address W'n & Balto Emil Hosp Date signed 6/23/46

VS [illegible] 24 1946

G41460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G41460

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

LEAVE MARGIN UNSHAVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 832 Braeside Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Anna Mae Kinzie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	M

6 (b) Name of husband or wife Enoch Mac Kinzie
6 (c) If alive, give age yrs

7. Birth date of deceased (mo., day, yr.) April 14, 1900

8. AGE: Years	Months	Days	If less than one day: hr.	min.
46	2	19		

9. Birthplace Baltimore Md. (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John T. McCarthy
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Catherine Mcmurphy
15. Birthplace Ireland

16 (a) Informant Enoch Mc Kenzie
(b) Address Braeside Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27/46 (month) (day) (year)
(c) Cemetery or Crematory
Location Frankleington

18 (a) Funeral director Thomas J. Kenny Sons
(b) Address 1601 Hollins St

19 (a) JUN 24 1946 Registrar Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/23 1946, at 11:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from JUNE 13 1946 to JUNE 23 1946 and that I last saw her alive on JUNE 23, 1946.

Immediate cause of death Respiratory failure — Duration

Due to Septicemia

Due to Candida failure

Other Conditions Diabetes mellitus Abdominal distension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at A.M. P.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul R. Paul M.D.
Address Mercy Hospital Date signed 6/25/46

24a

G41461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G41461 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division st
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 25 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2466 Druid Hillave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Henry Dixon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21 1905

8. AGE: Years	Months	Days	If less than one day
41 40	9 5	17 0	hr. min.

9. Birthplace Alexandria va.
(Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER 12. Name John H. Dixon

13. Birthplace Alexandra Va

MOTHER 14. Maiden Name Sarah Woods

15. Birthplace Wash. D.C.

16 (a) Informant John H. Dixon

(b) Address Belgrave Rd. - Brooklyn 25 Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-46 (month) (day) (year)

(c) Cemetery or crematory Arlington

Location Balto. Co.

18 (a) Funeral director Lord & Chase & Son

(b) 638 N. Gilmor St.

JUN 24 1946

19 (a) (Date rec'd by registrar) (b) Registrar

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-21 1946 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-21 1946 to 6-21 1946 and that I last saw h[illegible] alive on 6-21 1946.

Immediate cause of death Pulmonary congestion, Cerebral accident

Due to Bilateral Lobar pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature Huntington Williams M.D.

Address 701 Madison Date signed 6-24-46

X

G41462 ✓ G41462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 117 N. Carrollton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 117 N. Carrollton Ave
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Lillie Harris Fountain Sullivan

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C.	M.

6 (b) Name of husband or wife Samuel
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1-15-81

8. AGE: Years	Months	Days	If less than one day
65	5	7	..... hr. ..... min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Benjamin Harris
13. Birthplace Md.

MOTHER
14. Maiden Name Jennie Harris
15. Birthplace Va.

16 (a) Informant Samuel Sullivan Sr.
(b) Address 117 N. Carrollton Ave

17 (a) Burial (b) Date thereof 6-26-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arlington
Location Balto. Co.

18 (a) Funeral director Saml. H. Chase & Son
(b) Address 638 N. Gilmor St.

19 (a) JUN 24 1946 (Date rec'd by registrar) Registrar for Baltimore City

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1946, at 9.20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/6/1946 to 6/22/1946 and that I last saw her alive on 6/24/46

Immediate cause of death ..... Duration

Due to (b) Terminal Carcinoma - Breast

Due to (c) .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operations .....

of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M.
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature W. G. Kennedy M. D.
Address 1 W. Carrollton Ave Date signed 6/26/46

VS 8

X

G41463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. G41463

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 917 Homestead Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 917 Homestead Str (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LOUIS A. PILKERTON, Jr.

3 (b) If veteran, name war -----
3 (c) Social Security Account No. -----

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1922
8. AGE: Years 24 | Months | Days | If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Louis Pilkerton
13. Birthplace Md.

MOTHER
14. Maiden Name Renna Bilmiris
15. Birthplace Md.

16 (a) Informant Mrs. Louis Pilkerton
(b) Address 917 Homestead Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director WIEDEFELD AND SON
(b) Address Greenmount Ave & 22nd St.

19 (a) (Date received by Registrar) (b) Signature of Registrar

JUN 24 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22nd 1946, at 6A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19[illegible] to June 1946, and that I last saw h[illegible] alive on June 18 1946.

Immediate cause of death Pulmonary TB — Duration 5 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton B. Kuss M. D.
Address Medical Arts Bldg Date signed 6-24-46

X

G41464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G41464
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland + Rayner Ave
(c) Hospital or institution:
West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. York (b) County
(c) City or town Bayside, New York
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK H. SEARS

3 (b) If veteran, name war —

3 (c) Social Security Account No. 092-05-0254

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation X-Ray - Worker

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Unknown.
15. Birthplace

16 (a) Informant West Mineral Hospital - Records
(b) Address Dukeland + Rayner Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25-46 (month) (day) (year)
(c) Cemetery or crematory Green-Wood
Location Brooklyn New York.

18 (a) Funeral director Odell Funeral Home Inc
(b) Address 4644 York Rd #12.

19 (a) Whittington Williams M.D. Registrar
(Date rec'd by registrar)

JUN 24 1946

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-24-46 19 , at 6:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-17 1946 to 6-24 1946 and that I last saw h i m alive on 6-24 1946.

Immediate cause of death	Duration
Cardiorespiratory Failure	
Due to Myocardial Infarction	
Due to Coronary Occlusion Coronary Thrombosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Berdiansky M. D.
Address West Baltimore Gen'l Hosp Date signed 6/24/46

X

G41465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G41465 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Catherine Sts.
(c) Hospital or institution: St. John's Church
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2516 Frederick Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emil Grebe

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Elizabeth Grebe nee Brettschneider (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 30, 1879.

8. AGE: Years	Months	Days	If less than one day
66	7	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Coal Dealer
11. Industry or business

FATHER
12. Name Louis C. Grebe
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Walters
15. Birthplace Germany

16 (a) Informant Henry E. Grebe,
(b) Address 2516 Frederick Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26/46. (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave. & Longwood St.

18 (a) Funeral director Harry H. Kuttle,
(b) Address 4101 Edmondson Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

JUN 24 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1946. 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1945 to June 23 1946 and that I last saw h[illegible] alive on March 27 1946.

Immediate cause of death	Duration
Coronary Occlusion	0
Due to Diabetes Mellitus	12 years
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations: —
of autopsy: —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Grebe M. D.
Address 76 Chestnut Date signed 6-27-46

G11466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G11466

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 707 N. Madeira
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 707 N Madeira (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sophie Skulasheh

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
Female	White	Married	Joseph Skulasheh	76 years

7. Birth date of deceased (mo., day, yr.) Nov. 7 1873

8. AGE: Years	Months	Days	If less than one day
72	7	14	hr. min.

9. Birthplace Hungarian (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Obara
13. Birthplace Bohemia

MOTHER
14. Maiden Name Not known
15. Birthplace Bohemia

16 (a) Informant Joseph Skulasheh
(b) Address 707 N Madeira

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-46 (month) (day) (year)
(c) Cemetery or crematory Holy Sepulchre
Location Balto Md

18 (a) Funeral director Frank Brockerton
(b) Address 25 W. Chester St

19 JUN 25 1946 (Date rec'd by registrar) Washington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1946 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1946 to June 21 1946 and that I last saw him alive on June 21 1946.

Immediate cause of death
(a) Coronary Thrombosis
Due to Ch. Myocarditis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration (a) 6-20 hr.
June 1 1946

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William F. Brown M.D.
Address 801 N Fremont Ave Date signed 6/24/46

VS 150

G11467

BALTIMORE CITY HEALTH DEPARTMENT

MB # 101990

CERTIFICATE OF DEATH

137a

G11467

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore, City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State ? Md. (b) County
(c) City or town ? Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 216 Glenmore Alley
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Bartolomeo Firmani

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16 1869

8. AGE: Years	Months	Days	If less than one day
77	4	27	hr. min.

9. Birthplace ?
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Balto. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location University Medical School JUN 24 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 25 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13, 1946, at 2:10A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 11, 1946 to June 13, 1946, and that I last saw h im alive on June 13, 1946.

Immediate cause of death Uremia — Duration 4-6 days

Due to Acute urinary retention — Duration 1 wk ?

Due to Benign prostatic hypertrophy — Duration Yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas J. O'Neill M.D.
Address Balto. City Hosp. Date signed 6-28-46

VS 150

5584

(41468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30E

Registered No. 641468

HR #70491

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 6 7 5-1
(e) Length of stay in Baltimore (yrs., mos., or days) 67 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 E. Monument St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Salter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3, 1878

8. AGE: Years	Months	Days	If less than one day
67	10	15	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Richard Salter(d)
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Ellen Brown (d)
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUN 24 1946

18 (a) Funeral director Commissioner of Health
(b) Address
JUN 25 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18, 1946, 3:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 11, 1941, to June 18, 1946 and that I last saw h im alive on June 18, 1946.

Immediate cause of death: Heart Failure — Duration

Due to: Diseases of the Heart Arteriosclerosis & Hypertension

Due to:

Other Conditions: Blood & CSF positive Wassermann

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edmund B. Beacham M.D.
Address Balto City Hosp Date signed 25 Jun 46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS 150

F 3583

93

G11469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G11469
Registered No.

HR 61159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 1 25
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 26 S. Spring St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Frank McClain

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Laura
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 63?

8. AGE: Years	Months	Days	If less than one day
63?	?	?	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location University Medical School JUN 24 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 25 1946 (Date rec'd by registrar) (Signature) Hunter Jr. Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 18, 1946, at 4:15 PM M

21. I certify that death occurred on the date above stated; that I attended deceased from April 23, 1946 to June 18, 1946 and that I last saw h in alive on June 18, 1946.

Immediate cause of death
Pulmonary T.b.c.
Due to far advanced

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
14 yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alyce S. Hartz M.D.
Address Balto City Hosp Date signed 6/20/46

VS 150

3582

G 41470 6/24/82

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G41470

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 122 E. Pratt Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME John N Cahill

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Lawrence Cahill
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Caukey
15. Birthplace Ireland

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUN 24 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 25 1946 (Date rec'd by registrar) Hunter Van Hilleary M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 18 1946 at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-15 1946 to 6-18 1946 and that I last saw h.i.m. alive on 6-18 1946

Immediate cause of death Respiratory failure

Due to Cerebral Hemorrhage

Due to Hypertension

Other Conditions Hypertension

Last Pregnancy (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Thomas B Ketchum M. D.
Address Mercy Hosp Date signed 6-19

VS 150

3581

G41471 over

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

✓ G41471 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 17
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 417 E. 21st St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy. Haskins

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-16-46

8. AGE: Years	Months	Days	If less than one day
			17 hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Albert Braxton
13. Birthplace 2.

MOTHER
14. Maiden Name Mary Haskins
15. Birthplace Va.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School JUN 24 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 25 1946 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1946, at 5.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1946 to June 17 1946 and that I last saw him alive on June 17 1946

Immediate cause of death — Duration

Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert Raymond M. D.
Address Johns Hopkins Hosp. Date signed 6-18-46

VS 150

F3588

G41472 BC# 049537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G41472

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: SINAI Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balto County (If outside city or town limits, write RURAL and give town)
(d) Street No. 310 Maple Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Rychwalski
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Infant

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20 1946

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Baltimore, Md. (Town, county, and state)
10. Usual Occupation New Born Infant
11. Industry or business

FATHER
12. Name Andrew John Rychwalski
13. Birthplace Baltimore

MOTHER
14. Maiden Name Margaret Hasemi
15. Birthplace Baltimore

16 (a) Informant
(b) Address Same as above

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School JUN 21 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUN 25 1946 (Date rec'd by registrar) [illegible] Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20, 1946, at 4:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1946, to June 20 1946; and that I last saw him alive on June 20, 1946

Immediate cause of death Asphyxia — Duration

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph A. Kennt M. D.
Address Sinai Hospital Date signed 6/20/46

VS 180

3587

X

G11473 BCH G11473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

495092 #49190 159

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2029 E. Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Wojcikowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-10-46

8. AGE: Years	Months	Days	If less than one day
		5	hr. min.

9. Birthplace md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Frank Wojcikowski
13. Birthplace md.

MOTHER 14. Maiden Name Rillian Ranam
15. Birthplace md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Local Johns Hopkins Medical School JUN 17 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 25 1946 (Date received by Registrar) (Signature of Registrar) Registrar

MEDICAL CERTIFICATION

A

20. DATE OF DEATH June 15 1946, at 4.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1946, to June 15 1946, and that I last saw him alive on June 15 1946.

Immediate cause of death	Duration
Hem. dis. of newborn	
Due to Prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert Klemmer M. D.
Address Johns Hopkins Hosp Date signed 6-15-46

VS 150

3586

X

G-11774 pwl

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G-11774

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmont
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore 31 Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. Broadway & Fairmont
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 7103 Hobart Lane

3 (a) FULL NAME Gladys Martha Hixson

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Newborn
6 (b) Name of husband or wife: None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1946

8. AGE: Years — Months — Days — If less than one day: 6 hr. 0 min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Newborn
11. Industry or business Newborn

FATHER
12. Name Harry Ellsworth Hixson
13. Birthplace West Newton, Penna

MOTHER
14. Maiden Name Lorena Joy Simpson
15. Birthplace Minchow, China

16 (a) Informant Dr. Wm. Miller
(b) Address 6 E. Eager St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School JUN 21 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 25 1946 (Signature of registrar) Hunting for Hillsboro, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 20, 1946 at 9 25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1946 to June 20 1946, and that I last saw him alive on June 20 1946.

Immediate cause of death: Atelectasis — Duration: 6 hrs.
Due to Premature
Due to Baby 8th month Spontaneous
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. G. Miller M.D. M. D.
Address 6 East Eager St Balto Md Date signed

VS 150

F 3585

X

G41475 — G41475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48a

Registered No.

TN. 102119

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution: Baltimore City Hospitals 7-4

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1734 Ashland Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bessie Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11th 1895

8. AGE: Years	Months	Days	If less than one day
50	8	12	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name George Jackson (D

13. Birthplace Va.

MOTHER — 14. Maiden Name Mary Burk (D

15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals

(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27/46 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem

Location A A County

18 (a) Funeral director Thos Robert A. Ellwood

(b) Address 1129 N. Caroline St.

19 (a) JUN 25 1946 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23rd 1946 19 at 7.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 19 46 to June 23 19 46 and that I last saw h er alive on June 23 19 46

Immediate cause of death	Duration
Chronic congestive heart failure.	7-10 yrs
Due to hypertensive cardiovascular disease	10 yrs
Due to	
Other Conditions Carcinoma of cervix (Include pregnancy within 3 months of death)	7 yrs

Date of operation 0

Major findings of operation: 0

of autopsy: 0

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Thomas J. O'Neill M. D.

Address Bello City Hosp Date signed 6-24-46

43D

G41476 FL-102230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1178

✓ G41476 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1846 N. Gay St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Amos

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Irvin Irving
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 30, 1876

8. AGE: Years	Months	Days	If less than one day
49	5	23	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Zell
13. Birthplace ?

MOTHER
14. Maiden Name Mary Stinger
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-1946 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Frederick Road

18 (a) Funeral director Leo B. Lesoon
(b) Address 1201-03 N. Patterson Park Ave

19 (a) JUN 28 1946 (Date received) (b) Huntington Nitkin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1946, at 8:45A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1946 to June 23 1946 and that I last saw h alive on June 23 1946.

Immediate cause of death: Acute intestinal obstruction (adhesions)
Due to: Embolic abscess of liver, pancreas & mesentery
Due to: Perforation of duodenum
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 6-23-46
Major findings of operation: as above
of autopsy: as above

Duration
1-2 wks.
1 mo.
1-3 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Thomas J. Mahl M. D.
Address Balto. City Hosp. Date signed 6-24-46

VS 150

(OVER)

G1477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. G1477

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rideout & Green Lt
(c) Hospital or institution: University Hosp 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 Dy
(e) Length of stay in Baltimore (yrs., mos., or days) 19 Dy

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore - 30
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2226 Eddy St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Greene

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/31/46

8. AGE: Years	Months	Days	If less than one day
		19	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Greene
13. Birthplace W. Va.

MOTHER
14. Maiden Name Eva Aldrich
15. Birthplace W. Va.

16 (a) Informant Henry Greene
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location University Medical School JUN 20 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 25 1946 (Signature) Wilhelmina M.D. Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1946, at 6:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 1946, to June 19, 1946; and that I last saw deceased alive on June 19 1946.

Immediate cause of death
Pulmonary atelectasis — Duration 19 Dy
Due to Acute tracheal obstruction
Due to Aspiration of vomitus
Other Conditions Pt was aspirating body
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Richard J. Cerr M. D.
Address University Hosp Date signed 6/19/46

VS 150

53592

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

641478

BC# 548666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. 641478

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green
(c) Hospital or institution: University Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 19 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1023 Myrtle Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sandra Veazey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/3/46

8. AGE: Years	Months	Days	If less than one day
		14	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name ? Veazey
13. Birthplace

MOTHER 14. Maiden Name Margery ?
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUN 20 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 25 1946 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-17 1946 at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-3 1946, to 6-17 1946, and that I last saw her alive on 6-17 1946.

Immediate cause of death Resp. Crossed

Due to Acidosis, dehydration, ketalestasis

Due to Vomiting & Diarrhea

Other Conditions Prematurity

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: ketalestasis & dehydration

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W F Crouch M. D.
Address Univ. Hospital Date signed 6-17-46

VS 150

F 3591

G11479

BC#
D 49560

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

Registered No. G11479

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and name town)
(d) Street No. 545 W. Lafayette Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Lopez

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-15-46

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace University Hospital
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Emery Donald Lopez
13. Birthplace Salts. Md.

MOTHER
14. Maiden Name Elaine Lopez
15. Birthplace Salts. Md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUN 20 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUN 25 1946 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1946, at 5 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-15 1946, to 6-17 1946, and that I last saw h alive on 6-17 1946

Immediate cause of death	Duration
Prematurity	2 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Balsam Lugo M.D.
M. D.
Address University Hospital Date signed 6-19-46

VS 150

F 3590

X

641480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓166

Registered No. 641480

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richards Edwards

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	?

6 (b) Name of husband or wife ?

6 (c) If alive, give age, years

7. Birth date of deceased (mo., day, yr.) 1917

8. AGE: Years	Months	Days	If less than one day
29			hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16. (a) Informant ?
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location University Medical School JUN 20 1946

18 (a) Funeral director Commissioner of Health
(b) Address

JUN 25 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 9, 1946 at 2 A. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Bullet wound of heart & lung.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-9-46 at 1:30 A. M.
(b) Where did injury occur? 1141 N. Carrollton Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Firearms

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 6-10-46

3589

G11481

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH ✓61

Registered No. G11481

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caldwood & Green Sts.
(c) Hospital or institution: University Hosp. 22
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County 2
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 305 W. Camden St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Patrica A Parsons

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	none	F	W	Widow

6 (b) Name of husband or wife Elijah E. Parsons
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18, 1856

8. AGE: Years	Months	Days	If less than one day
90	3	5	hr. min.

9. Birthplace A. A. Co., Md. (Town, county, and state)
10. Usual Occupation Retired Retail Clerk
11. Industry or business

FATHER
12. Name Judson E. Clarke
13. Birthplace Md.

MOTHER
14. Maiden Name -- Jones
15. Birthplace --

16 (a) Informant Herself Judson Clarke
(b) Address 305 W. Joppa Rd. Towson, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Huntington Millenium, Md.

JUN 25 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/23/46 19 , at 5:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/19/46 19 to 6/23/46 19 and that I last saw her alive on 6/22/46 19

Immediate cause of death Cardio-Vascular failure

Due to Lobar pneumonia - bilateral

Due to Cortical decompensation

Other Conditions Senile Dementia, generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph L. Beach M. D.
Address Univ. of Hosp. Date signed

108

G11482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

Registered No. G11482

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [redacted] Maryland
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State 2nd (b) County
(c) City or town 2437 Guilford Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. Balto. (If rural give location)
(e) Citizen of foreign country? [illegible] (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Ann Stewart

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Howard E Stewart

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 26, 1877

8. AGE: Years 68 | Months 8 | Days 26 | If less than one day: hr. min.

9. Birthplace Maryland (Baltimore) (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Roland A Thompson
13. Birthplace Ohio

MOTHER
14. Maiden Name Sarah Jane Hoffman
15. Birthplace Maryland (Balto.)

16 (a) Informant Patient
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) [illegible] (b) [illegible]
Date received JUN 25 1946 Huntington Hospital, [illegible]

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1946 at 10:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/20 1946 to 6/22 1946 and that I last saw her alive on June 22 1946

Immediate cause of death Shock -

Due to Cancer head of Pancreas

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation June 22, 1946

Major findings of operation: Ca Head of Pancreas

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John E Conard M. D.
Address Univ. Hosp. Date signed 6/22/46

G41483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G41483 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2501 Elsinor Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2501 Elsinor Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELIZABETH MAUDE DIXON

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Joseph H. Dixon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 30, 1866

8. AGE: Years 80 | Months 1 | Days 22 | If less than one day hr. min.

9. Birthplace Blairsville, Pa. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Jonathan D. Walkinshaw
13. Birthplace Pa.

MOTHER
14. Maiden Name Frances Hotham
15. Birthplace Pa.

16 (a) Informant Mr. W. W. Hulin
(b) Address 2501 Elsinor Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/26/46 (month) (day) (year)
(c) Cemetery or crematory
Location Blairsville, Pa.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 25 1946

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22, 1946 at 9 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1946, to June 22 1946 and that I last saw her alive on June 22 1946

Immediate cause of death: Myocarditis — Duration: 6 mo.

Due to: Advanced arteriosclerosis - ?

Due to:

Other Conditions: Myocarditis — 6 mo.

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hale Dudley M. D.

Address 2220 Garrison Blvd. Date signed 6/24/46

G41484 G41484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 131a

Registered No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 N. Eutaw Street
(c) Hospital or institution:
Elmhurst Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4652 Belair Rd.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME CLARENCE G. JOHNSON

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth E. Johnson
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 27, 1890

8. AGE: Years	Months	Days	If less than one day
56	2	25	..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired Policeman
11. Industry or business

FATHER
12. Name William K. Johnson
13. Birthplace Germantown, Pa.

MOTHER
14. Maiden Name Marion Taylor
15. Birthplace Philadelphia, Pa.

16 (a) Informant Mrs. Elizabeth E. Johnson
(b) Address 4652 Belair Rd.

17 (a) Burial (b) Date thereof 6/25/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto. Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) ..... (b) .....
(Date received by registrar) JUN 27 1946 Huntington Williams

VS 190

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22, 1946 at 3:55P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1938 to June 22 1946, and that I last saw him alive on June 22 1946

Immediate cause of death
Stage Cerebral Hemorrhage — Duration 3 mos
Due to Hypertensive Cardio Vas Renal — 9 years
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Geo. J. Bayley
Address 1708 Eutaw St.
Date signed Jun 27 1946 M. D.

G41485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 50

Registered No. G41485

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address John & Fayette Sts.
(c) Hospital or institution: Woman's Hosp. 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town) 2
(d) Street No. 14 W. Madison St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Oden Whitridge

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Thos. Whitridge

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 18 1867

8. AGE: Years	Months	Days	If less than one day hr.	min.
79	4	5		

9. Birthplace Prince George Co. Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Oden Bowie
13. Birthplace Prince George Co, Md

MOTHER
14. Maiden Name Alice Carter
15. Birthplace Prince George Co. Md

16 (a) Informant adm. Blank Hosp.
(b) Address Peoria

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25 1946 (month) (day) (year)

(c) Cemetery or crematory Green Mount
Location Baltimore Md

18 (a) Funeral director Henry McSherry Sons Co
(b) Address McCulloh & Orchard Sts

19 (a) (Date rec'd by registrar) (b) Huntington Hilliard Md (Registrar)

JUN 25 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1946 at 9 50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 18 1946 to June 23 1946 and that I last saw her alive on June 23 1946.

Immediate cause of death Metastatic Carcinoma from left breast

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. L. Grey

Address Woman's Hosp Balto Md

Date signed M. 6 D. 23 1946

X

G41486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √170C

G41486 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 6-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County 4
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15 N. Chapel Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Schmidt (or) Schmidtt

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Anna
6 (c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): Apr 4 1896

8. AGE: Years 50 | Months 3 | Days 17 | If less than one day: hr. min.

9. Birthplace: Balto.
(Town, county, and state)

10. Usual Occupation: Labor
11. Industry or business

FATHER
12. Name: Frank Schmidtt
13. Birthplace: Balto

MOTHER
14. Maiden Name: Catherine Sherman
15. Birthplace: Balto.

16 (a) Informant: Joseph Schmidtt
(b) Address: 80 N. Castle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof JUNE 25 1946 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: 4300 Belair Rd

18 (a) Funeral director: MARTIN W.E. DIPPEL'S SONS
(b) Address: LOMBARD & ANN STS

19 (a) JUN 25 1946 (b) [illegible] Huntington Williamson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21, 1946 at 7:20 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractured Skull
Subdural hematoma

Due to

Other Conditions Multiple bruises, lacerations & brain bruise
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-14-46 at 8 P. 6/4 M.
(b) Where did injury occur Fairmount & Wolfe St.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian struck by auto

23. Signature Howard J. Mould M.D.
Medical Examiner.
Date signed 6-22-46

VS 151

G41487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √131a

G41487
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2403 Kerkimer St
(c) Hospital or institution: 25

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No 2403 Kerkimer St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josip Jenkins

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Ida Cora
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 16, 1887

8. AGE: Years	Months	Days	If less than one day hr.	min.
59	3	7		

9. Birthplace Lithuania (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Self

FATHER
12. Name Joseph Riggs
13. Birthplace Lithuania

MOTHER
14. Maiden Name Unknown
15. Birthplace Lithuania

16 (a) Informant Mrs Anna Jenkins
(b) Address 2403 Kerkimer St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4439 Belair Road

18 (a) Funeral director Geo Konstantion
(b) Address 1201-03 Baltimore St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23rd 1946 at 3:04 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/3 1945 to 6-23 1946.
and that I last saw him alive on 6-23 1946

Immediate cause of death Cerebral Hemorrhage — Duration 3 da
Due to Hypertension Cerebral Arteriosclerosis — 1 yr
Due to Renal Disease
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph L Carscaith M.D.
Address 620 Washington Blvd Signed 6/27/46

JUN 25 1946 Huntington Williams, M.D.

G11488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G11488 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1938 Lorman Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-2
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1938 Lorman Av (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur L. Johnson

3 (b) If veteran, name war 1st World War

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 23, 1898

8. AGE: Years 47 | Months 7 | Days 2 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Richard Johnson
13. Birthplace Washington D. C.

MOTHER
14. Maiden Name Sarah Diggs
15. Birthplace Md.

16 (a) Informant George Hawkins
(b) Address 1523 Winchester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/46 (month) (day) (year)
(c) Cemetery or crematory Balto. Natl
Location MD

18 (a) Funeral director ~~Carter Bros.~~
(b) Address Geo. C. Kelson

19 (a) 1353 Greenmount Av (Date received) JUN 29 1946 (Registrar) Huntington Williams, MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1946, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1946, to June 24 1946, and that I last saw him alive on June 24 1946.

Immediate cause of death Cardio Vascular Renal Disease — **Duration** 6 mo's

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Thomas Fay, M.D.

Address 1928 Penna. Av Date signed 6/25/46

X

G41489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G41489 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 812 N. Calhoun St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 812 N. Calhoun St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edith F Atkins

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	D

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 21, 1891

8. AGE: Years	Months	Days	If less than one day
54	7	1	hr. min.

9. Birthplace Charles City Co. Va
(Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Harris
13. Birthplace Va

MOTHER
14. Maiden Name Mary Anna Brown
15. Birthplace Va

16 (a) Informant Helen Holmes
(b) Address 812 N. Calhoun St

17 (a) Burial (b) Date thereof 6/26/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Md.
18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Pennsylvania Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/22 1946, at 9A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/21 1946 to 6/22 1946, and that I last saw h[illegible] alive on 6/21 1946

Immediate cause of death Cerebral Hemorrhage
Paralysis

Duration 2 d

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 29 39 D St Date signed 6/25/46

VS JUN 25 1946 Interim to Williams

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1938

(Registered No. 64490)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2017 Brunt Pr
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 3
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2017 Brunt Pr
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas J. Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Colored	Widowed

6 (b) Name of husband or wife Mary B Wilson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 6 1867

8. AGE: Years	Months	Days	If less than one day
79	2	17	hr. min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Wallace Wilson
13. Birthplace Md

MOTHER
14. Maiden Name Mary E. Chase
15. Birthplace Md

16 (a) Informant Marie Lewis
(b) Address 1215 Cloverdale Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/38 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Pressman St

19 (a) (Date rec'd by registrar) (b) for Williams, Registrar

JUN 25 1938

VS-150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1938, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1938 to June 24 1938, and that I last saw h[illegible] alive on June 24 1938.

Immediate cause of death	Cardio Vascular Disease	Duration 3 yrs
Due to	Hypertension	3 yrs
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C Williams Dr
Address 924 Penna Ave Date signed 6/25/38
M. D.

G41491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

120

G41491 (Registered No.)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1500 Myrtle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 - 2
(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1500 Myrtle Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Givens

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	married

6 (b) Name of husband or wife Charles Givens
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1913

8. AGE: Years	Months	Days	If less than one day
32	11	17	hr. min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Richard Carter
13. Birthplace Va.

MOTHER
14. Maiden Name Pauline Jackson
15. Birthplace Md.

16 (a) Informant Richard Carter
(b) Address 1359 Stricker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/46 (month) (day) (year)
(c) Cemetery or crematory Lakeview
Location Md.

18 (a) Funeral director Geo. B. Kelson
(b) Address 1303 Pennsylvania Ave

19 (a) Huntington Williams, M.D. Registrar
(Date rec'd by registrar) JUN 25 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 19 46, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 19 46, to June 23 19 46, and that I last saw h-er alive on June 22 19 46.

Immediate cause of death Tuberculosis of Lungs — Duration 6 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. W. Williams Frey M. D.
Address 928 Anna Ave Date signed 6/27/46

X

G41492 well

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
159

G41492 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9Hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Marriottsville - Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kipke "Baby Girl"

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-24-46

8. AGE: Years	Months	Days	If less than one day
			9 hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Richard James Kipke
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Magdalene Elizabeth Jaeger
15. Birthplace Carroll Co. Md.

16 (a) Informant Mrs. Magdalene E. Kipke
(b) Address 1453 E. Fourth Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 25 June 46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director F. B. Thibert & Son
(b) Address 1300 Eutaw Place

JUN 25 1946 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/24 1946, at 6:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19..., to 19..., and that I last saw h... alive on 19...

Immediate cause of death — Duration

Prematurity (7 mo)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter H. Crawford

Address 401 Dulaney Ave. Date signed 6-24-46

VS 3

G4 493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √94a

Registered No. G4 493

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4613 Park Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-16
(e) Length of stay in Baltimore (yrs., mos., or days) 50 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4613 Park Heights Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: SOL LICHTENSTEIN

3 (b) If veteran, name war: —

3 (c) Social Security Account No.: —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife: —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 68 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Mr Berkow
(b) Address 4613 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-46 (month) (day) (year)
(c) Cemetery or crematory Ohab Sholom
Location O'Donnel St

18 (a) Funeral director Jack Levy Inc
(b) Address 1429 E. Balto St

(c) Registrar (b) Huntington Williams MD

JUN 25 1946

VS 190

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-25-1946 at 5:30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/24 1946 to 6/24 1946 and that I last saw h. alive on 6/24 1946

Immediate cause of death: Acute Coronary infarction

Due to: Coronary sclerosis

Due to:

Other Conditions: —

(Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operation: —

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. H. Hornstein M. D.
Address 733 Argyle St Date signed 6/25/46

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V131a

Registered No. 641494

641494

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital 3-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 119 S. Bond St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Patrick Spellman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-19-1884

8. AGE: Years 61 | Months 9 | Days 1 | If less than one day: hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Viola Spellman
(b) Address 119 S. Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brant Ave

(Date received) JUN 25 1946 (Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-20 1946 at 1149 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-7- 1946 to 6-20 1946 and that I last saw h[illegible] alive on 6-20 1946.

Immediate cause of death ventricular fibrillation - congestive failure — Duration Several years

Due to Hypertensive Cardiovascular renal disease

Due to

Other Conditions Congestive Heart failure (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martin J. Woodhall M.D.
Address 861 Dolphin Date signed 6-21-46

VS 150

G41495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G41495

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 303-E-29 St -
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 17
(e) Length of stay in Baltimore (yrs., mos., or days) 21yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 303-E-29-St - (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Robert Lee Clark

3 (b) If veteran, name war -

3 (c) Social Security Account No. 215-03-7414

4. Sex Male | 5. Colored race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary R. Clark

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) June 13-1891

8. AGE: Years 55 | Months 0 | Days 10 | If less than one day hr. min.

9. Birthplace Pikesville-Penna (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Automobile

FATHER 12. Name William Clark

13. Birthplace Penna

MOTHER 14. Maiden Name Susan Graybill

15. Birthplace Penna

16 (a) Informant Mrs R. L. Clark (wife)

(b) Address 303-E-29-St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-46 (month) (day) (year)

(c) Cemetery or crematory Chester Location Chesterloron-Md.

18 (a) Funeral director Stewart Memorial

(b) Address 108 W Mt Royal

19 (a) JUN 25 1946 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1946 at 3.35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1944 to June 23 1946, and that I last saw h. alive on June 23 1946

Immediate cause of death Coronary Thrombosis — Duration 5 hrs

Due to Renal Coronary Thrombosis — July 1944

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address 6217 Harford Rd Date signed 6/28/46

VS 150

G41496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G41496 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Mt. Hope Retreat
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: The Seton Institute
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 yrs - 1 mo - 9 da
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs - 1 mo - 9 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town Elmira New York (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 North Main Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theresa May O'Conor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) about 6-22-1882

8. AGE: Years	Months	Days	If less than one day
Abt 64	0	2	hr. min.

9. Birthplace Elmira New York (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Jeremiah J. O'Conor
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Purcell
15. Birthplace Elmira New York

16 (a) Informant The Seton Institute
(b) Address 6420 Reisterstown Rd. Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Washington D.C.

18 (a) Funeral director Stewart Memorial Co.
(b) Address 108 W. North Ave.

19 (Date received by registrar) JUN 25 1946 Huntington for Retreat Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1946, at 6:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1937 to June 24 1946, and that I last saw h.e.r. alive on June 24 1946.

Immediate cause of death Arteriosclerosis Myocarditis — Duration 1 yrs

Due to

Due to

Other Conditions Schizophrenia Catatonic type (Include pregnancy within 3 months of death) — 11 yrs.

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature D. T. Algire M. D.
Address 33 W. Eutaw St. Date signed 6/24/46

VS 150

G41497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

169

G41497 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10a
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Essex
(If outside city or town limits, write RURAL and give town.)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert McCoy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lorraine nee Gallagher 6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) 3-5-1901

8. AGE: Years	Months	Days	If less than one day
45	3	18	hr. min.

9. Birthplace Ashville, Pa. (Town, county, and state)
10. Usual Occupation Brakeman
11. Industry or business B & O. R.R.

FATHER
12. Name James McCoy
13. Birthplace Pa.

MOTHER
14. Maiden Name Ellen Calder
15. Birthplace Pa.

16 (a) Informant Mrs. Lorraine McCoy
(b) Address 400 Island Pt. Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26-46 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Rd.

18 (a) Funeral director John B. Connelly
(b) Address Essex, Md.

19 (a) JUN 25 1946 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1946, at 7:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy + Inq. (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Decapitation. Mangled body + extremities

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/23/46 at 5:56 P.M. 26-4
(b) Where did injury occur? B+O. RR. Bay View
(c) Did injury occur at home, on farm, industrial place, in public place? RR. Grounds While at work? Yes.
(d) Means of injury Struck by train.

23. Signature Howard J. Mullen M.D.
Medical Examiner.
Date signed 6/24/46

VS 151

G41498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V170c

G41498 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital 5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. 2
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 912 East St - Edgemere
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Manley H. Hoyle
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Martha Hoyle nee Kolodziejska 6 (c) If alive, give age 21 years

7. Birth date of deceased (mo., day, yr.) June 27 - 26

8. AGE: Years	Months	Days	If less than one day
1920	11	26	hr. min.

9. Birthplace North Carolina
(Town, county, and state)
10. Usual Occupation Twine mill
11. Industry or business Both Steel, Sp. Pt.

FATHER
12. Name Burley Hoyle
13. Birthplace N.C.

MOTHER
14. Maiden Name Alpha Beck
15. Birthplace N.C.

16 (a) Informant Burley Hoyle
(b) Address 312 "E" St. Sparrows Point

17 (a) Burial (b) Date thereof June 26-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Road

18 (a) Funeral director John F. Connelly
(b) Address 418 Eastern Ave. Essex

19 (a) JUN 25 1946 (b) Huntingtown Williamsport, Md.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1946, at 3:30 P.M.

21. I certify that I took charge of the remains described above, held an unpaid inq. thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Intracranial hemorrhage
2° Burns
Due to Multiple Brain Burns
Lacerations + abrasions

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/23/46 at Balto. Co. 8 a. M.
(b) Where did injury occur? North Pt. Rd + Wyatt Rd
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Auto struck pole + overturned

23. Signature Howard J. Mullen M.D.
Medical Examiner.
Date signed 6-24-46.

VS 151

G41499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G41499

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Camden on Gauley
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Neriel Slant

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-10-16

8. AGE: Years	Months	Days	If less than one day
30	4	14	hr. min.

9. Birthplace W. Va.
(Town, county, and state)
10. Usual Occupation Miner
11. Industry or business

FATHER
12. Name Edward Slant.
13. Birthplace W Va

MOTHER
14. Maiden Name Elizabeth Kiser
15. Birthplace W. Va.

16 (a) Informant Record.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof June 26 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Masonville, W. Va.

18 (a) Funeral director John G. Connelly
(b) Address 418 E Baltimore Ave, Lansdowne

19 (a) (Date received by Local Registrar) JUN 25 1946 (b) Huntington W. Va. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1946 at 7 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1946 to June 24 1946 and that I last saw living on June 24 1946.

	Duration
Immediate cause of death Chronic Suppurative pulmonary disease	14 yrs.
Due to Multiple lung abscesses + bronchiectasis	10 yrs
Due to ? cystic disease of the lungs	lifelong
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eugene Meyers M. D.
Address Johns Hopkins Date signed June 25

G4L500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108

Registrar's No. G4L500

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1018 N. Stricker St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 16
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1018 N. Stricker St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3 (a) NAME Rev. David Bryant

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M. | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Annie Bryant
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years 51 | Months | Days | If less than one day hr. min.

9. Birthplace Wilmington N. C.
(Town, county, and state)

10. Usual Occupation Clergyman
11. Industry or business

FATHER
12. Name Owen Bryant
13. Birthplace N. C.

MOTHER
14. Maiden Name Annie [illegible]
15. Birthplace

16 (a) Informant Annie Bryant
(b) Address 1018 N. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/46 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memo.
Location Balto. County

18 (a) Funeral director Metropolitan Funeral Home
(b) Address 927 N. Mount St. Inc.

19 (a) [illegible] (b) JUN 25 1946 Huntington Williams, Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1946, at 1 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-20 1946 to 6-23 1946 and that I last saw him alive on 6-23 1946

Immediate cause of death: Lobar Pneumonia — Duration 4 days

Due to —

Due to —

Other Conditions Ulcerated leg. — 2½ days

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature C. H. Talbot, M.D.
Address 4536 Parkside Dr. Date signed 6-25-46

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G41501 — 144a — Registered No. G41501

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Dundalk 22 Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 18 Winona Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country —

3. (a) FULL NAME Mrs Viola May Hanna
3 (b) If veteran, name war No
3 (c) Social Security Account No. — None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Mr Earl Hanna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17 1921

8. AGE: Years	Months	Days	If less than one day
25	2	7	hr. min.

9. Birthplace South Dakota (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Earl Butts
13. Birthplace Ohio

MOTHER
14. Maiden Name Addie McMurry
15. Birthplace South Dakota

16 (a) Informant Earl Hanna
(b) Address 18 Winona Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-46 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Gate 6 Gate
18 (a) Funeral director Pelham & Son
(b) Address 1217 E Fort Ave
19 (a) (Date received) JUN 25 1946 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-24-46 1946, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 19, 1946 to June 24 1946 and that I last saw her alive on June 24 1946.

Immediate cause of death Eclampsia antepartum fetal condition grade indefinite — Duration 3 days
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Wayne N. Jacobus M.D. (M. D.)
Address Church Home & Hosp. Date signed 6-25-46

G41502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G41502

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3019 Brendan Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3019 Brendan Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen C. Helfrick

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: William H. Helfrick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16th 1891

8. AGE: Years	Months	Days	If less than one day
54	8	6	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name James S. Crowley
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Lena T. Kreuzer
15. Birthplace Balto. Md.

16 (a) Informant Margaret Lauber
(b) Address 3019 Brendan Ave

17 (a) Burial (b) Date thereof 6/26/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) (b) Huntington Williams, M.D.
(Date received by Registrar) Registrar

JUN 25 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22nd 1946, at 8:39 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1940 to June 22 1946
and that I last saw her alive on 6-22 1946

Immediate cause of death: Coronary Thrombosis

Due to: Arteriosclerosis

Due to: Hypertension

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:

of autopsy:

Duration
6 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Richard Crowley Jr
Address 3019 Balto Md Date signed 6-24-46

X

G41503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No. G41503

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 S Clinton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 S Clinton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Hilker

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Minnie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17 1890

8. AGE: Years	Months	Days	If less than one day
55	11	7	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Watchmaker
11. Industry or business Emerson Co

FATHER
12. Name Frederick Hilker
13. Birthplace Germany

MOTHER
14. Maiden Name Hannoud
15. Birthplace

16 (a) Informant Hilda Hilker
(b) Address 3112 Flint St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 28 46 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel Cem
Location O'Donnell St

18 (a) Funeral director Wilson Shue
(b) Address 1217 S Conkling

19 (a) (Date rec'd by registrar) JUN 28 1946 Huntington Williams, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1946, at 10:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-23 1946 to 6-24 1946, and that I last saw him alive on 6-24 1946.

Immediate cause of death Cancer of the Stomach — Duration Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. A. Rosenblatt M. D.
Address 3018 O'Donnell St Baltimore 24, Md
Date signed 6-25-46

VS 150

X

G41504 G41504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident City Hospitals 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dod
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 400 N. Broadway Hotel (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nicholas Colenas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife -

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years 45 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business

FATHER
12. Name Charley Colenas
13. Birthplace Russia

MOTHER
14. Maiden Name Dora Wyachena
15. Birthplace Poland

16 (a) Informant Mrs. Joseph Mooney
(b) Address 42 E. Lincoln st Marlboro, Mass.

17 (a) Burial Order (Burial, cremation, or removal) (b) Date thereof 6-28-46 (month) (day) (year)

(c) Cemetery or crematory Maplewood Cem
Location Marlboro Mass.

18 (a) Funeral director George L. Tarby
(b) Address Fulton & Fayette

19 (a) 1946 (Date rec'd by registrar) (b) Livingston Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-24- 1946, at 12 05 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy + Inq. thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mueller M.D. Medical Examiner.
Date signed 6-25-46

VS 151

Dr. Sayre G41505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G41505 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2216 Hamilton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2216 Hamilton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E Herbert

3 (b) If veteran, name war —

5 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife George W. Herbert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 9, 1873

8. AGE: Years	Months	Days	If less than one day
72	8	14	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Joseph Schaeffer
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Sailing
15. Birthplace Bd Ho. Co. Md.

16 (a) Informant Mr. Harvey W. Herbert
(b) Address 2216 Hamilton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-46 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd.

19 (a) Date received by registrar June 26 1946 (b) Registrar Livingston Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1946 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1946 to June 23 1946 and that I last saw her alive on June 23 1946

Immediate cause of death: Carcinoma of Breast — Duration: 5yrs.
Due to:
Due to:
Other Conditions: Metastatic carcinoma of liver — Duration: 6mos.
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature George Sawyer
Address 4808 Harford Date signed 6/28/46

VS 150

3716 Belle Ave 13B G41506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G41506

G41506

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Cuyenne & Dupland Sts

(c) Hospital or institution East Balto. Gen Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 3716 Belle Ave.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Barbara Zimmerman Fredericka Barbara Zimmerman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Charles F. Zimmerman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 15, 1869

8. AGE: Years 76 | Months 10 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name Henry DiSchaeffer
13. Birthplace Alsa-Lorraine, France

MOTHER
14. Maiden Name Louisa Ortman
15. Birthplace Germany

16 (a) Informant Mr. Charles F. Zimmerman
(b) Address 3716 Belle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27, 1946 (month) (day) (year)

(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director Wilkes Lawrence

(b) Address 4610 Liberty Heights Ave.
Washington Williams, M.D.

19 (a) (b) Registrar

JUN 25 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 24 June 1946, at 7:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 21 May 1946 to 24 June 1946 and that I last saw h[illegible] alive on 24 June 1946.

Immediate cause of death Cardiac Decompensation
Failure
Due to Cerebral Thrombosis
& Rt. hemiplegia

Due to Arteriosclerotic C.V. Dis

Other Conditions Pulmonary Tbc.
Chronic Cholecystitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Lester A. Hale Jr. M.D.

Address East Balto. Gen Hosp. Date signed 6/26/46

93D

G41507 — BALTIMORE CITY HEALTH DEPARTMENT — 93D — G41507 Registered No.

CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ..... D.A.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3405 Woodbine Ave. (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Thomas H. Lovell

3 (b) If veteran, name war .....

3 (c) Social Security Account No. 217-01-1214

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Sarah Hopkins Lovell
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) December 4, 1873

8. AGE:	Years	Months	Days	If less than one day
69	72	6	19	..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Sinclair-Scott

FATHER
12. Name Jesse S. Lovell
13. Birthplace Carroll County, Md.

MOTHER
14. Maiden Name Johnanna Hodge
15. Birthplace Howard County, Md.

16 (a) Informant Mrs. James E. Posey
(b) Address 3405 Woodbine Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26, 1946 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Md.

18 (a) Funeral director Willis Lamoreau
(b) Address 4510 Liberty Heights Ave.

JUN 25 1946 (a) (Local registrar) (b) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/25 1946, at 9:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Coronary Disease

Due to .....

Other Conditions Arteriosclerotic C.V. disease
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur? .....
(c) Did injury occur at home, on farm, industrial place, in public place? ..... While at work? .....
(d) Means of injury .....

23. Signature C. P. Schmitz M.D. Medical Examiner.
Date signed 6/24/46 X

G41508

BALTIMORE CITY HEALTH DEPARTMENT 93D

CERTIFICATE OF DEATH

Registered No. G41508

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ST JOSEPHS HOSP
(c) Hospital or institution: CAROLINE & OLIVER ST. 63
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County F
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 N. Luzerne Avenue (If rural give location)
(e) Citizen of foreign country? ----- (Yes or No) If yes, name country -------

3 (a) FULL NAME Edward J. McIntyre

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Araminta H. Allender
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1879

8. AGE: Years	Months	Days	If less than one day
66	7	10	-- hr. -- min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Edward P. McIntyre
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Katherine T. Moan
15. Birthplace Baltimore, Maryland

16 (a) Informant Miss Mary M. McIntyre
(b) Address 1213 N. Luzerne Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/46 (month) (day) (year)
(c) Cemetery or crematory St. John's
Location Long Green, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

JUN 25 1946 (Date Rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 24 1946 at 3:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-23 1946 to 6-24 1946. And that I last saw h. (21) alive on 6-24 1946.

Immediate cause of death PULMONARY EMBOLUS — Duration

Due to PHLEBITIS LEG

Due to ARTERIO SCLEROUS C.V.D.,

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John B Zeller M. D.
Address St Jos Hosp Date signed 6-24-46

VS 150

G41509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G41509

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3M-4d
(e) Length of stay in Baltimore (yrs., mos., or days) 3M-21d

2. USUAL RESIDENCE OF DECEASED: St. Mary's
(a) State Md (b) County Balt
(c) City or town Balt Leonard Town
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine NORRIS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5 1946

8. AGE: Years	Months	Days	If less than one day
	3	21	hr. min.

9. Birthplace Balt. Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Morris
13. Birthplace Balt. Md.

MOTHER
14. Maiden Name Loretta Branan
15. Birthplace Balt. Md

16 (a) Informant John Morris
(b) Address Leonardtown Md

17 (a) Burial (b) Date thereof 6/27/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Aloysius Cem.
Location Leonardtown, Md.

18 (a) Funeral director J. C. Mattingly
(b) Address Leonardtown Md.

19 JUN 26 1946 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1946, at 6 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1946, to June 26 1946, and that I last saw her alive on June 26 1946

Immediate cause of death Resp Failure — Duration

Due to Hepatic Insuf. —

Due to Biliary atresia, Surgical —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation June 22 1946

Major findings of operation: Congenital absence bile ducts

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. Lathers
Address Mercy Hosp. Date signed 6-26-46 M. D.

VS 150

G41310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8/13/a

Registered No. G41310

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1515 Rutland Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1515 Rutland Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ADOLPH W. HILDEBRAND

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 212-14-9230A

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna M.E. Hildebrand

6 (c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1871

8. AGE: Years 75 | Months 4 | Days 20 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Henry Hildebrand
13. Birthplace GERMANY

MOTHER
14. Maiden Name Margaret Doenges
15. Birthplace GERMANY

16 (a) Informant Anna M.E. Hildebrand - widow
(b) Address 1515 Rutland Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) JUN 26 1946 (Date rec'd by registrar) (b) Registrar for Nolliaux, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1946 at 10.15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/11 1946 to 6/23 1946, and that I last saw him alive on 6/23 1946.

Immediate cause of death
Cardio-vascular renal disease -
Due to
Due to
Other Conditions Cardiac insufficiency
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

Duration
since 6/11/46
since 6/21/46

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Sander
Address 1517 E North Ave Date signed 6/24/46

G41511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G41511

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3800 Barrington Road

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3800 Barrington Road (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** John Phillip Leimbach

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: Male

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Mary M. Leimbach

6 (c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): 9/4/1862

8. AGE: Years: 83 | Months: 9 | Days: 20 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business

FATHER

12. Name: Wm. Leimbach

13. Birthplace: Germany

MOTHER

14. Maiden Name: Mary M. Warner

15. Birthplace: Germany

16 (a) Informant: Mrs. Mary E. Keiner - sister

(b) Address: 3800 Barrington Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/46 (month) (day) (year)

(c) Cemetery or crematory: Oak Lawn Cemetery

Location: Baltimore, Maryland

18 (a) Funeral director: HENRY SANDER & SONS, INC.

(b) Address: NORTH AVE. & BROADWAY

19 (a) (Date) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/24/46 19 20, at 8 P M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature John R Davis M.D. Medical Examiner.

Date signed 6/25/46

G41312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1183

Registered No. G41312

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2009 Newkirk ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Raymond Charles Dujardin (Raymond Charles Dujardin)

3 (b) If veteran, name war: no

3 (c) Social Security Account No. no

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 21, 1938

8. AGE: Years 7 | Months 10 | Days 2 | If less than one day hr. min.

9. Birthplace Arundel Co.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph B. Dujardin
13. Birthplace BELGIUM

MOTHER
14. Maiden Name Anna Heim
15. Birthplace Baltimore, Maryland

16 (a) Informant Joseph B. Dujardin - father
(b) Address 2009 S. Newkirk Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/46 (month) (day) (year)
(c) Cemetery or crematory St. Paul's Fifth Ref.
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) JUN 26 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1946, at 10:00 P.M.

21. I certify that I took charge of the remains described above, held an autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/23/46 at 1-1 5 P. M.
(b) Where did injury occur? Harbor - Canton - off shore
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Fell from boat

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 6/24/46

VS 151

G41513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117a

Registered No. G41513

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) none

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7117 Martell ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Gustave Munski (GUSTAVE JULIUS MUNSKI)

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 213-07-1269

4. Sex: male

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Amelie Munski

6 (c) If alive, give age: 38 years

7. Birth date of deceased (mo., day, yr.): March 28 1899

8. AGE: Years: 47 Months: 2 Days: 27 If less than one day: hr. min.

9. Birthplace: Scranton, Penna.
(Town, county, and state)

10. Usual Occupation: Steel worker

11. Industry or business: Bethlehem Steel Co.

FATHER
12. Name: Julius Munski
13. Birthplace: Poland.

MOTHER
14. Maiden Name: Josephine Mierwicz
15. Birthplace: Poland.

16 (a) Informant: Mrs. Amelie E. Munski-widow
(b) Address: 7117 Martell Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-46 (month) (day) (year)

(c) Cemetery or crematory: Christ Ev. Luthern Cem.
Location: Baltimore, Maryland

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY

19 (a) [illegible] (b) [illegible]
(Registrar)

JUN 26 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1946 at 2:04 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1946, to June 25 1946 and that I last saw him alive on June 25 1946

Immediate cause of death: Pulmonary Embolism

Due to: following Subtotal Hysterectomy

Due to: Pelvic Infection

Other Conditions: Chronic gastritis ulcer

(Include pregnancy within 3 months of death)

Date of operation: June 20, 1946

Major findings of operation: chronic gastric ulcer.

Duration

Of autopsy: none.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: J. D'Antonio M. D.

Address: Church Home & Hosp. signed June 26, 1946

Huntington Woods, Mich.

G41514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G41514

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Shirley Ave
(c) Hospital or institution: Mt Carmel Home 13
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2237 Brookfield Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Goucharsky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Reuben

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business Housewife

FATHER
12. Name Isadore
13. Birthplace Russia

MOTHER
14. Maiden Name Malbie
15. Birthplace Russia

16 (a) Informant Pearl Bredt
(b) Address 2237 Brookfield Ave

17 (a) Burial (b) Date thereof 6-26-46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Hebrew Herring Run

18 (a) Funeral director Jack Lewis Inc
(b) Address 1559 E Balto St

19 (a) JUN 26 1946 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-26 1946 at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-9- 1945 to 6-24- 1946, and that I last saw h[illegible] alive on 6-24- 1946.

	Duration
Immediate cause of death: arterio sclerotic brain disease	2
Due to: hypertension	2
Due to: arterio sclerosis	2
Due to: Diabetis mellitus	
Other Conditions: Hemaplegia	12 days

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. A. Williamson M. D.
Address 2230 Eutaw Pl Date signed 6-26/46

VS 190

G41515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. B1941 G41515

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4703 Hampnet Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1427 Light Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JACKSON WATERS OWINGS

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Daisy A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 2, 1863

8. AGE: Years	Months	Days	If less than one day
82	1 6	23 22	hr. min.

9. Birthplace Howard County, Maryland
(Town, county, and state)
10. Usual Occupation Conductor, Retired
11. Industry or business B & O Railroad

FATHER
12. Name Augustus Owings
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha
15. Birthplace Howard County, Maryland

16 (a) Informant Daisy A. Owings
(b) Address 1417 Light Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29, 1946 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul Street

19 (a) JUN 26 1946 (Date of this certificate) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1946, at 9:22 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1, 1945 to June 24 1946 and that I last saw h[illegible] alive on June 1 1946.

Immediate cause of death Cerebral hemorrhage.

Due to Hardening of Arteries.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. P. Friedman M.D.
Address 1319 Light St. Date signed 6/26/46

G41516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1172

G41516 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3916 E. Pratt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fidenio Pezzoli or FEDERICO PEZZOLI

3 (b) If veteran, name war

3 (c) Social Security Account No. 717-07-6325

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Carolyn Pezzoli
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1885

8. AGE: Years	Months	Days	If less than one day
60 61	9	8	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Fireman on Pa. Railroad
11. Industry or business Pennsylvania R.R.

FATHER
12. Name Giuseppe Pezzoli
13. Birthplace Italy

MOTHER
14. Maiden Name Teresa Telamonti
15. Birthplace Italy

16 (a) Informant Carolyn Pezzoli
(b) Address 3916 E. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27 1946 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location St. Carmel Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

19 (a) (Date received by Registrar) JUN 26 1946 (b) Registrar's signature Washington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1946, at 9:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1946 to June 24 1946, and that I last saw him alive on June 6 1946.

Immediate cause of death	Duration
Peritonitis	
Carcinoma of Jejunum	
Due to Bursting Lesion of Jejunum	
Due to	
Other Conditions Total Gastric Resection (Include pregnancy within 3 months of death)	
Date of operation June 21, 1946	
Major findings of operation: Large Gastric Ulcer on Jejunum Confirmed by Report of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clarence E. McWilliams M. D.
Address Mercy Hospital Date signed 6-27-46

G41517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G41517

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3228 Carlisle Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 85 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3228 Carlisle Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY ELIZABETH WELLENER

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: William C. Wellener
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug. 31, 1856

8. AGE: Years: 89 | Months: 9 | Days: 22 | If less than one day: hr. min.

9. Birthplace: Annapolis, Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Samuel Blackburn
13. Birthplace: Phila., Pa.

MOTHER
14. Maiden Name: Martha Pannell
15. Birthplace: Balto., Md.

16 (a) Informant: Mrs. Beulah Wellener
(b) Address: 3228 Carlisle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/46 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

JUN 26 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1946 at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 6-23 1946, and that I last saw her alive on 6-23 1946.

Immediate cause of death: Congestive Cardiac failure — Duration: 3 da
Due to: Arteriosclerosis.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Howard W. Warner, M.D.
Address 3604 Garrison Blvd. Date signed 6-24-46

X

G41518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946C

Registered No. G41518

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 846 W. Fayette St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 846 W. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George H. Erek

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Late Josephine L. nee Ackerman 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1864

8. AGE: Years	Months	Days	If less than one day
81	11	20	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Henry Erek
13. Birthplace Maine

MOTHER
14. Maiden Name Sarah Pearce
15. Birthplace Unknown

16 (a) Informant Thomas Erek
(b) Address Y.M.C.A. Bldg.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location 2930 Frederick Rd.

18 (a) Funeral director Harry H. Mitchell
(b) Address 4101 Edmondson Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.
JUN 26 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-25th 1946 at 2½ P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-22 1946 to 6-25 1946 and that I last saw him alive on 6-22 1946

Immediate cause of death Decompensated Heart. Duration Unknown

Due to Coronary - Sclerosis

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Karl Trawyott M. D.
Address 1623 E. N. Ave. Date signed 6-25-46

X

G41519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G41519 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1208 Waldo Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1208 Waldo Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rev. Elisha A. Reynolds

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Signora

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1886

8. AGE: Years	Months	Days	If less than one day: hr.	min.
60	1	3		

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Minister

11. Industry or business

FATHER
12. Name Wyatt Reynolds
13. Birthplace Va.

MOTHER
14. Maiden Name Adaline Petty Jones
15. Birthplace Va

16 (a) Informant Signora Reynolds
(b) Address 1208 Waldo Court

17 (a) Burial (b) Date thereof June 27/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director (Asst.) Robt. A. Elliott & Son
(b) Address 1129 N. Caroline St.

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 26 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1946, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1946, to June 23 1946, and that I last saw deceased alive on June 23 1946.

Immediate cause of death: Acute cardiac dilatation — Duration

Due to: Auricular fibrillation — Duration

Due to: Chronic myocarditis — Duration

Due to: Hyper. cardio-vasc. renal disease. — Duration

Other Conditions: Arteriosclerosis — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Morris A. Price, M.D.
Address 118 W. Fayette St. Date signed 6/27/46

Interment in Williamsport, Md.

G41520 Lauer 4808 Harford Rd

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G41520

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3111 Ruckert Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3111 Ruckert Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Lauer

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 7, 1872

8. AGE: Years	Months	Days	If less than one day
73	8	17	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Lauer
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Beer
15. Birthplace Germany

16 (a) Informant Mr Joseph Greminger
(b) Address 3111 Ruckert Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto, Md

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd

19 (a) (Date rec'd by registrar) (b) Washington Nat'l Ins Co Md

VS 150 JUN 26 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1946 11:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1946 to June 24 1946 and that I last saw him alive on June 24 1946

Immediate cause of death: Arteriosclerosis Heart Disease — Duration

Due to — Duration

Due to — Duration

Other Conditions Diabetes Mellitus — Duration
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George Lauer
Address 4808 Harford Date signed 6/26/46

930 Dr.

Dr. Peake
4508 Harford Rd

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3210 Wisteria Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3210 Wisteria Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles G. Sabertle

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Marie Sabertle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1877

8. AGE: Years	Months	Days	If less than one day
69	4	10	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Marie Sabertle
(b) Address 3210 Wisteria Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-46 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem
Location Balto. Md

18 (a) Funeral director Leonard L. Ruck
(b) Address 6305 Harford Rd

19 (a) (Date received by Registrar) JUN 29 1946 (b) Huntington Wil... Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-25 1945 to 6-24 1946 and that I last saw h... alive on 6-14 1946.

Immediate cause of death
Bronchopneumonia (Final Disease)
Due to Cerebral Hemorrhage
Due to Arterial Hypertension

Duration
2 days
9 Months
5 years

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work)
(e) Means of injury

23. Signature C. W. Peake M. D.
Address 4508 Harford Rd Date signed 6-26-46

VS 150

G41522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G41522 Registered No. 108

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Balto.
(c) City or town CATONSVILLE
(If outside city or town limits, write RURAL and give town)
(d) Street No. St Charles College
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Sister Mary Theresa (Klecka)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 18 - 1874

8. AGE: Years 72 | Months 0 | Days 7 | If less than one day hr. min.

9. Birthplace Alsace-Lorraine (Town, county, and state)

10. Usual Occupation Religious

11. Industry or business R.C. Church

FATHER
12. Name Don't Know
13. Birthplace Don't Know

MOTHER
14. Maiden Name Don't Know
15. Birthplace Don't Know

16 (a) Informant Records - Sister Providence
(b) Address St Charles College Catonsville

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 26-46 (month) (day) (year)

(c) Cemetery or crematory
Location Melbourne, Ky

18 (a) Funeral director Chas. F. Runns & Son
(b) Address 118 W. Mt Royal Ave

26 1946 (Date filed by registrar) Huntington Williams, MD

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1946, at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-[illegible] 1946, to 6-25 1946, and that I last saw her alive on 6-25 1946

Immediate cause of death: Respiratory Failure — Duration: —
Due to Pneumonia (1) — —
Due to — —
Other Conditions — —
(Include pregnancy within 3 months of death) — —
Date of operation — —
Major findings of operation — —
of autopsy: — —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature R. L. Markley, M.D.
Address Bon Secours Hospital Date signed 6-25-46

G41523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 148a

G41523
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3711 Menlo Drive
(c) Hospital or institution:
13
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3442 Auchentoroly Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY A. BRILL

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Frank S.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1901

8. AGE: Years	Months	Days	If less than one day
45	7	24	hr. min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation
11. Industry or business Housewife

FATHER
12. Name Samuel Ackerman
13. Birthplace Russia

MOTHER
14. Maiden Name Fannie Havelock
15. Birthplace Russia

16 (a) Informant Frank S. Brill
(b) Address 3442 Auchentroly Terrace

17 (a) Burial (b) Date thereof June 27/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Workemen's Circle Cemt.
Location Mount Carmel Road

18 (a) Funeral directors Sol Levinson & Bros
(b) Address 1124-26 N. North Ave.

19 (a) Huntington Williams, M.D. (b)
(Date received by registrar) Registrar

JUN 26 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1946, 7:08P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/24 1946 to 6/25 1946, and that I last saw h[illegible] alive on 6/25 1946.

Immediate cause of death	Duration
CARCINOMATOSIS GENERAL	6 mos
Due to CARCINOMA OF VAGINA	2 yrs
Due to CARCINOMA OF CERVIX	3 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 1942
Major findings of operations: Do not Know
Report at SINAI HOSP
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury. ERWIN G. MAYER

23. Signature Erwin G. Mayer
Address 1 Ree Esplanade Date signed 6/27/46

X

G41524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193D

G41524 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1823 W Pratt st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1823 W Pratt st (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Anna A Schneider

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Frederick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1 1860

8. AGE: Years 85 | Months 10 | Days 24 | If less than one day hr. min. 23

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Hermann Stolzenbach

13. Birthplace Germany

MOTHER 14. Maiden Name Fanny Pfaff

15. Birthplace Germany

16 (a) Informant Mrs Mary M Gibbons

(b) Address 22 Hamilton Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-46 (month) (day) (year)

(c) Cemetery or crematory Catonsville

Location Ilchester Md

18 (a) Funeral director Geo A Tilley

(b) Address Fulton Ave Baltimore Md

19 (a) Date received JUN 28 1946 (b) Registrar Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/24 1946, at 1 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/24 1946 to 6/24 1946 and that I last saw h alive on 6/24 1946.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease	6 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benjamin Mellby M.D.

Address 2030 Wilkens Date signed 6/26/46

VS 150

X ave

JL - 101107 G41525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G41525 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 48 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 936 N. Bond St. -5
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Midget

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-0358

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Lucy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1, 1902

8. AGE: Years	Months	Days	If less than one day
44	4	22	hr. min.

9. Birthplace N. C.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Caroline
15. Birthplace N. C.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27-46 (month) (day) (year)
(c) Cemetery or crematory W. H. Asbury Cem.
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N Schroeder St.

19 (a) Date registered JUN 27 1946 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1946, at 4pm M

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1946, to June 23 1946, and that I last saw h. in alive on June 23 1946.

Immediate cause of death	Duration
Bronchopleural fistula	2 mos
Due to Pulmonary Tbc	8 mos
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. J. Hurst M.D.
Address Balto City Hosp Date signed 6/26/46

VS 150

X

G41526

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

G41526
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address D.S.A.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 Born Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James W. Ellis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1898

8. AGE: Years	Months	Days	If less than one day
48	4	29	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name James Ellis

13. Birthplace Charlottesville Va.

MOTHER 14. Maiden Name Elyabeth Clark

15. Birthplace Va.

16 (a) Informant Vernon Ellis

(b) Address 1714 Born Court

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof June 26 46 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem.

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N Schroeder St

19 (a) (Date received by Registrar) (b) Registrar

JUN 28 1946

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/25/46 1946 at 10:20 AM

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to D.S. death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Chronic Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature P. C. Pulaski M.D.
Medical Examiner.

Date signed 6/27/46

G41527

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 50

G41527
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Prince George
(a) State Md. (b) County Hyattsville
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5508 Emerson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mamie E. Austin
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Thomas
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 7-16-73
8. AGE: Years 73 Months 11 Days 8 If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Lambert
13. Birthplace Md

MOTHER
14. Maiden Name Mary Raleigh
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27 1946 (month) (day) (year)
(c) Cemetery or crematory Carnalue Park
Location Woodlawn Md
18 (a) Funeral director Pott & B. M. Walters
(b) Address Pratt & Fulton Sts
19 (a) (Signature by registrar) (b) Date received 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1946 at 5 15 P M
21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1946 to June 24 1946 and that I last saw deceased alive on June 24 1946.

Immediate cause of death: cerebral accident
Due to: with left hemiplegia
Due to: Hypertension
Due to: sclerosis - vascular disease
Other Conditions: Carcinoma, left breast
(Include pregnancy within 3 months of death)
Date of operation: 10 May 46
Major findings of operations: Carcinoma
of autopsy: none

Duration: 30 d. ? 4-5 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Paul Huggins M.D.
Address Johns Hopkins Hosp., Baltimore Date signed June 26 1946

G41528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193D

G41528 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1339 Woodyear Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1339 Woodyear Av (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Reed

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Mamie Reed
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Sept 29, 1881

8. AGE: Years	Months	Days	If less than one day
65	1	26	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name W Leslie Reed
13. Birthplace Md

MOTHER
14. Maiden Name Anna Marshall
15. Birthplace Md

16 (a) Informant Mamie Reed
(b) Address 1339 Woodyear Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/46 (month) (day) (year)
(c) Cemetery or crematory St Peters
Location Md

18 (a) Funeral director Geo. A Kelson
(b) Address 1303 Freemason St

19 (a) JUN 26 1946 (Date rec'd by registrar) Washington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 19 46, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 19 46 to June 25 19 46 and that I last saw h[illegible] alive on June 19 19 46.

Immediate cause of death Coronary Occlusion — Duration 5 hours
Due to Cerebral Hemorrhage — Duration 6 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W William Fray M.D.
Address 1938 Penna Ave Date signed 6/28/46

VS 150

G11529 Monday 10 Em

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1312

Registered No. G11529

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 518 N. Lakewood a
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimo
(If outside city or town limits, write RURAL and give town)
(d) Street No. 518 N. Lakewood
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena Dixon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: ~~Widowed~~ Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 14 79

8. AGE: Years 67 Months 5 Days 13 If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name John Kinzer
13. Birthplace Virginia

MOTHER
14. Maiden Name M. A. Brown
15. Birthplace Va ?

16 (a) Informant Albert Fowler
(b) Address 518 N. Lakewood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-46 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Balto. Co. Md

18 (a) Funeral director Hugh Brockbank
(b) Address 524 N. Eberted

19 JUN 26 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1946 at 7:16 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/22 1946 to 6/24 1946 and that I last saw her alive on 6/22 1946.

Immediate cause of death

Coronary Thrombosis — Duration: 3 days

Due to Hypertensive Cardio Vascular — Duration: ?

Due to Renal Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny M. D.
Address 2200 E. Madison St Date signed 6/25/46

VS 180

X

G41530 - 102310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G41530 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 705 N. Duncan St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

3 (a) FULL NAME Joseph Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Eugenia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20, 1870

8. AGE: Years	Months	Days	If less than one day
76	3	4	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation O. A. A.
11. Industry or business

FATHER
12. Name Edward (D)
13. Birthplace Germany

MOTHER
14. Maiden Name Hein
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Frank Brockman
(b) Address 2414 Chester St

19 (a) JUN 26 1946 (Date rec'd by registrar) (b) Huntington W. Va. 11

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1946, at 11:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1946 to June 24 1946, and that I last saw h im alive on June 24 1946

Immediate cause of death: Respiratory Failure
Due to: Lobar Pneumonia
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. D. Scarborough M.D.
Address Balto City Hosp. Date signed 6-27-46

VS 150

G41531

JL - 89035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. G41531

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-11-17
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 707 Belnord Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Richard Pfaff

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13, 1872

8. AGE: Years	Months	Days	If less than one day
74	1	11	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name John Pfaff
13. Birthplace Germany

MOTHER
14. Maiden Name Julianna Yonker
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Frank Brodbeck
(b) Address 900 N Chester St

19 (a) JUN 26 1946 (Date rec'd by registrar) Huntington, Maryland

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 19 46 at 11:58 M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-17 19 44 to June 24 1946. and that I last saw him alive on June 24 19 46.

Immediate cause of death Bronchopneumonia — Duration 16 days
Due to
Due to
Other Conditions Paralysis agitans
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund A Beacham M. D.
Address Balto City Hosp Date signed 27 June 46

VS 150

G41532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G41532

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Pk. Drive & 31st St.
(c) Hospital or institution: US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 14 days
(e) Length of stay in Baltimore (yrs., mos., or days): 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: Somerset
(c) City or town: Deal Island
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME: Benton, Arthur Wesley

3 (b) If veteran, name war:

3 (c) Social Security Account No. 215-16-3747

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Malinda Mister Benton
6 (c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): Nov. 7, 1887

8. AGE: Years	Months	Days	If less than one day
58	7	19	hr. ... min.

9. Birthplace: Deal Island, Md. (Town, county, and state)
10. Usual Occupation: Deckhand
11. Industry or business: seafarer

FATHER
12. Name: Arthur W. Benton
13. Birthplace: Deal Island, Md.

MOTHER
14. Maiden Name: Mary Webster
15. Birthplace: Deal Island, Md.

16 (a) Informant: Records
(b) Address: US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28, 46 (month) (day) (year)
(c) Cemetery or crematory: Deal Island Cemetery
Location: Deal Island Md.

18 (a) Funeral director: Charley Dashiell
(b) Address: Princess Anne Md.

19 (a) JUN 26 1946 (b) registrar: Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 26 1946 at 12:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1946, to June 26 1946, and that I last saw him alive on June 26 1946.

Immediate cause of death: Cerebral hemorrhage, right — Duration: 2 hrs.

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: John L. Wilson
John L. Wilson, Sr. Surgeon M. D.
Address: Clinical Director Date signed: 6/26/46

388908 388908 C.L. 333 C.L. 333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

125-Q

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1715 Orleans, St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alice Giles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-14-08

8. AGE: Years	Months	Days	If less than one day hr.	min.
38	1	10		

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William Giles
FATHER 13. Birthplace Va.

MOTHER 14. Maiden Name Mary Crawley
MOTHER 15. Birthplace Va.

16 (a) Informant records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Brooklyn, Md.

18 (a) Funeral director Elroy B. Wilson
(b) Address 1008 Brantley ave

19 (a) JUN 26 1946 at Huntington, W. Virginia, M

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24. 1946 at 12.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-16- 1946 to 6-24-1946. and that I last saw her alive on 6-24- 1946.

Immediate cause of death Coronary Thrombosis
LIVER NECROSIS - SEVERE, GENERALIZED
CHRONIC HEPATITIS, ? CIRRHOSIS
Due to Shock
Due to Anuria + Jaundice + Anemia
Other Conditions Hepatomegaly

Duration 3 wks Months

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Maxwell Williams M. D.
Address Johns Hopkins Hosp. Date signed 24 Jun. '46

VS 180

G41534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. G41534

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1770 Montpelier St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1770 Montpelier St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John William Kelly

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25, 1891

8. AGE: Years 55 | Months 3 | Days 0 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William M. Kelly
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Jennie Dougherty
15. Birthplace Baltimore Md

16 (a) Informant Mrs Jennie Snyder
(b) Address 1770 Montpelier St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director Elwood Harle Inc.
(b) Address 115 E. West St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

JUN 26 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1946, at 5 15 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1946, to June 25 1946, and that I last saw her alive on June 24 1946.

	Duration
Immediate cause of death: Broncho Pneumonia	3d.
Due to Mitral regurgitation Stenosis	6 d.
Due to Hypertension & arterio Sclerosis	6 day
Chronic Pancreatitis Nephritis	6 d.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. P. A. Stevens M. D.
Address 2918 Harford Rd Date signed 6-25-46

G41535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G41535

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3960 Elm Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3960 Elm Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John W. Turner.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Divorced
6 (b) Name of husband or wife: Catherine Turner
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 5, 1890
8. AGE: Years 55 | Months 11 | Days 18 | If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Box maker
11. Industry or business Balmay Box.

FATHER
12. Name Jesse B. Turner
13. Birthplace Maryland.

MOTHER
14. Maiden Name Mary Bollinger
15. Birthplace Pennsylvania

16 (a) Informant Margaret Brengle
(b) Address 1814 N. Gallow St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 26/46 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden

18 (a) Funeral director Chenowith & Sonovan
(b) Address 3615-17 Chestnut Ave.

19 (a) JUN 26 1946 (b) Registrar Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1946, at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1946, to June 23 1946, and that I last saw h alive on June 22 1946.

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 week
Due to: Essential Hypertension with Selerosis
Due to: Hypertensive Heart Disease — Duration: Unknown
Other Conditions

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature I. Wallenstein M. D.
Address 848 W 36 Date signed 6/26/46

G 41536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

(Area) 94a

Registered No. G 41536

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 219 S. Conkling st

(c) Hospital or institution: No

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 219 S. Conkling st
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry J. Eurich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Lena Pearl Fraser

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 27 1876

8. AGE Years	Months	Days	If less than one day
69	6	28	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Henry Eurich

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Bishop

15. Birthplace Baltimore Md

16 (a) Informant Mrs. Katherine Schafer

(b) Address 219 S. Conklin

17 (a) Burial (b) Date thereof June 29-46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Eastern ave Road

18 (a) Funeral director Frank Y. Pipitone

(b) Address 2918 E Baltimore st

19 JUN 26 1946 (b) Huntington Woods, Md.
(Signature of Local Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1946, at 3:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 Sept 19 [illegible] to 6/25 1946, and that I last saw h[illegible] alive on 15 Oct 19[illegible]45

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Jordan H Jordan M.D.

Address 3400 E Belvedere Date signed 6/26/46

VS 150

X

G41537 G41537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 927

Registered No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 300 E. University Parkway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 300 E. University Parkway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Teresa von Rintelen

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married.

6 (b) Name of husband or wife August A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 2-1878

8. AGE: Years 67 | Months 8 | Days 22 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Fredmund Muller

13. Birthplace Germany

MOTHER 14. Maiden Name Anna

15. Birthplace Germany

16 (a) Informant August A. von Rintelen

(b) Address 300 E. University Parkway

17 (a) Burial (b) Date thereof June 27 46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Red.

Location Belair Road

18 (a) Funeral director John A. Mason

(b) Address 3000 E. Balto. St.

26 1946 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24- 1946 at 3 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-9-1940 to 6-24-1946 and that I last saw h[illegible] alive on 6-22-1946

Immediate cause of death: Chronic myo-endo-carditis

Due to: Arteriosclerosis

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration
Unknown
Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. B. Gilbert

Address 7802 Harford Rd. Date signed 6-28-46

Huntington Williams, M.D.

VS 150

G41538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 D

G41538 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) DOA

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1520 Eastern Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DANIEL McCANN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married~~, ~~widowed~~, or ~~divorced~~
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
About 80			hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James L. McCann
13. Birthplace Scotland

MOTHER
14. Maiden Name Catherine Anderson
15. Birthplace Ireland

16 (a) Informant Jessie Hatfield
(b) Address 911 N. Draper Street

17 (a) Burial (b) Date thereof Jun 27 46
(Burial, cremation, or removal) (Day) (Month) (Year)
(c) Cemetery or crematory Mem. Gdns.
Location Old Frederick Rd.

18 (a) Funeral director John J. Moran
(b) Address 300 E. Balto. St.

19 (a) JUN 26 1946 (b) Huntington Hotel, Balto, Md.
(Date received by Registrar)

VS-151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/24/46 19 at 10:50 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Davis M.D.
Medical Examiner.
Date signed 6/25/46

X

G41539 ✓ G41539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52a

Registered No. _____

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1211 Light St.
(c) Hospital or institution: So. Balto Gen'l Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore #30 (If outside city or town limits, write RURAL and give town)
(d) Street No. 1457 Stevenson St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Dave Reese (David Relse)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Not known.
8. AGE: Years: about 46 | Months | Days | If less than one day: hr. min.
9. Birthplace: Not known Balto Md (Town, county, and state)
10. Usual Occupation: — none
11. Industry or business: — —

FATHER
12. Name: Not known
13. Birthplace —

MOTHER
14. Maiden Name: Not known.
15. Birthplace —

16 (a) Informant: Amy Foelber (step daughter)
(b) Address: 1457 Stevenson St #30.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-46 (month) (day) (year)
(c) Cemetery or crematory: Cedarhill
Location: Md.
18 (a) Funeral director: Stewart & Mayne Co.
(b) Address: 108 W. Mt. Royal Ave.
19 (a) Huntingtown, Williams, Md.
(Date received by registrar) JUN 26 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-25 1946 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-24 1946 to 6-25 1946 and that I last saw him alive on 6-25 1946.

Immediate cause of death: Respiratory failure
Due to: Hypernephroma - Rt
adr. & Rt Kidney
Due to:
Other Conditions:
(Include pregnancy within three months of death)
Date of operation 5-24-46.
Major findings of operation: Hypernephroma
& metastasis adjacent Rt adrenal & kidney
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury HEMORRHAGE SHOCK & COLLAPSE

23. Signature Thos. Carl Hammond M.D.
Address So. Balto Gen'l Hosp. Date signed 6-25-46

X

G41540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43 F

Registered No. G41540

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution:
US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 66 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2½ mos

2. USUAL RESIDENCE OF DECEASED:
(a) State NY (b) County
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 285 State St. (If rural give location)
(e) Citizen of foreign country? ?China (Yes or No)
If yes, name country

3 (a) FULL NAME Gee, Tom Hee

3 (b) If veteran, name war

3 (c) Social Security Account No. 041-12-2747

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Chinese	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9, 1900

8. AGE: Years	Months	Days	If less than one day
45	7	18	hr. min.

9. Birthplace ? China (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business Seafarer

FATHER
12. Name Hee Gee
13. Birthplace China

MOTHER
14. Maiden Name ? Lee
15. Birthplace China

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-46 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn, Md.

18 (a) Funeral director Stewart & Mowen Co.
(b) Address 108 W. North Ave.

19 (a) JUN 26 1946 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1946 at 5:35A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 18 1946, to June 23 1946, and that I last saw him alive on June 23 1946

Immediate cause of death Carcinoma of naso-parhynx, postoperative — Duration 1yr.

Due to

Due to

Other Conditions Metastases to base of brain, right pleura & rib & liver
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Wilson
John L. Wilson, Sr. Surgeon M. D.
Address Clinical Director Date signed 6/24/46
US Marine Hospital, Balto, Md.

D - Harding
4810 Belair Rd. 541

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 937

Registered No. C-11541

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3607 Belair Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) ~~Ward~~ Maryland ~~Precinct~~ County
(b) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3607 Belair Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Livermon

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John A. Liverman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 29 1870

8. AGE: Years	Months	Days	If less than one day
75	7	27	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Davenport Robinson
13. Birthplace Maine

MOTHER
14. Maiden Name Elmora Burgeston
15. Birthplace Balto Md.

16 (a) Informant Mrs Julia H. Fromm
(b) Address 3607 Belair Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-46 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Leonard J. Rieck
(b) Address 2305 Harford Rd

19 (a) (Date paid by registrar) (b) Registrar

JUN 26 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 to June 25 1946, and that I last saw him alive on June 24 1946.

Immediate cause of death: Ch. Myocarditis — Duration 5 years
Due to Ch. Hypertension
Due to Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. S. Harding M. D.
Address 4810 Belair Rd Date signed June 26/46

641542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 641542

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2581 Edmondson Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2581 Edmondson Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HUBERT STEAD

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Gertrude Robinson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 25, 1880

8. AGE: Years	Months	Days	If less than one day
66	5	1	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Eastman Kodak Co.
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Howard
15. Birthplace England

16 (a) Informant Mrs. Gertrude R. Stead (Wife)
(b) Address 2581 Edmondson Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 26, 1946 (month) (day) (year)
(c) Cemetery or crematory Blandford Cemetery
Location Petersburg, Virginia

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Penna. Aves.

19 (a) Received by registrar JUN 27 1946 (b) Huntington Nelligan, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1946, at 6.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1946, to June 26 1946, and that I last saw h[illegible] alive on June 25 1946.

Immediate cause of death — Duration

Coronary heart disease — 2 weeks.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Lee Tickner

Address 4116 Northern Parkway Date signed 6/28/46

VS 180

X

G41543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124B

Registered No. G41543

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood St.
(c) Hospital or institution: University Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. - 14 (If outside city or town limits, write RURAL and give town)
(d) Street No. 4604 Crosswood Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Vincent Hennessey

3 (b) If veteran, name war: W
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mary Hennessey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15th 1888

8. AGE: Years	Months	Days	If less than one day
57	10	11	hr. min.

9. Birthplace Balto Md. (Town, county, State)
10. Usual Occupation Retired Inspector
11. Industry or business Balto. City

FATHER
12. Name Michael Hennessey
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Oakley
15. Birthplace Ireland

16 (a) Informant Vincent Hennessey Jr
(b) Address 4604 Crosswood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (Date rec'd by registrar) JUN 27 1946 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/26/1946, at 3 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 ; and that I last saw h alive on 6/26 1946

Immediate cause of death Cardiac Failure - Long standing Pedal Cirrhosis

	Duration
Due to Pedal cirrhosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Evan R. Jennings M. D.
Address Univ. Hospital Date signed 6/24/46

VS 150

G41544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G41544 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bon Secours Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-6 D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1813 E. 33rd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dr J. Frank Manley

3 (b) If veteran, name war

3 (c) Social Security Account No. No

4. Sex M

5. Color or race W.

6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Estella A. Van.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 31-1891

8. AGE: Years 54 | Months 7 | Days 24/25 | If less than one day hr. min.

9. Birthplace Keyser, Mass (Town, county, and state)

10. Usual Occupation Dentist

11. Industry or business Self

FATHER
12. Name Thomas M Manley
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Reynolds.
15. Birthplace Ireland

16 (a) Informant Estella Van. Manley
(b) Address 1813 E. 33rd Street

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 6-29-46 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Parkville - Balto Co.

18 (a) Funeral director Wm Cook Inc,
(b) Address 1217 St Paul Street

19 (a) JUN 27 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1946 at 10:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/3 1946 to 6/25 1946 and that I last saw him alive on 6/24 1946

Immediate cause of death Coronary Embolism — Duration 1 Day

Due to Coronary Disease

Due to

Other Conditions Arthritis Deformans

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Lyons
Address 721 Melrose Ave Date signed 6/26/46

VS 150

G41545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G41545 Registered No. 195E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. Mc Donough School
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William K. Hadel

3 (b) If veteran, name war: Spanish-American
3 (c) Social Security Account No. 10

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Louise Reid Hadel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 5th 1878

8. AGE: Years	Months	Days	If less than one day: hr.	min.
67	9	19		

9. Birthplace: Balto Md. (Town, county, and state)
10. Usual Occupation: Retired
11. Industry or business:

FATHER
12. Name: Charles Hadel
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Ellen Kemp
15. Birthplace: Md.

16 (a) Informant: Mrs. Louise Shanks
(b) Address: Mc Donough Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/46 (month) (day) (year)
(c) Cemetery or crematory: Green Mount
Location: Balto. Md.

18 (a) Funeral director: William Cook Inc.
(b) Address: 1217 St. Paul St.

19 (a) Filed 6-27-1946 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1946, at 7 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Fractured Skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-24-46 at 3.45 P. M.
(b) Where did injury occur? Reisterstown Rd. 6 McDonough Lane
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? No
(d) Means of injury undetermined.

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 6-25-46

VS 151

G41546 ✓ G41546

16092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 637

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 5-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16yrs- 0- 18days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 100 N. Front St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Schnaufer

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11 -1867 or 68

8. AGE: Years	Months	Days	If less than one day
78 or 79	3	14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William Schnaufer (D
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Sherks or Schulz
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 JUN 27 1946 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25- 1946 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-7- 1930 to 6-25 1946 and that I last saw him alive on 6-25- 1946

Immediate cause of death Bronchopneumonia — Duration 6 days

Due to —

Due to —

Other Conditions Arteriosclerosis Generalized. Hemiplegia, Left.
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation —

of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert A. Farber M. D.
Address Balto. City Hosps. Date signed 6-25-46

VS 150

107

G41547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122a

Registered No. G41547

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University of Maryland Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Lockeysville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Porter, Walter L.

3 (b) If veteran, name war: W

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Clara Porter

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Mar 30th 1883

8. AGE: Years	Months	Days	If less than one day
63	2	25	hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)

10. Usual Occupation Supt. Racing Farm

11. Industry or business Mrs. Van Lear Black

FATHER
12. Name Jacob E. Porter
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Mary Lucretia Lynch
15. Birthplace Balto. Co. Md.

16 (a) Informant Mrs. Kate Marriott
(b) Address 313 Lakeside Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/46 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Ext'd

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul st.

19 (a) (Date received by registrar) (b) Registrar Wilkinson

JUN 27 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1946, at 11:55 p.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1946 to June 25 1946 and that I last saw him alive on June 25 1946.

Immediate cause of death: Congestive Heart Failure — Duration

Due to Arteriosclerotic Cardio-Vascular Disease

Due to Possible Coronary Insufficiency

Other Conditions Operation for Strangulated Hernia
(Include pregnancy within 3 months of death)

Date of operation 6-24-46

Major findings of operation: Strangulated Inguinal Hernia

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address [illegible] Date signed 6-28-46

G41548

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

Registered No. G41548

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fountain & Green Sts.
(c) Hospital or institution: University Hospital 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3025 Kenyon Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary C Sadler

3 (b) If veteran, name war	3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Alvin A
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 24 1901

8. AGE: Years	Months	Days	If less than one day
44	9	2	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER	12. Name Henry Joyce
	13. Birthplace Baltimore Md
MOTHER	14. Maiden Name Mary Garner
	15. Birthplace Baltimore Md

16 (a) Informant Alvin A Sadler
(b) Address 3025 Kenyon Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/46 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Md
18 (a) Funeral director Gilbert Fox Sons
(b) Address 1219 Cont St
19 JUN 27 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-26 1946 at 6:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-25 1946 to 6-26 1946, and that I last saw her alive on 6-25 1946.

Immediate cause of death Cardiac failure

Due to Coronary thrombosis

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James A Vaughan, Jr. M. D.
Address Univ Hospital Date signed 6-25-46

VS 150

94a

G41549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30E

Registered No. G41549

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital D.A.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 5 N. Carey St (If outside city or town limits, write RURAL and give town)
(d) Street No. Balto Md (If rural give location) 62
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Mae Andrathy Dowling

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-18-1195

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Walter H Dowling
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 10 1889

8. AGE: Years	Months	Days	If less than one day
57	1	13	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business Home

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Margaret Connolly
(b) Address 100 A Sticker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director Geo. L. Beyer Jr
(b) Address 1512 Hollins St

19 (a) JUN 27 1946 (Date received by Local Registrar) (b) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/23 1946, at 8:05 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Luetic C.V. disease

Due to

Other Conditions Hypertension C.V. disease

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. P. Smithmick M.D. (Medical Examiner.)
Date signed 6/27/46

G41550

FL - 101946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 79B

Registered No. G41550

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 22
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 611 S. Sharp St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edith Anne Stevens

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.	6 (b) Name of husband or wife	6 (c) If alive, give age
F	C	Married	Garfield Stevens	years

7. Birth date of deceased (mo., day, yr.) Nov. 13, 1903

8. AGE: Years	Months	Days	If less than one day
42	7	12	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Rufus Beetles
13. Birthplace Md.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 27 46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director James A. Dargan
(b) Address 1142 W. Fiel St

19 (a) JUN 27 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1946, at 5:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1946, to June 25 1946, and that I last saw h. alive on June 25 1946.

Immediate cause of death Hepato-renal intoxication

Due to Arsenic, bismuth intoxication

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Hepato-renal intoxication

Duration

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Doyle Waldron M. D.
Address B. C. H. Date signed June 26/46

VS 150

C41551 Eder

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. C41551

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1211 Light St.
(c) Hospital or institution: So. Balto Gen'l Hosp. 23
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 2 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 30.
(If outside city or town limits, write RURAL and give name of county)
(d) Street No. 1743 S. Hanover St.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Eder

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-23-46

8. AGE: Years | Months | Days | If less than one day: 2 hr. 30 min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Smith
13. Birthplace —

MOTHER
14. Maiden Name Evelyn Eder
15. Birthplace Maryland

16 (a) Informant Mother
(b) Address 1743 S. Hanover St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUN 25 1946

18 (a) Funeral director Commissioner of Health
(b) Address

JUN 27 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-23 1946 at 10½ M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-23 1946 to 6-23 1946 and that I last saw h/ alive on 6-23 1946.

Immediate cause of death: Neonatal Death.
Due to: Premature Delivery (6 month gestation)
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address 1211 N. Light St. Date signed 6-24-46

3594

G41552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122a

G41552 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1727- E 33rd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1727- E. 33rd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kathyrn Hayes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location University Medical School JUN 25 1946

18 (a) Funeral director Commissioner of Health
(b) Address

JUN 27 1946 (Date rec'd by registrar) (c) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1946, at 11:20 A.M.

21. I certify that I took charge of the remains described above, held an inquest thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
acute peritonitis

Due to strangulated hernia

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Williams M.D. Medical Examiner.
Date signed 6/24/46

VS 151

3595

X

G41553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 123

G41553 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 715 Druid Hill Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leroy Patterson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location University Medical School JUN 25 1946

18 (a) Funeral director Commissioner of Health,
(b) Address

JUN 27 1946 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1946, at 3 P. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:
(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Acute Suppurative Peritonitis
due to perforation of carcinoma
Due to intestines.

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Moreell M.D.
Medical Examiner.
Date signed 6-18-46

3593

X

G41554 102285

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 14

G41554 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 630 W. Dolphin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rosie Jefferson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ? 1931

8. AGE: Years	Months	Days	If less than one day
15 ?	?	?	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER 12. Name Rubin Kelley

13. Birthplace Va

MOTHER 14. Maiden Name Irene Jefferson

15. Birthplace Md

16 (a) Informant B. C. H. Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-46 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvery Cem

Location Anne Arundel Co. Md.

18 (a) Funeral director Mrs. Frances A. Hemsley

(b) Address 5 & W Biddle St

19 (a) (Date rec'd by registrar) (b) Registrar

JUN 27 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23, 1946, at 11:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 22, 1946, to June 23 1946 and that I last saw h ? alive on June 23 1946.

Immediate cause of death Tuberculosis Meningitis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation Probable tuberculous

of autopsy Meningitis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature W. Dayle Wallace M. D.

Address B C H Date signed June 25/46

X

G41555 ✓ G41555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 203 Lawn St
(c) Hospital or institution:
12-7
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 206 Lawn St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William A. Johnson

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-18-9639

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Rosa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/15/1905

8. AGE: Years 41 | Months 4 | Days 9 | If less than one day hr. min.

9. Birthplace Md.
(Town, county and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Frank Johnson

13. Birthplace Md.

MOTHER 14. Maiden Name Fannie Owens

15. Birthplace Md.

16 (a) Informant Rosa Johnson

(b) Address 1025 Brantly Ave.

17 (a) Burial (b) Date thereof 6/28/46
(burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Md

18 (a) Funeral director Geo. U. Kelson

(b) Address 1303 Pennsylvania Ave

19 JUN 27 1946 Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Jun 24 1946, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jun 17 1946 to Jun 24 1946.
and that I last saw him alive on Jun 11 1946.

Immediate cause of death Tbc adv pulmonary
Tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration
7

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank R. Julian M. D.

Address 434 E. 23rd Date signed 6/26/46

X

G41556 D BCH 15944

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 104a

Registered No. G41556

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1385 Woodyear St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jerome Hampton

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/18/44

8. AGE: Years	Months	Days	If less than one day
1	7	7	hr. min.

9. Birthplace Balto md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Dewey Hampton
13. Birthplace Balto md.

MOTHER
14. Maiden Name Victoria Moore
15. Birthplace md.

16 (a) Informant Victoria Hampton
(b) Address 1385 Woodyear St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location md

18 (a) Funeral director Guy H. Kelson
(b) Address 1303 Pennsylvania Ave, Balto Md

19 (a) (Date received by registrar) (b) Registrar

JUN 27 1946

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1946 at 1:30 P. M

21. I certify that I took charge of the remains described above, held an ~~inquest~~ Autopsy Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Upper respiratory infection

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

Signature Thomas J. Mendenis M.D.
Medical Examiner.
Date signed 6/26/46

G41557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G41557

51B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ABOVE SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Pk. Drive & 31st St.

(c) Hospital or institution: US Marine Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 127 days

(e) Length of stay in Baltimore (yrs., mos., or days) 127 days

2. USUAL RESIDENCE OF DECEASED:

(a) State NY (b) County

(c) City or town Stapleton
(If outside city or town limits, write RURAL and give town)

(d) Street No. 313 Broad St.
(If rural give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Ross, Tofol

3 (b) If veteran, name war

3 (c) Social Security Account No. 089-12-1290

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9, 1912

8. AGE: Years	Months	Days	If less than one day
34	1	16	hr. min.

9. Birthplace Lithuania
(Town, county, and state)

10. Usual Occupation 3rd mate

11. Industry or business Seafarer

FATHER
12. Name Felix Ross
13. Birthplace Lithuania

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records

(b) Address US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/46 (month) (day) (year)

(c) Cemetery or crematory St. Mary's

Location Hagerstown-Clarksburg Road

18 (a) Funeral director John C. Miller New York

(b) Address 2436 E. Oliver St.

JUN 27 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1946, at 10:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 18 1946, to June 25 1946 and that I last saw him alive on June 25 1946.

Immediate cause of death **Sarcoma of the prostate** — Duration

Due to

Due to

Other Conditions **Pyelonephritis, left**
Bronchopneumonia, bilateral
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Glen E. Ogden M. D.

Address Date signed

VS 180

X

G41558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G41558 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ARROW RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoune and Fayette
(c) Hospital or institution:
Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3121 Ravenwood Ave. #13
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Williams Joseph / Baublitz

3 (b) If veteran, name war not known

3 (c) Social Security Account No. not known

4. Sex male

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife May Bertha Baublitz

6 (c) If alive, give age not living

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1899

8. AGE: Years 46 | Months 7 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired storekeeper

11. Industry or business

FATHER
12. Name John Baublitz
13. Birthplace Maryland

MOTHER
14. Maiden Name Emma Clayton
15. Birthplace Maryland

16 (a) Informant Bertha Baublitz
(b) Address 3121 Ravenwood Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 6/29/46 (month) (day) (year)
(c) Cemetery or crematory Methodist Cem.
Location Fork, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 27 1946 Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1946, at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1946, to June 25 1946, and that I last saw him alive on June 25 1946.

Immediate cause of death Heart failure due to Myocardial Degeneration — Duration: 7 yrs.

Due to Bronchial Asthma — Duration: 3 yrs.

Due to Arteriosclerotic cardiovascular disease

Other Conditions none

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. H. Southwick M.D.
Address Franklin Sq. Hosp. **Date signed** 6/27/46

G41559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 B

Registered No. G41559

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4700 HARFORD AVE.

(c) Hospital or institution: CONVALESENCE HOME. 27-2

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1YEAR.

(e) Length of stay in Baltimore (yrs., mos., or days) LIFE.

2. USUAL RESIDENCE OF DECEASED:

(a) State MARYLAND (b) County

City or town BALTIMORE CITY.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 4700 Harford Rd.

(If rural give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country

3 (a) FULL NAME E. MARY/PRYOR.

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 11, 1857

8. AGE: Years 88 | Months 10 | Days 14 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER

12. Name Francis Pryor

13. Birthplace Balto., Md.

MOTHER

14. Maiden Name Ann Jane ?

15. Birthplace Balto., Md.

16 (a) Informant Mr. Walter Kirwan, friend

(b) Address 4819 Laurel Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/46 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.

Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Balto., Md.

19 (a) JUN 27 1946 (Date rec'd by local registrar) Huntington Williamson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 25 1946 19 at 10.P M

21. I certify that death occurred on the date above stated; that I attended deceased from FEBY 8 1946 to JUNE 25 19 46 and that I last saw HER alive on JUNE 25 1946

Immediate cause of death	Duration
CHRONIC MITRAL REGURGATION	FEB 8.46
Due to CHRONIC MYOCARDITIS	1945
Due to ARTERIOR SCLEROSIS	1945
Other Conditions SENILITY.	

(Include pregnancy within 3 months of death)

Date of operation NONE

Major findings of operation: NONE

of autopsy: NONE

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify kind of place) While at work?

(e) Means of injury

23. Signature Chas. P. Adamtier M. D.

Address 3013 ST PAUL ST Date signed JUNE 26.1946.

VS 130

G41560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1480

Registered No. G41560

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PERSONS REQUIRED TO FURNISH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hilken & Caton Ave
(c) Hospital or institution: St. Agnes Hospital 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. St. Agnes Hospital
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary C. Forcier

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Harold

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1881

8. AGE: Years	Months	Days	If less than one day
64	11	13	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Helper
11. Industry or business St. Agnes Hosp.

FATHER
12. Name Hilbun, Gus
13. Birthplace Md.

MOTHER
14. Maiden Name Kate Knapp
15. Birthplace Md.

16 (a) Informant Estella Whittington
(b) Address 2130 N. Baltimore St.

17 (a) Burial (b) Date thereof June 29. 1946
(Burial, cremation, or removal) (Month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location City

18 (a) Funeral director Mrs. Mrs. John H. Tevis Son
(b) Address 801 W. Lafayette St

19 (a) (b)
(Date received by registrar) Huntington, Md.

JUN 27 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/26 1946 at 3:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1946, to June 26 1946 and that I last saw h. alive on June 26 1946.

Immediate cause of death	Duration
Cardio Respiratory Failure	
Due to Carcinoma	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ~~June 26, 1946 at 3:50 PM~~
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Milton Smith Jr. M.D.
Address St. Agnes Hosp. Date signed 6/27/46

X

G41561
JL - 102018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 129

G41561
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 652 Bradley St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Irene Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Married

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1900

8. AGE: Years	Months	Days	If less than one day
46	5	17	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Sewing machine Operator
11. Industry or business

FATHER
12. Name John Jackson
13. Birthplace Md.

MOTHER
14. Maiden Name Kate
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

19 (a) (b) Huntington Williams M.D. Registrar
Date received by registrar JUN 27 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1946, at 5:10A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1946, to June 26 1946, and that I last saw h. alive on June 26 1946.

Immediate cause of death	Duration
Generalized Peritonitis	4 mos.
Due to Multiple Peritoneal Abscess	4 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy: Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice M. Lacy M. D.
Address Baltimore City Hosp. Date signed 6-26-46

X

G41562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. G41562

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 Hollins St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 Hollins St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Paul Pate

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Mable H. Pate
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Oct. 17-1907

8. AGE: Years	Months	Days	If less than one day
38	8	9	hr. min.

9. Birthplace N.C.
(Town, county, and state)
10. Usual Occupation Mail Carrier
11. Industry or business U.S. Post Office

FATHER
12. Name J.A. Pate
13. Birthplace N.C.

MOTHER
14. Maiden Name Jennie Baker
15. Birthplace N.C.

16 (a) Informant Mrs Mable Pate
(b) Address 1700 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-46 (month) (day) (year)
(c) Cemetery or crematory Holloman Family Cem
Location Shookie N.C.

18 (a) Funeral director Geo. L. Beyer Jr
(b) Address 1512 Hollins St

19 JUN 27 1946 (b) Huntington Williams MD
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 26 June 1946 at 3:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 25 June 1946 to 26 June 1946 and that I last saw him alive on 26 June 1946

Immediate cause of death Coronary Thrombosis — Duration 1½ hrs

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Roemer M. D.
Address 206 S. Gilmor St Date signed 6-27-46

VS 150

X

G41563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G41563

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2506 E. Balto St

(c) Hospital or institution: 6

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2506 E. Balto St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Esa Manekin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Ada Manekin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day: hr.	min.
80				

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Bernard

13. Birthplace Russia

MOTHER 14. Maiden Name Mirsky

15. Birthplace Russia

16 (a) Informant Mrs. Sarah Brook

(b) Address 2506 E. Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-46 (month) (day) (year)

(c) Cemetery or crematory United Hebrew

Location Wash. Blvd.

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E. Balto St

19 (a) (b) Huntington Williams, M.D.

JUN 27 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26th 1946 at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24th 1946 to June 26th 1946, and that I last saw h alive on 19

Immediate cause of death Cerebral Hemorrhage — Duration 3 days

Due to Hypertension — 2

Due to arterio sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature R. J. Jankins M. D.

Address 100 N. Milton Ave Date signed

X

G41564

311016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1246

Registered No. G41564

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Del (b) County
(c) City or town Seaford (If outside city or town limits, write RURAL and give town)
(d) Street No. P.O. box 147 High St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Vivian Jackson Berridge

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	Married

6 (b) Name of husband or wife John P. Berridge
6 (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) May 9, 1913

8. AGE: Years	Months	Days	If less than one day
33	1	18	hr. min.

9. Birthplace N.C. (town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Ed. Perkins Jackson
13. Birthplace Ky.

MOTHER
14. Maiden Name Christine Kennedy
15. Birthplace W. Va.

16 (a) Informant records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-46 (month) (day) (year)
(c) Cemetery or crematory Grace Lawn Memorial Park
Location Wilmington Delaware

18 (a) Funeral director Wm. J. Tuckman & Sons
(b) Address North Union Ave Balto 17 Md.

19 (a) 6-27-46 (b) Huntington W. Va. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946, at 1:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-13- 1946 to 6-27- 1946 and that I last saw her alive on 6-27- 1946

Immediate cause of death: Chronic hepatitis — Duration 2 yrs 8 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Confirms

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. A. Sheard III
Address Johns Hopkins Hosp. Date signed 6/29/46 M. D.

VS 186

G41565 new

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160a

Registered No. G41565

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland + Rayner Ave.
(c) Hospital or institution: W. Balto. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. 23 (If outside city or town limits, write RURAL and give town)
(d) Street No. 1621 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Poat.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1946

8. AGE: Years | Months | Days | If less than one day: 9 hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Glenn Poat
13. Birthplace Capon, W. Va.

MOTHER
14. Maiden Name Okie Pringle
15. Birthplace Hymer Co. W Va.

16 (a) Informant Glenn Poat
(b) Address Capon W Va

17 (a) Burial, cremation, or removal (b) Date thereof 6-26-46 (month) (day) (year)
(c) Cemetery or crematory Capon Lutheran
Location Capon W Va

18 (a) Funeral director Robert L Brooks
(b) Address 837 Hollins Street

19 (d) JUN 27 1946 Washington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1946 at 930 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1946 to June 26 1946 and that I last saw her alive on 6-26-46 1946.

Immediate cause of death Intra Cranial hemorrhage — Duration

Due to undet.

Due to undet.

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph M. Kuth M.D. M. D.

Address 2900 Rayner Ave Date signed 6-27-46

VS 150

X

G41566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G41566

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

REMOVED, RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5207 Hamperth Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5207 Hamperth Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Amanda Spear

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Married

6 (b) Name of husband or wife Gottlieb F.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11, 1875

8. AGE: Years	Months	Days	If less than one day
71	1	15	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Markowitz
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace Germany

16 (a) Informant Mr Gottlieb Spear
(b) Address 5207 Hamperth Ave

17 (a) Burial (b) Date thereof 6-29-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto, Md

18 (a) Funeral director Leonard J. Rusk
(b) Address 5207 Harford Rd

19 (a) JUN 27 1946 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1945 to June 26 1946 and that I last saw h alive on June 26 1946

Immediate cause of death Cerebral Hemorrhage. — Duration 1 day.
Due to Hypertensive Cardio Vascular disease — 10 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herman F. Kaltman M. D.
Address 6 E Biddle St Date signed 6/27/1946

VS 150

041567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. 041567

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2577 Frederick Ave
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2577 Frederick Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John E. Reed

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23, 1861

8. AGE: Years 85 | Months 4 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Machinist
11. Industry or business Patuxent R.R.

FATHER
12. Name Thomas J. Reed
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Sophie W. Williams
15. Birthplace Baltimore Md

16 (a) Informant Mrs. Mary M. Reed
(b) Address 2577 Frederick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave

18 (a) Funeral director Chas. J. Brown & Co
(b) Address 1803 Pennsylvania Ave

19 (a) (b)
(Signature of registrar) (Registrar)

JUN 27 1946 Huntington Willemette, Md
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/26/ 1946 at 12 noon M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1946 to June 26 1946 and that I last saw him alive on June 26 1946.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Seagmeth

Address 1724 N. Fremont Date signed 6/27/46 M. D.

X

G41568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G41568

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6420 Reisterstown Road

(c) Hospital or institution The Seton Institute

(d) Length of stay in hospital or inst. (yrs., mos., or days) 37 yrs. 8 mo. 25 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 85 yrs. 5 mo. 13 da.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 6420 Reisterstown Rd.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Thomas M. McHugh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie McHugh

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1860

8. AGE: Years 85 | Months 5 | Days 13 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Michael McHugh

FATHER 13. Birthplace Ireland

MOTHER 14. Maiden Name Catherine Burke

MOTHER 15. Birthplace Ireland

16 (a) Informant The Seton Institute

(b) Address 6420 Reisterstown Rd Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/46 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cemetery

Location 4300 Old Frederick Road

18 (a) Funeral director Chas. Logan & Son

(b) Address 1703 Eutaw St.

19 (a) [illegible] (b) Huntington Williams, M.D.

JUN 27 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1946, at 7:33 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1937 to June 26 1946, and that I last saw him alive on June 26 1946.

	Duration
Immediate cause of death: General Arteriosclerosis	6 yrs.
Due to: Hypostatic pneumonia	7 da.
Due to: Circulatory failure	1 da.
Due to:	
Other Conditions: Schizophrenia	37 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M.

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Norman Dayne, M.D.

Address 23 E. Madison St. (Signed by Coroner)

X

G41569 G41569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46H

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town 2126 Jefferson St.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore-5
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Savino or Samuel LIBERATORE

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: none

4. Sex: M. | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rose
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 4 1887

8. AGE: Years 64 | Months | Days 22 | If less than one day: hr. min.

9. Birthplace: Capracotta, Italy (Town, county, and state)

10. Usual Occupation: None.

11. Industry or business

FATHER — 12. Name: Giovanni Liberatore
13. Birthplace: Italy

MOTHER — 14. Maiden Name: Antonetta Di Tella
15. Birthplace: Italy

16 (a) Informant: Rose Liberatore
(b) Address: 2126 Jefferson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 29 1946 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Rd. Baltimore Md.

18 (a) Funeral director: Frank Della Rocca
(b) Address: 52 N. Morley St.

19 (a) (Date rec'd by registrar) JUN 27 1946 (b) Registrar: Huntington Williams, MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 26 1946 at 4 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1946 to June 26 1946 and that I last saw him alive on June 26 1946.

Immediate cause of death: Circulatory collapse — Duration

Due to: Cachexia.

Due to: Retroperitoneal tumor (sarcoma)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation: June 27 '46

Major findings of operations: Retroperitoneal tumor

of autopsy: no autopsy.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: John F. Noguera, M.D.
Address: Mt Sin Hospital Date signed 6/28/46

X

Ref. Nicak
G41570

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1589

Registered No. G41570

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3617 Pulaski Highway (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Mikanowicz

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Florence Mikanowicz
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) May 16, 1918

8. AGE: Years	Months	Days	If less than one day
28	1	11	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Guard
11. Industry or business

FATHER
12. Name Anthony Mikanowicz
13. Birthplace Poland

MOTHER
14. Maiden Name Josephine Kasmon
15. Birthplace Poland

16 (a) Informant Hosp Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/27/46 (month) (day) (year)
(c) Cemetery or crematory Nanticoke Pa.
Location

18 (a) Funeral director Wm Cook Inc.
(b) Address 1217 St Paul St

19 (a) (Date rec'd by registrar) (b)

VS JUN 27 1946 Registrar Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 23 June 1946 to 27 June 1946, and that I last saw him alive on 27 June 1946.

Immediate cause of death Cerebral edema due to

Due to Cardiac decompensation

Due to Mitral insufficiency from Rheumatic Heart disease

Other Conditions

(Include pregnancy within 3 months of death)

Duration: 16 yrs

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward F. Smith Jr. M.D.
Address Mercy Hospital Date signed 6-27-46

X

G41571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48B

G41571 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 841 N. Patterson Park Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Elizabeth M. Vojtik

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Charles M. Vojik
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1888

8. AGE: Years	Months	Days	If less than one day
57 yrs.	7	14	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Joseph Bocek
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Vilamina Kosak
15. Birthplace Czechoslovakia

16 (a) Informant husband
(b) Address 841 N. Patterson Park Ave.

17 (a) burial (b) Date thereof 6/29/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or ~~cemetery~~ Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director C.E. Schimunek
(b) Address 2601 E. Madison St.

19 (a) JUN 27 1946 Filed by Registrar Williams, M.D. Registrar
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25, 1946, at 11:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1946 to June 25 1946, and that I last saw her alive on June 25, 1946.

Immediate cause of death	Duration
Respiratory & Cardiac failure	
Due to Sarcoma of abdominal organs	
Due to Sarcoma of uterus	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation June 22, 1946

Major findings of operation: Sarcoma of uterus & abdominal organs

If autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L.R. Salomon M. D.
Address Bon Secours Hosp. Date signed 6-25-46

G41572
JL - 98193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30c

G41572
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5- 25
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1506 E. Pratt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hilda King or Barbara Schaaf

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Charles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1882

8. AGE: Years	Months	Days	If less than one day
64	2	9	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Micheal (D)
13. Birthplace Md.

MOTHER
14. Maiden Name Mary ? (D)
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Hugh Lovedale
(b) Address 900 E Baltimore St

19 (Date received by registrar) JUN 27 1946
Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1946, at 11pm M

21. I certify that death occurred on the date above stated; that I attended deceased from 12- 31 1945 to June 24 1946 and that I last saw h alive on June 24 1946

Immediate cause of death	Duration
Bronchopneumonia	6 days
Due to Cerebral Vascular Accident	
Due to Cause undet	6 mos
Other Conditions Gen. Arteriosclerosis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund C Lockard M. D.
Address Balto City Hosp Date signed 30 Jun 46

83a

G41573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83B

G41573 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2801 W. Lafayette Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2801 W. Lafayette Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No) V
If yes, name country

3 (a) FULL NAME Lelia M. Wills

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Late Leonard Wills
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 26, 1872.

8. AGE: Years 74 | Months 2 | Days 0 | If less than one day: hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John Walker
13. Birthplace Va.

MOTHER 14. Maiden Name Lucinda Parker
15. Birthplace Va.

16 (a) Informant Leonard A. Wills
(b) Address 3013 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28/46 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn, Md.

18 (a) Funeral director Harry H. Ruffle
(b) Address 4101 Edmondson Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Md. Registrar

JUN 27 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26/46. 19 . at 12:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1946 to June 26 1946 and that I last saw her alive on 6-24-46 19 .

Immediate cause of death Terminal bronchopneumonia — Duration: 14 days

Due to Left homiplegia

Due to Cerebral thrombosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature O. Rangle

Address 642 North Dkl Date signed 6/27/46

RANGLE X

G41574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

G41574 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 min.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 5508 Frederick Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Shamer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Bernadette C. (Rabstock)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/20/1905

8. AGE: Years	Months	Days	If less than one day
41	1	6	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Police officer
11. Industry or business

FATHER
12. Name David Shamer
13. Birthplace Md

MOTHER
14. Maiden Name Emma Freeman
15. Birthplace Md

16 (a) Informant Wife - Bernadette C. (Rabstock)
(b) Address 5508 Frederick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, 1946 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd

18 (a) Funeral director Harry A. Wetzler
(b) Address 4101 Edmondson Ave

19 (a) JUN 27 1946 (Date received by registrar) Huntingtown, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/26 1946 at 8:55 P.M.

21. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. J. Tschiemba M.D.
Medical Examiner.
Date signed 6/27/46

VS 151

G41575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G41575 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1913 Eutaw Place
(c) Hospital or institution:
Ellinger Nursing Home 15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2316 Chelsea Terr.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALICE JORDAN HEISER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	None	Female	White	Widow

6 (b) Name of husband or wife Robert Lee Heiser
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5, 1868

8. AGE: Years	Months	Days	If less than one day
78	6	21	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Christian Heiser
13. Birthplace Richmond, Va.

MOTHER
14. Maiden Name Ellen Bonsal
15. Birthplace Richmond, Va.

16 (a) Informant Mrs. Elizabeth Yearley
(b) Address 4301 Penhurst Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b)

JUN 27 1946

Huntington Williams M.D.

MEDICAL CERTIFICATION A

20. DATE OF DEATH June 26, 1946 at 10:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1928 19__ to June 26 1946
and that I last saw her alive on June 26 1946

Immediate cause of death	Duration
Cardio-vascular	
Due to Hypertension disease	10 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Homer H. Todd M.D.
Address 2108 St Paul St Date signed 6/27/46

vs

X

G41576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51c

G41576
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 51st St.
(c) Hospital or institution:
US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass. (b) County
(c) City or town Lynn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 11 Hutchinson Court
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3 (a) FULL NAME
Mc Garvey, Myles Francis

3 (b) If veteran, name war

3 (c) Social Security Account No. 021-16-4397

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Dora Mc Donough McGarvey
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1922

8. AGE: Years	Months	Days	If less than one day
24	5	21	hr. min.

9. Birthplace Lynn, Mass. (Town, county, and state)
10. Usual Occupation AB seaman
11. Industry or business Seafarer

FATHER
12. Name Frank Mc Garvey
13. Birthplace Nova Scotia

MOTHER
14. Maiden Name Frances Valentine
15. Birthplace Lynn, Mass.

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 6/27/46 (month) (day) (year)
(c) Cemetery or crematory Cambridge Cem.
Location Cambridge, Mass.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto. Md.

19 (a) JUN 27 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946, at 5:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 13 1946, to June 27 1946, and that I last saw h im alive on June 27 1946.

Immediate cause of death Carcinoma of testicle with generalized abdominal metastases — Duration 3 yrs

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Marion Friedman, Sr. Asst. Surgeon (R)
Address US Marine Hospital Date signed 6/27/46
Balto, Md.

G41577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

G41577 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution: US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 47 days
(e) Length of stay in Baltimore (yrs., mos., or days) 47 days

2. USUAL RESIDENCE OF DECEASED:
(a) State NC (b) County
(c) City or town Morehead City (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Barker, Doris Lee

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Child

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 28, 1938

8. AGE: Years	Months	Days	If less than one day
7	8	29	hr. min.

9. Birthplace Norfolk, Va. (Town, county, and state)
10. Usual Occupation Student
11. Industry or business

FATHER
12. Name Charles Henry Barker
13. Birthplace NC

MOTHER
14. Maiden Name Ruby Gray Hall
15. Birthplace NC

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29-46 (month) (day) (year)
(c) Cemetery or crematory
Location Morehead - City - N.C.

18 (a) Funeral director Odell Funeral Home Inc
(b) Address 4644 York Rd #12

19 (a) (b)
Filed rec'd by registrar JUN 29 1946 Registrar
Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946, at 10:10A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1946, to June 27 1946, and that I last saw her alive on June 27 1946.

Immediate cause of death Atelectasis complete, both lungs — Duration few minutes

Due to foreign body, right bronchus — 18 mos.

Due to abscess lower right lung — 6 mos.

Other Conditions — given

(include pregnancy within 3 months of death)
Date of operation 6/27/46
Major findings of operation: Pneumonitis, lower right lung
of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Glen E. Ogden
Glen E. Ogden, Surgeon M. D.
Address US Marine Hospital Baltimore, Md. Date signed 6/27/46

B41578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 939

Registered No. 41578

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 209 E. Lafayette
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 - 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 209 E. Lafayette Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William J. McGinnis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Etta W. McGinnis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11th 1872

8. AGE: Years	Months	Days	If less than one day
74	1	15	hr. min.

9. Birthplace Texas Md.
(Town, county, and state)
10. Usual Occupation Train man (Retired)
11. Industry or business P.R.R. R. R.

FATHER
12. Name John McGinnis
13. Birthplace Ireland

MOTHER
14. Maiden Name Katherine (Unknown)
15. Birthplace Ireland

16 (a) Informant Etta W. McGinnis (Wife)
(b) Address 209 E. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/46 (month) (day) (year)
(c) Cemetery ~~or crematory~~ St. Josephs
Location Texas Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

JUN 27 1946 Date received Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26th 1946 at 12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 1946 to June 26 1946 and that I last saw h/m alive on 6-26 1946

Immediate cause of death Myocardial thrombosis coronary
Due to Arterio sclerosis

Duration
10 days
5 yrs.

Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur J. Dames M. D.
Address 800 W 33rd Date signed 6-27-46

VS 150

X

G41579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 186a

G41579 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 603 W. Lafayette Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henderson Matthews

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1905

8. AGE: Years 41 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Prospect Va. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER 12. Name Samuel B. Matthews
13. Birthplace Prospect Va.

MOTHER 14. Maiden Name Lizzie Jones
15. Birthplace Buckingham Co Va

16 (a) Informant William L. Matthews
(b) Address 603 W. Lafayette Ave

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof 6-28-46 (month) (day) (year)
(c) Cemetery or crematory Farmville Va.
Location Va.

18 (a) Funeral director Archibald G. Gadsby
(b) Address 240 McCulloh St Baltimore Md

19 (a) JUN 28 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1946, at 6 P M

21. I certify that I took charge of the remains described above, held an ____ thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to ____ death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured Skull
Intracranial & Intra cerebral
Hemorrhage

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/23/46 at 17/2 P. M.
(b) Where did injury occur? 603 W. Lafayette Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Fell from steps, outside.

Signature Howard J. Bullock M.D. Medical Examiner
Date signed 6/26/46

VS 151

G41580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93B

Registered No. G41580

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Green Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carrol
(c) City or town Finksburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. R.D. Gamber
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John C Boone

3 (b) If veteran, name war ------

3 (c) Social Security Account No. 213-05-1331

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced married.

6 (b) Name of husband or wife Catherine Boone

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) June 26, 1903

8. AGE: Years 42 | Months 11 | Days 29 | If less than one day hr. min.

9. Birthplace Carroll Co. Maryland
(Town, county, and state)

10. Usual Occupation Apprentice Engineer

11. Industry or business

FATHER
12. Name George E. Boone
13. Birthplace Maryland

MOTHER
14. Maiden Name Kate Penrose
15. Birthplace Penna.

16 (a) Informant Mrs. Catherine Boone
(b) Address Finksburg, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Pleasant
Location Gamber, Carroll Co. Md.

18 (a) Funeral director C. M. Waltz
(b) Address Winfield, Md.

19 (a) JUN 28 1946 (State rec'd by registrar) (b) Huntington Millington, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-25 1946, at 5:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-25 1946 to 6-25 1946 and that I last saw h[illegible] alive on 6-25 1946

Immediate cause of death	Duration
Cardiac failure	
Due to Septicemia	
Due to	
Other Conditions Water from Fredrickson Syndrome.	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Remarks in Addenda

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James A Vaughn M.D.
Address Univ. Hospital Date signed 6-26-46

VS 150

G41581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. G41581

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1913 E Lafayette Ave
(c) Hospital or institution: [illegible]
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1913 E Lafayette Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lenora Hunicken

3 (b) If veteran, name war: [illegible]
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: John F
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Dec 17 1868

8. AGE: Years	Months	Days	If less than one day: hr.	min.
77	6	10		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name	Haden Gentry
FATHER 13. Birthplace	Ky.
MOTHER 14. Maiden Name	Annie McClosky
MOTHER 15. Birthplace	Ireland

16 (a) Informant Geo F Lee
(b) Address 1913 E Lafayette Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/46 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md
18 (a) Funeral director Tilburn Co Inc
(b) Address 1217 E Pratt St
19 (a) (Date received by City Registrar) (b) Huntington Williams, M.D.

JUN 28 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946; at 10 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 46 to June 19 46 and that I last saw her alive on 26 June 19 46

Immediate cause of death: Heart failure — Duration 3 days
Due to Arteriosclerosis — 5 yrs
Due to
Other Conditions Cerebral arteriosclerosis
Essential adhesion
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo F Lee
Address 2737 Hartford Rd Date signed 27 June

X

G41582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1176

G41582
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard and Madison Sts
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2419 Ken Oak Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hannah F. McKenney

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband: Duncan A. McKenney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1863

8. AGE: Years	Months	Days	If less than one day
83	2	2	hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Dinkeldine
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant John McKenney
(b) Address 2419 Ken Oak Rd

17 (a) Removal (b) Date thereof 7/1/46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Peace
Location Phila. Pa.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) JUN 28 1946
(Date received by registrar)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946, at 5:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1946, to June 27 1946, and that I last saw her alive on June 27 1946.

Immediate cause of death Shock, respiratory and cardiac failure, resulting from peritonitis due to ruptured duodenal ulcer

Due to

Due to

Other Conditions Arteriosclerosis, C.V. disease, Senility and cachexia

(Include pregnancy within 3 months of death)

Date of operation 6-25-46

Major findings of operation: Massive peritonitis

of autopsy: Tissues and abscess

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph L. Lewis M.D.
M. D.

Address Md General Hospital, Baltimore, Md. Date signed

VS 150

Huntington Williams Jr.

G41583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

Registered No. G41583

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2726 Hampden Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 -
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2726 Hampden Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William L Gissel

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 20. 1863

8. AGE: Years	Months	Days	If less than one day
82	7	7	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Gissel Bros

FATHER
12. Name William Gissel
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Hannover
15. Birthplace Germany

16 (a) Informant Rebecca Schmidt
(b) Address 2726 Hampden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 06 29 46 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Fulton Conte
(b) Address 1219 E Fort Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946, at 12 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-18- 1943 to 6-27- 1946 and that I last saw h alive on 6-26- 1946.

Immediate cause of death Organic heart disease — Duration (mo., day, or hr.)
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chester Riland, Jr. M.D.
Address 2532 Edmondson ave Date signed 6-27-46 M. D.

VS 150 JUN 28 1946 Huntington Williams, M.D.

G41584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. G41584

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 313 E. North Ave.
(c) Hospital or institution:

12 4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 313 E. North Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CARRIE M. MacKAY

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: James F. MacKay
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 3, 1862

8. AGE: Years	Months	Days	If less than one day
83	7	22	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: School Teacher - Retired
11. Industry or business: Balto. City Schools

FATHER
12. Name: Stephan Morse
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Sarah McGlone
15. Birthplace: New Jersey

16 (a) Informant: Miss Jessie MacKay
(b) Address: 313 E. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/28/46 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) JUN 28 1946 (Date received by registrar) (b) Registrar

VS 180

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 25, 1946, at 6:45P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 15 1945 to June 25 1946.
and that I last saw h[illegible] alive on June 25 1946.

Immediate cause of death: Coronary Occlusion — Duration: 5 days
Due to:
Due to:
Other Conditions: Carcinoma of Intestines (Cancer) — Duration: 1 year
(Include pregnancy within 3 months of death)
Date of operation: June 11 1946
Major findings of operation: Carcinoma, Cancer
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: [illegible] County M.D.
Address: 5106 Harford Rd. Date signed: 6-26-46

G41585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. G41585

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address N. Broadway

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 2

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2da

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) Baltimore City

(c) City or town Roland Park

(If outside city or town limits, write RURAL and give town)

(d) Street No. 725 Deepdene Rd.

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) **FULL NAME** Harvard Foreman (Howard Chesley Forman SR)

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife Single

6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) May-14-1915

8. AGE: Years 31 | Months 1 | Days 13 | If less than one day hr. min.

9. Birthplace Md. Balto. Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

MOTHER | FATHER

12. Name Harvard C. Foreman Sr.

13. Birthplace Balto. Md.

14. Maiden Name Viola Lewis

15. Birthplace Md. (Dorchester Co)

16 (a) Informant Mrs Viola L. Forman (wife)

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-46 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville

18 (a) Funeral director Stewart Memorial

(b) Address 1084 W Mosher Ave

19 (a) JUN 28 1946 (b) Registrar's Office, Baltimore, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946 at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-25 1946 to 6-27 1946 and that I last saw h[illegible] alive on 6-27 1946

Immediate cause of death Pneumonia, right lower lobe — Duration 10 days

Due to

Due to

Other Conditions Chronic cachexia ? Hypothremia Grade ? Anemia Normo — 15 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Eugene Meyer M.D.

Address Johns Hopkins Hosp Date signed June 27 1946

X

G41586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

85

Registered No. G41586

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2203- N. Howard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mame Harris

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-19 1905

8. AGE: Years	Months	Days	If less than one day
40	11	4	hr. min.

9. Birthplace Maryland (Town, county and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name William Turner
13. Birthplace Maryland

MOTHER
14. Maiden Name Lula Harris
15. Birthplace Maryland

16 (a) Informant Frank Jones
(b) Address 2203 N. Howard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (b)

JUN 28 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1946 at 4:15 P.M.

21. I certify that I took charge of the remains described above, held an autopsy & inquiry thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to last death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Status epilepticus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Uhlendorf M.D.
Medical Examiner.
Date signed 6/24/46

Huntington

X

Please write plainly, with INKING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G41587

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3023 White Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 + 4
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3023 White Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MAY A ROSSEL

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-24-6483

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Frederick C. Rossel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug. 25, 1879

8. AGE: Years 66 | Months 10 | Days 27 | If less than one day: hr. min.

9. Birthplace: Balto. Co., Md. (Town, county, and state)

10. Usual Occupation: Shipping Clerk

11. Industry or business: J. Gutman & Co.

FATHER
12. Name: Michael Dolan
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Mary K. Hammel
15. Birthplace: Balto., Md.

16 (a) Informant: Mrs. Daniel Dolan
(b) Address: 3023 White Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof June 29, 1946 (month) (day) (year)
(c) Cemetery or crematory: Moreland Memorial
Location: Balto., Md.

18 (a) Funeral director: Rossell Funeral Home
(b) Address: 7401 Belair Road

19 (a) JUN 28 1946 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27th, 1946, at 8:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1946, to June 27th 46, and that I last saw h. er alive on June 25th 46.

Immediate cause of death: Myocardial insufficiency — Duration: 3 days

Due to: Chronic myocarditis — yrs.

Due to: Thrombophlebitis with septic infection — 3 days.

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: A. L. Wilkinson, M. D.
Address: 5713 Bel Air Rd. Date signed: 6/28/46

VS 150

G41588 Coward Steamship Repl. (Swedish) ✓ G41588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

Registered No.

1. PLACE OF DEATH: Removed from Patapsco River Balto Co.
(a) Baltimore City, Maryland
(b) Street address 700 Fleet St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: ✓
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Estonia

3 (a) FULL NAME Axel Treisatt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1913

8. AGE: Years	Months	Days	If less than one day
33			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Seaman.

11. Industry or business Farrell Wilh Co.

FATHER
12. Name -
13. Birthplace -

MOTHER
14. Maiden Name -
15. Birthplace -

16 (a) Informant Farrell-Wilh Co.
(b) Address Locust St. Balto.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6-28-46 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Edgewood Ave.

18 (a) Funeral director J. H. McCurdy
(b) Address 130 E. Fort Ave.

19 (a) (Place of disposition) (b) Huntington Williams, M.D.

JUN 28 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1946 at 9 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/19/46 at 3 M.
(b) Where did injury occur? Patapsco River Balto Co.
(c) Did injury occur at home, on farm, industrial place, in public place? Public place While at work? No
(d) Means of injury Fell off while boarding ship

23. Signature Howard J. Mullis M.D.
Medical Examiner.
Date signed 6/22/46

X

Please write plainly, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

aboard SS Regel (Swedish)

G41589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

G41589

Registered No.

1. PLACE OF DEATH
(a) Baltimore City, Maryland
(b) Street address Recovered from Patapsco River Balto Co
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Sweden

3 (a) FULL NAME John Svedsen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1917

8. AGE: Years 29 | Months | Days | If less than one day hr. min.

9. Birthplace (town, county, and state)

10. Usual Occupation Seaman.

11. Industry or business Farmers Withy Co

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Cremation. (Burial, cremation, or removal) (b) Date thereof 6-18-46 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Frederick Ave

18 (a) Funeral director J. B. Finney
(b) Address 130 S. Fasdel

19 (a) JUN 28 1946 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 19 46 at 9.50 A. M

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑ suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Drowning

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/19/46 at ? M.
(b) Where did injury occur? Patapsco River Balto Co.
(c) Did injury occur at home, on farm, industrial place, in public place? Public place While at work? No
(d) Means of injury Fell off while boarding ship

23. Signature Thomas S. Wearen M.D.
Medical Examiner.
Date signed 6/27/46

VS 151

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. USE WHITE RIBBON, WITH UNFADING INK.

G41590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92B

G41590 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvedere Ave
(c) Hospital or institution: Hebrew aged Home 27-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. Greenspring & Belvedere (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DORA SHAPIRO

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years 48 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Dept Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-46 (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Baltimore, Md.

18 (a) Funeral director Joseph Levy Inc
(b) Address 1439 E. Balto St

19 (a) (b) Registrar

JUN 28 1946

VS 190

Hunterston Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946, at 8:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-23 1946 to 6-27 1946 and that I last saw her alive on 6-27 1946.

Immediate cause of death: Coronary Thrombosis — Duration

Due to

Due to

Other Conditions Mitral regurgitation

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Byck M. D.
Address Glendale Home Date signed 6-27-46

X

G41591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G41591

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Cecil Co.
(c) City or town Elkton
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Bentley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Juanita

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-24-04

8. AGE: Years	Months	Days	If less than one day
41	7	2	hr. min.

9. Birthplace Ky (Town, county, and state)

10. Usual Occupation Paper Mill

11. Industry or business

FATHER
12. Name Patton Bentley
13. Birthplace Ky.

MOTHER
14. Maiden Name Cora Hatfield
15. Birthplace Ky

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29th 1946 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Leo G. Leach
(b) Address 1701-03 N. Patterson Park Ave

19 (a) JUN 28 1946 (Date rec'd by registrar)

Registrar

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1946 at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1946 to June 26 1946 and that I last saw him alive on June 26 1946.

Immediate cause of death Interlobar nephrosclerosis — Duration 3 yrs.

Due to Generalized arteriosclerosis — Duration ?

Due to: — Duration

Other Conditions Anemia Botemia — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene Meyer III, M.D.
Address Johns Hopkins Date signed 27 June 1946

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41592 ✓ G41592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Payson & Ouhland Sts.
(c) Hospital or institution: Mercy Baltimore Gen Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1633 N. North Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edgar Layton Lee

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 61 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Sign Painter

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs Esther Pfeiffer
(b) Address 1110 N. Bentalou St

17 (a) Burial (Burial, cremation or removal) (b) Date thereof June 24th 1946 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E North Ave. Cem.

18 (a) Funeral director Leo D. Lesh
(b) Address 1901-03 N Patterson Park Ave

19 (a) JUN 28 1946 (b) Registrar Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 23 June 1946, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 23 June 1946, to 23 June 1946, and that I last saw h[illegible] alive on 23 June 1946.

Immediate cause of death: Cardio Respiratory Failure — Duration
Due to: Pulmonary Edema
Due to: Myocardial Infarction
Coronary Art. Dis.
Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Peter A. Hale Jr.
Address Mercy Balto Gen Hosp. Date signed 6-25-46

VS 189

X

G41593 BCH G49144 G41593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1218 Jackson St
(c) Hospital or institution: So. Balto Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 19 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1218 E Jackson St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Raymond George Jefferies

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/8/46

8. AGE: Years	Months	Days	If less than one day
		19	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Raymond Jefferies
13. Birthplace Balto Md.

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Family
(b) Address 1218 Jackson St

17 (a) (Burial, cremation, or removal) (b) Date thereof 6-18-46 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director J. H. McCauley
(b) Address 932 E. Fairmount Ave

19 (a) (D[illegible] Jun 28 1946 Registrar
Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-27 1946, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-8 1946 to 6-27 1946 and that I last saw h im alive on 6-27 1946

Immediate cause of death Respiratory Failure — Duration

Due to Intracranial Hemorrhage

Due to ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Intracranial hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 932 Balto Gen Date signed 6/27/46

Hospo X

VS 180

C41594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45F

Registered No. C41594

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1713 Bank St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1713 Bank St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vincent Plotczyk

3 (b) If veteran, name war

3 (c) Social Security Account No. 216 01 7148 A

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna Plotczyk
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18.1875

8. AGE: Years	Months	Days	If less than one day
71	2	8	hr. min.

9. Birthplace Poland (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Thomas Plotczyk
13. Birthplace Poland

MOTHER
14. Maiden Name Unk.
15. Birthplace Poland

16 (a) Informant Anna Plotczyk
(b) Address 1713 Bank St.

17 (a) Burrial (Burial, cremation, or removal) (b) Date thereof June 29/46 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1930 Eastern Ave.

19 (a) (Date rec'd by registrar) Huntington Williams Registrar

JUN 28 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1946, to June 26 1946, and that I last saw h alive on June 26 1946.

Immediate cause of death	Duration
Carcinoma of Pharynx and Carcinoma of Lungs	8 mos
Due to	
Due to	4 mos. months
Other Conditions Secondary Anemia	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature A. F. Rios M. D.
Address 24 S. Bonny Date signed June 27/46

G41595 ✓ G41595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

Registered No. _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 533 Laurence Street
(c) Hospital or institution: 14-
(d) Length of stay in hospital or inst. (yrs., mos., or days) _____
(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 533 Laurence
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3 (a) FULL NAME Clara J. Kerby

3 (b) If veteran, name war _____ | 3 (c) Social Security Account No. _____

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	Married

6 (b) Name of husband or wife George H. Kerby
6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 9, 1875

8. AGE: Years	Months	Days	If less than one day
71	-	17	hr. _____ min.

9. Birthplace Middletown, Pa.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business _____

FATHER
12. Name Giles Miles
13. Birthplace Va.

MOTHER
14. Maiden Name Clara Noon
15. Birthplace Harrisburh, Pa.

16 (a) Informant George H. Kerby
(b) Address 533 Laurence

17 (a) Shepherd (Burial, cremation, or removal) (b) Date thereof June 30-46 (month) (day) (year)
(c) Cemetery or crematory _____
Location Harrisburg Pa.

18 (a) Funeral director Harry F. B. Gibson
(b) Address 1735 Druid Hill Ave

19 (a) JUN 28 1946 (b) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26, 1946 at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/5, 1946 to 6/26/46
and that I last saw her alive on 6/26/46

Immediate cause of death Cancer, rectum — Duration Unknown

Due to _____

Due to _____

Other Conditions None
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: _____

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M.
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____
(Specify type of place)
(e) Means of injury _____

23. Signature Geo. McDonald M. D.
Address 844 N. Carey St. Date 6/26/46

VS 190

G41596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G41596 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3719 Hillsdale Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3719 Hillsdale Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Rebecca Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife William T. Lee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1857

8. AGE: Years	Months	Days	If less than one day
89	3	11	hr. min.

9. Birthplace Granite, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Henry C. Luttgerding
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Ann Haymorth
15. Birthplace Ellicott City, Md.

16 (a) Informant Miss Jennie Luttgerding
(b) Address 3719 Hillsdale Road

17 (a) Burial (b) Date thereof June 29, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Md.

18 (a) Funeral director Wills Lamoreau
(b) Address 4510 Liberty Hgts Ave.

19 JUN 28 1946 Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946, at 6.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1939 to June 22 1946 and that I last saw h.er alive on June 22 1946

Immediate cause of death	Duration
Chronic myocarditis	6 yrs
Due to arteriosclerosis	15 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. D.
Address 3405 Garrison Blvd. Date signed

VS 150

G41597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G41597

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: MARYLAND GENERAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2922 N. Rogers Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LILLIAN MAC LELLAN May

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Rufus Charles MacLellan
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) May 9, 1883

8. AGE: Years	Months	Days	If less than one day
63	1	17	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER
12. Name John H. Rutter
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ida B. Harris
15. Birthplace Virginia

16 (a) Informant Mr. R. Charles MacLellan
(b) Address 2922 N. Rogers Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** June 29, 1946 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn, Md.

18 (a) Funeral director Ellis Lamonaw
(b) Address 4510 Liberty Heights Ave.

19 JUN 28 1946 **(b)** Huntington Williams, Mortician, Md. Gen. Hosp.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/26/46 19 , at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/25 1946 to 6/26 1946. and that I last saw h[illegible] alive on 6/26 1946.

Immediate cause of death BRONCHOPNEUMONIA — **Duration** 1 DAY

Due to CEREBRAL HEMORRHAGE (RT)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles W. Stewart, Jr. M. D.
Date signed 6/26/46

VS 150

X

G41598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G41598 Registered No. 73a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution Mercy Hosp. 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4405 Wrenwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Messina

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Mo

6 (b) Name of husband or wife Concetta Messina
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Dec-25 1874

8. AGE: Years	Months	Days	If less than one day
71	6	12	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John Messina
13. Birthplace Italy

MOTHER
14. Maiden Name Josephine Lenassa
15. Birthplace Italy

16 (a) Informant Mrs. Concetta Messina
(b) Address 4405 Wrenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1-46 (day) (year)
(c) Cemetery or crematory Holy Rest
Location Belair Rd

18 (a) Funeral director John A. Gibson
(b) Address 3010 E. Baltimore St

19 (a) (Signature) (b) Registrar

JUN 28 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1946 to June 27 1946, and that I last saw him alive on June 27 1946

Immediate cause of death Resp. Failure — Duration

Due to Hypostatic Pneumonia

Due to Pernicious Anemia

Other Conditions Cirrhosis Hypertrophy Post Renal Uremia.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. Thomas A. Lathery M. D.
Address Mercy Hospt Date signed 6-27-46

X

G11599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

✓ G11599 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Caroline St.
(c) Hospital or institution: St. Josephs 6-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 N. Curley Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Charlotte E. Walters ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Raymond
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/24/85

8. AGE: Years 61 | Months 4 | Days 3 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Otto Stichel
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Geiger
15. Birthplace Balto. Md.

16 (a) Informant Raymond W. Walters
(b) Address 17 N. Curley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O. Donnell Rd.

18 (a) Funeral director John A. McGann
(b) Address 3500 E. Baltimore St.

19 (a) JUN 28 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/27/46 19 10:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/3/46 19 to 6/27/46 and that I last saw h[illegible] alive on 6/27/46 19

Immediate cause of death Cardiorespiratory failure — Duration

Due to Myocarditis

Due to Pneumonia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Tierney M. D.
Address St. Josephs Hospital Date signed 7/2/46

VS 150

G41600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

195E Registered No. G41600

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 24
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1416 Decatur Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dora Melnik (Mecolowski)

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-3191

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret Melnick

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) 3/9/1904

8. AGE: Years 42 43 | Months X 3 | Days 16 | If less than one day hr. min.

9. Birthplace Penna (Town, county, and state)

10. Usual Occupation Standone

11. Industry or business

FATHER
12. Name Valentine Mecolowski
13. Birthplace Poland

MOTHER
14. Maiden Name Anna Kulbacki
15. Birthplace Poland

16 (a) Informant Margaret Melnick
(b) Address 1416 Decatur St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director Charles F. Dill
(b) Address 1501 E. Fort Ave.

19 (a) Washington Nelliaville, Md. (Date rec'd by registrar)

JUN 28 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25, 1946 at 10 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Ruptured Spleen
" Kidney
Hemoperitoneum

Other Conditions Fractured ribs, bruised bowel & abrasions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-22-46 at 9:30 A. M. 24/1
(b) Where did injury occur? Pier 9 - Locust Point, Docking at Ship (Parks Corporation)
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? No
(d) Means of injury Paper fell on chest

23. Signature Howard J. Mullen M.D. Medical Examiner.
Date signed 6-26-46

X

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-1601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G-1601

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2201 ANNAPOLIS RD.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2201 ANNAPOLIS RD (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME RACHEL ANN KOTMAIR.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEM	WHITE	WIDOW

6 (b) Name of husband or wife LOUIS P KOTMAIR
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) MARCH 30-1864

8. AGE: Years	Months	Days	If less than one day
82	2	28	hr. min.

9. Birthplace BALTIMORE MD (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name JOHN CREAMER.
13. Birthplace FRANCE

MOTHER
14. Maiden Name CATH METCALF
15. Birthplace U. S.

16 (a) Informant MARY. THERIAULT.
(b) Address 2201 ANNAPOLIS RD

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 1-46 (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS CEM
Location A.A.Co.

18 (a) Funeral director Bernard E Hart
(b) Address 121 E West St

19 (a) JUN 28 1946 (Date received by registrar) (b) Registrar Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 27 1946, at 2.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1946, to June 27 1946, and that I last saw 91 alive on June 16 1946.

Immediate cause of death: Cerebral Hemorrhage

Due to

Due to

Other Conditions Arteriosclerosis, Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John G. Schaumil, M.D.
Address 1337 S. Charles St Date signed 6/28/46

G41602

JL-99407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 ✓

Registered No. G41602

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 3-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 - 5
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1422 E. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joe Freeman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1892

8. AGE: Years	Months	Days	If less than one day
53	10 9	13	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Carl Freeman
13. Birthplace Md.

MOTHER
14. Maiden Name Martha Powell
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/19/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantly ave

19 (a) JUN 28 1946 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1946, at 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 20, 1946, to June 25 1946, and that I last saw h im alive on June 25 1946.

Immediate cause of death: Pulmonary Tuberculosis — Duration: yrs

Due to

Due to

Other Conditions Acute pneumonia yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. H. Hartz M.D.
Address Balto City Hosp Date signed 6/26/46

13 C

VS 150

G41603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G41603

HB #15820

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 2 17
(e) Length of stay in Baltimore (yrs., mos., or days) 62 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1810 E. Chase St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Hogan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1883

8. AGE: Years	Months	Days	If less than one day
62	11	10	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Matthew Hogan
13. Birthplace Ireland

MOTHER
14. Maiden Name Adelia Eckert
15. Birthplace Md.

16 (a) Informant Balto. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/46 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location Balto. Md.

18 (a) Funeral director C. J. Flannery & Son
(b) Address 1938 E. Lafayette Ave.

JUN 28 1946 Registered Washington for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25, 1946, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 8, 1932 to June 25, 1946 and that I last saw him alive on June 25, 1946.

Immediate cause of death? Coronary occlusion

Due to Arteriosclerosis, Generalized.

Due to

Other Conditions Hemiplegia, Rt.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert R. Faiber M. D.
Address Balto. City Hosps. Date signed 6-25-46

VS 150

X

G41604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 172

G41604 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 HR.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 618 E. Bethel Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bronislaw Lipinski

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
52	8mo		hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER
12. Name Stanislaus Lapinski
13. Birthplace Poland

MOTHER
14. Maiden Name Frances ?
15. Birthplace Poland

16 (a) Informant Mrs. Maryanna Lapinski
(b) Address 619 S. Bethel Street

17 (a) Burial (b) Date thereof 7 - 2 - 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director Mrs Mary Weber
(b) Address 401 S. Chester Street

19 (a) (b)
(Date received by Registrar) Registrar

JUN 28 1946 Huntington Hollinsworth M.D.

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946 at 9 a. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractured Skull

Due to

Other Conditions Multiple fractures lacerations & contusions
(Include pregnancy within 3 months of death)

If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury June 27th 1946 24/4 M.
(b) Where did injury occur? Pier 8 - Port Covington
(c) Did injury occur at home, on farm, industrial place, in public place? Indus. While at work? Yes
(d) Means of injury Fell down hold in ship.

23. Signature Howard J. Mallonee M.D.
Medical Examiner.
Date signed 6/27/46

X

G11605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G11605

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Tudor Arms Apts.
(c) Hospital or institution: none 13
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Tudor Arms Apts.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Camilla H. Corner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1868

8. AGE: Years 77 | Months 7 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name William H. Corner
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Camilla Cromwell
15. Birthplace Baltimore, Md.

16 (a) Informant Helen C. Corner
(b) Address Tudor Arms Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) June 28 1946 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946 at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/4/1936 to 6/27/46 19..., and that I last saw h er alive on 5/24/46 19...

Immediate cause of death: Acute coronary thrombosis — Duration: 15 mi.

Due to: Hypertensive cardio-vascular disease. — Duration: over 10 yrs.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward B. Jarrell, M.D.
Address 11 E. Chase St. Date signed 6/28/46

VS 150

City-2.

G41606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. G41606

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Calvert Sts
(c) Hospital or institution: Union Memorial Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3209 N. Charles St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Nilla

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Married

6 (b) Name of husband or wife Mrs. William H. Nilla
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 10/22/1867

8. AGE: Years	Months	Days	If less than one day
78	8	4	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Minister
11. Industry or business

FATHER
12. Name William Nilla
13. Birthplace Virginia

MOTHER
14. Maiden Name Frances Pope
15. Birthplace Virginia

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1/46 (month) (day) (year)
(c) Cemetery or crematory Mountain View
Location Williamsport, Md.

18 (a) Funeral director Elgin D. Mitchell
(b) Address 1960 Eutaw Place

19 JUN 28 1946 (Date received by Local Registrar) (b) Huntington, W. Va.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1946, at 2:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1946, to June 26 1946, and that I last saw him alive on June 26 1946.

Immediate cause of death	Duration
Respiratory embarrassment	
Due to Bronchopneumonia	5 days
Due to	
Other Conditions Arteriosclerosis	?

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward H. Jones Jr.
Address Union Memorial Hosp. Date signed 6-26-46 (M. D.)

G41607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G41607

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 15 N. Ellwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15 N. Ellwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Riedel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Bernhardt Riedel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 6 - 1865

8. AGE: Years 81 | Months 3 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Geo. Schmuff
13. Birthplace Ger.

MOTHER 14. Maiden Name Anna Kratz
15. Birthplace Ger.

16 (a) Informant Elizabeth Riedel
(b) Address 15 N. Ellwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 29 46 (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location "

18 (a) Funeral director Philip Hyburg Sons
(b) Address 2024 Orleans St.

JUN 28 1946 (Date received by local registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946 at AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1946 to June 27 1946 and that I last saw h. alive on June 26 1946.

Immediate cause of death Cerebral Hemorrhage — Duration 6 days

Due to Hypertension
Cardio-Vascular Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. A. Flanigan Jr M.D.
Address 2604 E. Baltic St Date signed June 27, '46

VS 150

G41608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 B

Registration No. G41608

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution Elmhurst Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3739 Falls Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank T. Carlin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	widower

6 (b) Name of husband or wife Alice Carlin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 4, 1870

8. AGE: Years	Months	Days	If less than one day
76	5	23	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Iron Molder.

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown.

16 (a) Informant Anthony J. Carlin
(b) Address 1202 Union Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29 46 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Irvington

18 (a) Funeral director Chenault & Donovan
(b) Address 3615-17 Edmondson Ave

19 JUN 28 1946 (Date received by Registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION 45

20. DATE OF DEATH June 27, 1946 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1946 to June 27 1946. and that I last saw him alive on June 27 1946.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Adv. Arteriosclerosis & Cardio-Vascular Disease	
Due to	
Other Conditions CA-bladder & extensions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Frank, M. D.
Address 1700 Eutaw Pl Date signed 6-28-46

G41609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G41609

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2710 St Paul St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Camden
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David E Morris

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 139-05-9130

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Ella
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 4, 1881

8. AGE: Years: 65 | Months: 5 | Days: 24 | If less than one day: hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Engineer Captain
11. Industry or business N.Y. Ship Yards

FATHER
12. Name Henry Morris
13. Birthplace Ga

MOTHER
14. Maiden Name Sarah Farrell
15. Birthplace Ga

16 (a) Informant Mary E. Morris
(b) Address Camden St

17 (a) Funeral (Burial, cremation, or removal) (b) Date thereof 6 28 46 (month) (day) (year)
(c) Cemetery or crematory Norleigh
Location Camden Ave

18 (a) Funeral director Tilghman Col Co
(b) Address 614 S Conkling St

JUN 28 1946 (Date rec'd by registrar) Washington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1946, at 2:30 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1946 to June 28 1946 and that I last saw him alive on June 28 1946.

Immediate cause of death Cardiac Failure — Duration

Due to Coronary Thrombosis

Due to Arteriosclerotic Cardiovascular disease

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Meuland Edward Day M. D.
Address 4-E-3320 St-18 Date signed 6-28-46

VS 150

G41610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 171a

Registered No. G41610

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 27 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3304 DuPont Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Laurence Paul Kirchner

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-22-5150

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 25, 1929

8. AGE: Years	Months	Days	If less than one day
17	5	0	hr. min.

9. Birthplace Baltimore City, (Town, county, and state)
10. Usual Occupation Equipment Installer,
11. Industry or business Western Electric Co.,

FATHER
12. Name John J. Kirchner,
13. Birthplace

MOTHER
14. Maiden Name Catherine Sammeth,
15. Birthplace

16 (a) Informant Mrs. John J. Kirchner,
(b) Address 3304 DuPont Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Baltimore City,

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights Ave.,

19 (a) JUN 28 1946 (Date received by Registrar) (b) Huntingtown Md.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 19 46, at 5 00 a M

21. I certify that I took charge of the remains described above, held an ~~autopsy~~ inspection & inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractured skull
Dislocation and cerveal
Due to ~~vertebra~~

Other Conditions Contusions, bruised knee & abrasions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/24/46 at 11 30 a M. 14/3
(b) Where did injury occur? 1900 Blk Madison Ave
(c) Did injury occur at home, on farm, industrial place, in public place? 1900 Blk Madison Ave While at work? No
(d) Means of injury Struck by St. car

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 6-25-46

X

G41611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G41611 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3323 St. Ambrose Ave.,
(c) Hospital or institution:
Daughter's Home Dys.
(d) Length of stay in [redacted] (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2809 W. Garrison Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph I. Connor,

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19, 1877

8. AGE: Years	Months	Days	If less than one day
69	1	6	hr. min.

9. Birthplace Baltimore City,
(Town, county, and state)
10. Usual Occupation Retired Police Sargent,
11. Industry or business Police Dept. Balto.

FATHER
12. Name Thomas Connor,
13. Birthplace Baltimore City,

MOTHER
14. Maiden Name Theresa Conroy,
15. Birthplace Baltimore City,

16 (a) Informant Mrs. Wm. F. Lowe,
(b) Address 3323 St. Ambrose Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. City.

18 (a) Funeral director C. Vernon Lemmon.
(b) Address 4611 Park Heights Ave.,

19 (a) (b)
Registrar

JUN 28 1946

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25, 1946 at 11.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-24 19 to June 25 1946 and that I last saw him alive on June 24 1946

Immediate cause of death Coronary Occlusion — Duration 24 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. B. Lucas M. D.

Address 4936 Park Heights Date signed 6/24/46

X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 G11612

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1823 COVINGTON ST
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 58

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE, MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1823 COVINGTON ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANCES SAUERS

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	MARRIED

6 (b) Name of husband or wife JOHN SAUERS
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) SEPT 2, 1887

8. AGE: Years	Months	Days	If less than one day
58	9	24	hr. min.

9. Birthplace BALTIMORE, MD.
(Town, county, and state)
10. Usual Occupation NONE
11. Industry or business NONE

FATHER
12. Name WILLIAM KYLE
13. Birthplace UNKNOWN

MOTHER
14. Maiden Name VIRGINIA PEELE
15. Birthplace UNKNOWN

16 (a) Informant JOHN SAUERS
(b) Address 1823 COVINGTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 29 '46 (month) (day) (year)
(c) Cemetery or crematory CEDAR HILL
Location ANNAPOLIS BLVD.

18 (a) Funeral director JOHN F. DENNY, INC.
(b) Address 715 LIGHT ST.

JUN 28 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 26, 1946, at 9:P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 19 46 to June 26 19 46, and that I last saw h alive on 19

Immediate cause of death Diabetic Mellitus
Diabetic Coma

Duration

Due to

Due to

Other Conditions Hyperpiesia Cardio-Vascular Disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur Steinbrecher M. D.
Address 1029 East Ave. Date signed

641613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1240

Registered No. 641613

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2908 St. Paul Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Pierce J. Molesworth

3 (b) If veteran, name war: World War I

3 (c) Social Security Account No. 705-12-2973

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Marie Horan Molesworth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1899

8. AGE: Years 46 | Months 9 | Days 15 | If less than one day hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: B. & O. R. R.

11. Industry or business

FATHER
12. Name: Roy W. Molesworth
13. Birthplace: Maryland

MOTHER
14. Maiden Name: [illegible] Justice
15. Birthplace: Maryland

16 (a) Informant: Mrs. Marguerite E. Molesworth
(b) Address: 2908 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/46 (month) (day) (year)
(c) Cemetery or crematory: Springfield Cem.
Location: Sykesville, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) (Date received by local registrar) JUN 28 1946 Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946, at 3:25 a.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Coronary thrombosis

Due to: Generalized arteriosclerosis

Other Conditions: Fatty degeneration of liver.

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: Howard J. Wallace M.D. Medical Examiner
Date signed 6/27/46

94-a

G41614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G41614

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 109 S. Loudon Ave. Dom.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 109 S. Loudon Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Seicke

3 (b) If veteran, name war: Spanish American
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Elizabeth Anderson Seicke
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 30, 1873

8. AGE: Years	Months	Days	If less than one day: hr.	min.
72	10 11	26		

9. Birthplace Catonsville, Balto. Co., Md.
(town, county, and state)
10. Usual Occupation Plumber
11. Industry or business Retired

FATHER
12. Name Fred Seicke
13. Birthplace Unknown

MOTHER
14. Maiden Name Annie Middlecamp
15. Birthplace Unknown

16 (a) Informant Mrs. Elizabeth Seicke
(b) Address 109 S. Loudon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/46. (month) (day) (year)
(c) Cemetery or crematory Salem Lutheran
Location Catonsville, Md.

18 (a) Funeral director Easton Sons
(b) Address 608 Frederick Ave. Catonsville
(Undertaker or Funeral Director)

JUN 28 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/26 1946, at 12:00 M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the cause of death were

IMMEDIATE CAUSE OF DEATH Arteriosclerotic C.V disease

Due to

Other Conditions Chronic Alcoholism

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. P. Sullivan M.D.
Medical Examiner.
Date signed 6/27/46

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered G41615

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard and Green
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town, give county and state)
(d) Street No. 6 N Lombard and Green (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby boy Smith

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: male
5. Color or race: B
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: none
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 5/22/46
8. AGE: Years 0 Months 0 Days 29 If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Child
11. Industry or business None

FATHER
12. Name Paul Perkins
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Vashti Smith
15. Birthplace Dublin Ga.

16 (a) Informant Vashti Smith
(b) Address Balto. Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUN 28 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 28 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/21 1946 at 9:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/22 1946 to 6/21 1946 and that I last saw him alive on 6/21 1946.

Immediate cause of death Coma
respiratory failure — Duration

Due to Atelectasis

Due to

Other Conditions Delivered 5/22/46
Premature
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A C Rowberg M D
Address University Hospital Date signed 6/21/46

VS 150

3596

G41616 BC# G49662 G41616

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 179X

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood and Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 528 Mt. Mor Court - 11 (If rural, give location)
(e) Citizen of foreign country? Mount Moriah (Yes or No) If yes, name country

3 (a) FULL NAME Arthur Lee Dennis

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/19/46

8. AGE: Years	Months	Days	If less than one day
		8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUN 28 1946

18 (a) Funeral director Commissioner of Health
(b) Address
JUN 28 1946 (c) Date of disposition Signature of Undertaker or Attendant

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-27-46 19 , at 3:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-25 1946, to 6-27 1946, and that I last saw him alive on 6-27 1946.

Immediate cause of death Respirations ceased — Duration

Due to Cerebral edema & general toxicity

Due to Boric acid poisoning

Other Conditions Subtentorial pleural hook

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Cerebral edema, congestion & [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 15/1
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 6-25-46 at 4:30 P M
(c) Where did injury occur? Baltimore, Balto., Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Boric acid orally by mistake

23. Signature Walter F. Crockett M. D.
Address University Hospital Date signed 6-27-46

VS 150

3597

X

G41617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. G41617

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 ROGERS Ave
(c) Hospital or institution:
Home for Aged of M. E. Church
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Matilda Dutton

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 24 1869

8. AGE: Years	Months	Days	If less than one day
77	5	4	hr. min.

9. Birthplace Baltimore Co Md
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER	12. Name Frederick H Dutton
	13. Birthplace Baltimore Co Md
MOTHER	14. Maiden Name Emma A Burneston
	15. Birthplace Balt Co Md

16 (a) Informant Virginia Young
(b) Address 2211 Rogers Ave
17 (a) Burial (b) Date thereof 7/1/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md
18 (a) Funeral director Anthony Cohen
(b) Address 2100 E Fort Ave

JUN 29 1946 Filed [illegible] 1946 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1946, at 4:9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1946, to June 27 1946 and that I last saw h alive on June 27 1946.

Immediate cause of death Carcinoma of Intestines — Duration 6 Months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Anthony J Davis M. D.
Address 2100 E 32nd Date signed 6-29-46

VS 150

X

G41618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 108

G41618 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution:
South Baltimore General Hospital 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 432 Marshall Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katie V. Hazzard

3 (b) If veteran, name war –

3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife –
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/25/1881

8. AGE: Years	Months	Days	If less than one day
65	2	3	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation none

11. Industry or business –

FATHER
12. Name Richard Essex
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Laura Kempf
15. Birthplace Baltimore, Md.

16 (a) Informant Deceased
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/46 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A.A.C. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) JUN 29 1946 (Date received by local registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/28/46 19 , at 9:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/27 1946, to 6/28 1946, and that I last saw her alive on 6/28 1946.

Immediate cause of death: Pneumonia, Rt. Lower Lobe — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence – at M
(c) Where did injury occur? – (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury –

23. Signature Vincent O Cornelison, Jr. M. D.
Address So. Balto. Gen. Hospital Date signed 6/28/46

City of Baltimore

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

G41619

Reg. Dist. No.

G41619

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH:

(a) County

(b) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 524 East North Ave

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 2 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 524 East North Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME IRENE CLARK

3 (b) If veteran, name war	3 (c) Social Security No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOWED

6 (b) Name of husband or wife FRANK P. CLARK

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 3, 1874

8. AGE: Years	Months	Days	If less than one day
71	8	24	hr. min.

9. Birthplace VIENNA AUSTRIA (Town, county, and state)

10. Usual occupation HOUSEWIFE

11. Industry or business At Home

12. Name Solich

13. Birthplace Austria

14. Maiden Name "

15. Birthplace "

16 (a) Informant Elizabeth Hohman

(b) Address 524 E. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/46 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Cathedral

Location Balto. Md.

18 (a) Funeral director William Cook Inc

(b) Address 1217 St. Paul St.

19 (a) JUN 29 1946 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. Date of death June 27 1946, at 2:00 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1946, to June 27 1946, and that I last saw him alive on June 27 1946.

Immediate cause of death	Duration
EMACIATION and EXHAUSTION	2 mos.
Due to PSYCHOSIS, UNCLASSIFIED	6 yr.
Due to CEREBRAL ARTERIOSCLEROSIS	5 yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frederick J. Taelmer M. D. or other

Address 6100 York Rd Date signed June 27/46

G21620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 162 B

Registered No. G21620

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5010 Dennmore Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5010 Dennmore Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hugo M. Gurisch

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-22-5886

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Katherine E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1873

8. AGE: Years 73 | Months 0 | Days 9 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Accountant

11. Industry or business Maynard & Child's

FATHER
12. Name Herman Gurisch
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Sodenza
15. Birthplace Germany.

16 (a) Informant Mrs. Katherine E. Gurisch
(b) Address 5010 Dennmore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Loring Byers
(b) Address 5005 Park Heights Ave.

19 (Registered number) JUN 29 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946 at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5 1943 to June 27, 1946 and that I last saw him alive on June 27, 1946

Immediate cause of death: Uremia — Duration: 1 wk.

Due to: Senility — Duration: 1 yr.

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest Lewis, M.D.

Address 1601 N. Broadway Date signed 6/28/46

Balto-13, Md. X

VS 150

G41621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G41621

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 525 S. Kenwood Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 525 S. Kenwood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MINNIE BUTSCHKY

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	none	F	W	Widow

6 (b) Name of husband or wife Henry W. Butschky
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 27, 1867

8. AGE: Years	Months	Days	If less than one day
78	5	1	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm. J. Carver
13. Birthplace Maryland

MOTHER
14. Maiden Name Priscilla Dryden
15. Birthplace Maryland

16 (a) Informant Mrs. Hazel Berends
(b) Address 525 S. Kenwood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/43 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

JUN 29 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28, 1946, at 1.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1945 to June 28 1946.
and that I last saw h-e alive on June 25 1946

Immediate cause of death
Diabetes Mellitus
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Evgeny Zeller, M.D.
Address 273 Eastern Ave Date signed 6/27/46

VS 150

G41622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 93c

Registered No. G41622

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 212 S. Robinson Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 212 S. Robinson Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN A. SYMONDS

3 (b) If veteran, name war no

3 (c) Social Security Account No. 212-22-0751

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Jeannette Symonds
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1881

8. AGE: Years	Months	Days	If less than one day
64	8	29	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Alarm Checker
11. Industry or business Goodman Co.

FATHER
12. Name John A. Symonds
13. Birthplace New York

MOTHER
14. Maiden Name Anna C. Muth
15. Birthplace Germany

16 (a) Informant Mrs. Jeannette Symonds
(b) Address 212 S. Robinson Street

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 7/1/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 JUN 29 1946 (Date rec'd by Registrar) **(b)** Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946, at 8.30 A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1946, to June 27 1946, and that I last saw h alive on June 27 1946.

Immediate cause of death: Coronary Thrombosis — Duration 1 day
Due to Hypertensive Heart Dis — 1 yr
Due to Chr. arthritis. — 10 yrs.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. N. Williams Jr.
Address 158 E 32nd St. Date signed 6/28/46

VS 150

G-4623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 61

Registered No. G-4623

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2726 Parkwood Ave.
(c) Hospital or institution:

13

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2726 Parkwood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DELLA I. SEIPP

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Laurence V. Seipp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29, 1877

8. AGE: Years	Months	Days	If less than one day
68	10	27	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Conray Schwabland
13. Birthplace Germany

MOTHER
14. Maiden Name Hannah O'Donovan
15. Birthplace Ireland

16 (a) Informant Mr. Laurence V. Seipp
(b) Address 2726 Parkwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUN 29 1946 (Date Rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26, 1946, at 9:12AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 - 46 to June 26 1946, and that I last saw deceased alive on June 26 46

Immediate cause of death: Diabetes Mellitus, (Diabetic Coma) — Duration: 4 yrs (2) 5 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address 529 W. Mount Ave. Date signed 6/28/46

VS 150

G41624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No. G41624

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1615 Cereal St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Cereal St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stanley J. Pajak

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-4276

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Victoria
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8-1895

8. AGE: Years	Months	Days	If less than one day
51	3	19	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Moulder
11. Industry or business Md. Car + wheel

FATHER
12. Name John Pajak
13. Birthplace Poland

MOTHER
14. Maiden Name Antonina Jaczynska
15. Birthplace Poland

16 (a) Informant Victoria Pajak
(b) Address 1615 Cereal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1-46 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A. A. Co.

18 (a) Funeral director Wm. S. Klaskowski
(b) Address 2007 Eastern ave

19 JUN 29 1946 Huntington Williams, M.D. (Local registrar or registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946, at 11 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1946 to June 27 1946 and that I last saw him alive on June 27 1946

Immediate cause of death:
Due to Carcinoma Duodenum
Due to Carcinoma of Esophagus
Other Conditions

Duration 5 Days 12 Hrs 2 yrs

(Include pregnancy within 3 months of death)
Date of operation March - 1946
Major findings of operation: Carcinoma of Esofagus + Stomach
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 4420 Clarinda St. Date signed 6/28/46

VS 150

G-11625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. G-11625

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 42
(e) Length of stay in Baltimore (yrs., mos., or days) 87 A

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 N. Eutaw St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) **FULL NAME** Robert C. Downey - Robert C. Downey

3 (b) If veteran, name war: not known
3 (c) Social Security Account No. not known

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 28 Dec. 1858

8. AGE: Years	Months	Days	If less than one day
87-89	5	29	— hr. — min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Retired.

FATHER
12. Name John Downey
13. Birthplace Maryland

MOTHER
14. Maiden Name Susan Warheim
15. Birthplace Maryland.

16 (a) Informant Bessie D. Ross
(b) Address 614 N. Eutaw St, Baltimore.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 29 June 46 (month) (day) (year)
(c) Cemetery or crematory Green Mount Cem
Location Baltimore, Maryland

18 (a) Funeral director A. B. Hilbert & Son
(b) Address 1300 Eutaw Place.

JUN 29 1946 (Huntington Williams, M.D.) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 27 June 1946, at 11.00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 18 1946 to 27 June 1946, and that I last saw him alive on 27 June 1946.

Immediate cause of death: Cardiac failure — Duration: Immediate

Due to: Hypertensive Cardiovascular disease — Duration: Unknown

Due to — Duration:

Other Conditions: Arterio Sclerosis, generalized; Fracture neck Right Femur — Duration: Unknown

(Include pregnancy within 3 months of death)

Date of operation 24 May 46

Major findings of operation: Fracture of Neck Right Femur

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence May 17 46 at M
(c) Where did injury occur? 614 N. Eutaw St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall from Porch

23. Signature Edward H. Kaufmann M.D.
Address Franklin Sq. Hosp. Date signed 6/27/46
Howard J. Moseley, M. D.

G11626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G11626

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 337 Forrest St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 337 Forrest St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rachel Hillman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6 1906

8. AGE: Years	Months	Days	If less than one day
40	5 MT	20	hr. min.

9. Birthplace Maryland
(town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Charlie Simons
13. Birthplace Maryland

MOTHER
14. Maiden Name Henrietta Carpenter
15. Birthplace Maryland

16 (a) Informant Ida Simms
(b) Address 337 Forrest Street

17 (a) Burial (b) Date thereof 6-30-46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

19 (a) JUN 29 1946 Huntington Williams M.D.
Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/26 1946, at 8:40 M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Chronic Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. L. Goldwater M.D.
Medical Examiner.
Date signed 6/29/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G41627 (one)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Fed General Hosp. 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 570 W. Biddle st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Beatrice Lee (Harley Bradford)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1903

8. AGE: Years 42 | Months 10 | Days 17 | If less than one day hr. min.

9. Birthplace Lynchburg Va. (Town, county, and state)

10. Usual Occupation Presser

11. Industry or business (Shirt factory)

FATHER
12. Name Dennis Lee
13. Birthplace Va

MOTHER
14. Maiden Name Mary Frances Willingsea
15. Birthplace Va.

16 (a) Informant Thomas Lee
(b) Address 570 W. Biddle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-46 (month) (day) (year)
(c) Cemetery or crematory Lynchburg, Location Virginia

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.

19 JUN 29 1946 Funeral Director, Williams, Md.
(Date received by local registrar) (Signature of local registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 1946 at 8:50 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Cardio-vascular renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard A. Mallonee M.D.
Medical Examiner.
Date signed 6-27-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly

G11628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45F

Registered No. G11628

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1426 Harlem Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1426 Harlem Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lottie Manns

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife: Oscar

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1901

8. AGE: Years 44 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Robert Manns
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Henderson
15. Birthplace Md.

16 (a) Informant: Oscar Manns
(b) Address 1426 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/46 (month) (day) (year)
(c) Cemetery or crematory Gabriels
Location Md.

18 (a) Funeral director Geo. B. Kelson
(b) Address 1803 Pleasant

19 (a) Filed June 29 1946 (b) Entry for Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1946, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 2, 1946, to June 26 1946, and that I last saw her alive on June 26 1946.

Immediate cause of death: Cancer, Throat — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George McDonald M. D.
Address 844 N. Carey Street Date signed 6/29/46

George McDonald

G41629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56E

Registered No. G41629

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.C. (b) County
(c) City or town Rocky Mount (If outside city or town limits, write RURAL and give town)
(d) Street No. 415 S. Grace St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Amanda

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-8-1883

8. AGE: Years 63 | Months 2 | Days 20 | If less than one day: hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation: Operator Coast Line

11. Industry or business

FATHER
12. Name: Eli Moore
13. Birthplace: N.C.

MOTHER
14. Maiden Name: Sabra Chance
15. Birthplace: N.C.

16 (a) Informant: Next of kin
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof June 30 1946 (month) (day) (year)
(c) Cemetery or crematory: Rocky Mount N.C.
Location:

18 (a) Funeral director: Mr. Kate B. Williams
(b) Address: 322 N Schoolcraft St

19 (a) JUN 29 1946 (b) Huntington Williams, M.D.

VS 120

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1946 at 1:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 4 1946 to June 28 1946 and that I last saw him alive on June 28 1946.

Immediate cause of death: Pulmonary Embolism — Duration: 1 hour

Due to: Thrombophlebitis — Duration: 4 1 year for Tumor

Due to:

Other Conditions: Pituitary Tumor — Duration: 1 year

(Include pregnancy within 3 months of death)

Date of operation June 18, 1946

Major findings of operation: Pituitary Tumor

Of autopsy: Pulmonary Embolism

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Arthur B. King M. D.
Address: Johns Hopkins Hosp Date signed 6-29-46

(over) G41630

G41630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 107

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3018 Ascension Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3018 Ascension ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Helen McCormick

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife George W.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15 1910

8. AGE: Years	Months	Days	If less than one day
35 36	9	12	hr. min.

9. Birthplace Stafford Co. Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name	James Higgins
FATHER 13. Birthplace	Va.
MOTHER 14. Maiden Name	Mary Gibson
MOTHER 15. Birthplace	Va.

16 (a) Informant George W McCormick
(b) Address 3018 Ascension Ave
17 (a) Burial (b) Date thereof June 31 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cems.
Location A. A. County Md.
18 (a) Funeral director Wm. R. Ellis & Son
(b) Address 1129 N. Carrollton St.
(a) Date received JUN 29 1946 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-27 1946 at 3:46 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 6/1 1946 to 6/27 1946
and that I last saw him alive on 6/27 1946.

Immediate cause of death: Bronchio Pneumonia — Duration 15 days
Due to Asthma — 30 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Chas R. Blake M.D.
Address 1327 N. Central Ave Date signed 6/29/46

X

G41631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

G41631 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 715 Greenmount ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Everette Moody

3 (b) If veteran, name war Wordwar #2

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2 1911

8. AGE: Years 35 | Months 5 | Days 15 | If less than one day hr. min.

9. Birthplace Marion S.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name William Moody
13. Birthplace S.C.

MOTHER
14. Maiden Name Amega
15. Birthplace S.C.

16 (a) Informant Amega Smith
(b) Address 715 Greenmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29/46 (month) (day) (year)
(c) Cemetery or crematory Bett. Memorial Cem.
Location

18 (a) Funeral director Mr. Robt. A. Elliott Dept
(b) Address 1129 N. Caroline St.

19 (a) JUN 29 1946 (Date received by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946 at 1:45 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Hemorrhage due to stab wound of abdomen involving liver & stomach

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/26/46 at 10/2 8:45 P.M.
(b) Where did injury occur? 735 Harford ave
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? no
(d) Means of injury Stabbed with sharp instrument
(e) Signature Howard J. Greene M.D. Medical Examiner.
Date signed 6-27-46

VS 151

X

G41632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194B

Registered No. G41632

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2115 Bank Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ind. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2115 Bank Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Conrad Lorenz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Eva Lorenz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14 1863

8. AGE: Years 83 | Months 2 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name unknown

13. Birthplace Balto. Md

MOTHER 14. Maiden Name unknown

15. Birthplace Balto. Md.

16 (a) Informant Aloysius Lorenz

(b) Address 2705 White Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-46 (months) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Baltimore County

18 (a) Funeral director Mrs Mary Welby

(b) Address 401 S. Chester Street

JUN 29 1946 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1946 at 2 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to June 28 1946 and that I last saw him alive on June 28 1946.

Immediate cause of death	Duration
ARTERIOSCLEROSIS	10 Yrs
Due to HYPERTENSION	10 Yrs
Due to	
Other Conditions ANGINA PECTORIS	4 Yrs
ACUTE CARDIAC DILATATION 4 HRS	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James F. Kavanagh M.D.

Address 3725 McElderry St. Date signed 6-29-46

G41633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G41633

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Chambersburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. 124 - 5th Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ada C. Marshall

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Thomas Marshall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-1-75.

8. AGE: Years	Months	Days	If less than one day
70	7	28	hr. min.

9. Birthplace Pa.
(Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name David Greenwald.
13. Birthplace Pa.

MOTHER
14. Maiden Name Laura Caufelin
15. Birthplace Pa.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (b) Date thereof 6-29
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Chambersburg, Pa.

18 (a) Funeral director Wm. J. Tichner & Son
(b) Address No. 4 Penna. Ave.

19 (a) JUN 29 1946 (b) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1946 at 12 noon M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-30-1946 to 6-29 1946, and that I last saw h[illegible] alive on 6-29 1946.

Immediate cause of death	Duration
ACUTE CARDIAC FAILURE	
Due to ARTERIOSCLEROTIC HEART DISEASE	
Due to ARTERIOSCLEROSIS	
Other Conditions INTERSTITIAL CYSTITIS	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Maurice B. Hunter M.D.
Address J H H Date signed 29 June 46

VS 190

G41634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 479

G41634 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Warfordsburg (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Mary Mc Coy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Ellis B. Mc Coy
6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) 2 2 about 1917

8. AGE: Years	Months	Days	If less than one day
29	2	2	hr. min.

9. Birthplace Kansas (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Scott Zimmerman
13. Birthplace Pa.

MOTHER
14. Maiden Name Anna Bernard
15. Birthplace Pa

16 (a) Informant Mary Mc Coy
(b) Address Warfordsburg Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/29/46 (month) (day) (year)
(c) Cemetery or crematory Hillcrest
Location Baltimore Md

18 (a) Funeral director Wilson & Son
(b) Address 2147 Pont St

(Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1946, at 11 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1946 to June 29 1946 and that I last saw her alive on June 29 1946

Immediate cause of death	Duration
Cardio-resp. failure	
Due to Malignant tumor - rt. kidney	
Due to	
Other Conditions Pleuris & hydronephrosis rt kidney (Include pregnancy within 3 months of death)	

Date of operation June 29, 1946
Major findings of operation: Malignant tumor - rt. kidney.
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Erwin R. Jennings M.D.
Address Univ. Hosp. Date signed 6/29/46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C041685 G41635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 418 W 23rd st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 418 W 23rd st (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A Murphy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, divorced Widowed

6 (b) Name of husband or wife Thomas P.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-22-1869

8. AGE: Years 77 | Months 4 | Days 6 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Edward White
13. Birthplace Ireland

MOTHER
14. Maiden Name Annie Tafy
15. Birthplace Ireland

16 (a) Informant Mrs Mary E Byrnes
(b) Address 418 W 23rd st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-46 (day) (year)

(c) Cemetery or crematory Cathedral
Location Baltimore, Md

18 (a) Funeral director Eugene G Farley
(b) Address Funeral Parlors

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

JUN 30 1946

VS-150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1946, at 8:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 30 1946, to June 28 1946
and that I last saw h[illegible] alive on June 28 1946

Immediate cause of death: Cardiac insufficiency — Duration: 5 days

Due to: Senile degeneration — Duration: several years

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Rose M Byrnes

Address 243 E Mary Land Date signed 6-28- M. D.

G41636 BALTIMORE CITY HEALTH DEPARTMENT G41636

CERTIFICATE OF DEATH 171a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 401 Heaver Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HARRY DIGGS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29, 1882

8. AGE:	Years	Months	Days	If less than one day
	64	2	29	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Hezekiah Diggs

13. Birthplace Md.

MOTHER 14. Maiden Name Harriett Howard

15. Birthplace Md.

16 (a) Informant Thomas Diggs

(b) Address 434 Worsley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30, 1946 (month) (day) (year)

(c) Cemetery or crematory Pleasant East

Location Towson, Maryland

18 (a) Funeral director Haynes Sanders

(b) Address 1412 E. Preston Street

19 (a) [illegible] Washington Williams, M.D. Registrar

JUN 30 1946

CS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 1946 at 6 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured skull

Intracranial hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 6 P.M. 6-26-46 12/4

(b) Where did injury occur? Greenmount & 20th Street

(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No

(d) Means of injury Pedestrian struck by streetcar

23. Signature Howard J. Madden M.D. Medical Examiner.

Date signed 6-28-46

Type or write plainly in ink. Please write the causes of death clearly and legibly.

365275

G41637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 567

G41637 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County BALTO.
(c) City or town Arnold MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. BOX 191 ARNOLD MD.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stanley Ostrowski.

3 (b) If veteran, name war — NO

(c) Social Security Account No. NONE

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Catharine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-2-90

8. AGE: Years 56 | Months 4 | Days 24 | If less than one day hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation — FARMER

11. Industry or business FOR SELF

FATHER 12. Name Henryck Ostrowsky
13. Birthplace Poland

MOTHER 14. Maiden Name Alfuna
15. Birthplace Poland-Prussia

16 (a) Informant JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 1/46 (month) (day) (year)

(c) Cemetery or crematory HOLY ROSARY
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Zeiler inc.
(b) Address 403 S. WOLFE ST.

19 (a) (Local Registrar) (b) Huntington Williams, M.D. (County Registrar)

JUN 30 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1946 at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1946 to June 26 1946 and that I last saw him alive on June 26 1946.

Immediate cause of death: Meningitis (Staphylococcus)

Due to: Post-operative infection

Following removal of 4th Ventricle Tumor 6

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5/16/46, 6/19/46, 6/21/46

Major findings of operation: Brain Tumor, Chronic meningitis.

of autopsy: Meningitis

Duration: 1 month

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur H. King M.D.
Address Johns Hopkins Hosp. Date signed 6/27/46

G41638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓61

G41638
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1315 McElderry St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1315 McElderry St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A Johnson

3 (b) If veteran, name war —
3 (c) Social Security Account No. 214-12-9017

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	Col	married

6 (b) Name of husband or wife Frank Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1888?

8. AGE: Years	Months	Days	If less than one day: hr.	min.
57	11			

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Lee Evans
13. Birthplace Va

MOTHER
14. Maiden Name Nellie Hathaway
15. Birthplace Va

16 (a) Informant Rosie Butler
(b) Address 1315 N Central Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30-46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A & Q Co Md

18 (a) Funeral director Robert E Williams
(b) Address 1515 McElderry St

19 (a) (Date rec'd by registrar) JUN 30 1946 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946 at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1946 to June 27 1946 and that I last saw h[illegible] alive on June 26 1946

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arteriosclerosis	?
Due to Diabetes Mellitus	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. K. Jeffers M. D.
Address 1224 N. Carolina Ave. Signed

6-29-46

AB-102428 G41639 Fernheimer

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G41639 Registered No.

PLEASE WRITE IN PERMANENT BLACK INK. Every item of information should be carefully supplied. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9hrs28min
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 137 N. Exter St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME MAX FERNHEIMER.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN 17 1870

8. AGE: Years	Months	Days	If less than one day
76	5	11	hr. min.

9. Birthplace Balto Md, (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Samuel Fernheimer
13. Birthplace Germany

MOTHER
14. Maiden Name Miriam New
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/1/46 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friedsheep
Location Balto & Conkling Sts

18 (a) Funeral director J. Ehrens Co.
(b) 2027 E Preston St

19 (a) JUN 30 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1946 at 7.25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-28- 1946 to 6-28- 1946, and that I last saw h im alive on 6-28- 1946.

Immediate cause of death	Duration
Bronchopneumonia	10 days
Due to Arteriosclerotic CVD	
Due to	
Other Conditions old healed pulmonary tbc bilateral apices (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy: Bronchopneumonia, ACVD

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund B Beacham
Address Balto City Hosp Date signed 29 Jun 46

VS 150

G41640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G41640 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto General Hospital D.O.A.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Wicomico
(c) City or town Glen Mount Boat
(If outside city or town limits, write RURAL and give town)
(d) Street No. Fruitland
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Elliott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	WIDOWED

6 (b) Name of husband or wife MAUDE EATON

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1878

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace GREEN HILL, MD (Town, county, and state)

10. Usual Occupation CAPTAIN

11. Industry or business TOLCHESTER CO.

FATHER
12. Name JOHN H. ELLIOTT
13. Birthplace GREEN HILL, MD.

MOTHER
14. Maiden Name MISSOURI WALLER
15. Birthplace GREEN HILL, MD.

16 (a) Informant WILLIAM J. ELLIOTT
(b) Address 712 RICHWOOD AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/2/46 (month) (day) (year)
(c) Cemetery or crematory METHODIST EPISCOPAL
Location SHARPTOWN, MD.

18 (a) Funeral director JOHN F. DENNY, INC
(b) Address 715 LIGHT ST.

JUN 30 1946 (Date received by registrar) (b) Thurlington Williams, M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/29 1946 at 6 35 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Disease

Due to

Other Conditions Arteriosclerotic Cirrhosis
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. J. Lubaniecki M.D. Medical Examiner.
Date signed 6/29/46

VS 151

G41641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G41641 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1119 S. Robinson St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1119 S. Robinson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Gurdeczka

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-1564

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Tekla

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Aug 16, 1888

8. AGE: Years	Months	Days	If less than one day
57	10	11	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laban

11. Industry or business

MOTHER & FATHER

12. Name Walter Gurdeczka

13. Birthplace Poland

14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Tekla Gurdeczka

(b) Address 1119 S. Robinson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/46 (month) (day) (year)

(c) Cemetery or crematory Holy Cross Cemetery Location Gorman Mill Rd.

18 (a) Funeral director John J. Duda

(b) Address 2829 Hudson St.

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

JUN 30 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946 at 2 05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1945 to June 27 1946. and that I last saw h alive on June 27 1946.

Immediate cause of death	Duration
Atherosclerotic Heart Disease, Chronic Bronchial Pneumonia	2-12-46
Due to Myocardial Failure	6-15-46
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation

of autopsy None.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Lemanek

Address 842 Eastern Ave Date signed 6-28-46

G41642 — Twkas (3) — G41642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 46B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2816 Hudson St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2816 Hudson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jozef Dunkos

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Karolina Dunkos
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Jan Dunkos
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Karolina Dunkos
(b) Address 2816 Hudson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/46 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Germantown Hill Rd

18 (a) Funeral director John F. Duda
(b) Address 2819 Hudson St.

19 (a) (b)
(Signature of registrar) Registrar

30 1946
VS 150

Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/28/ 1946, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/18/ 1946 to 6/28/ 1946, and that I last saw h[im] alive on 6/28 1946

Immediate cause of death: Carcinoma of stomach — Duration 2 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mitchell F. Kunkowski M. D.
Address 1016 E. East Ave Date signed 6/29/46

Mitchell F. Kunkowski

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

G41643 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1704 Holbrook St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 Holbrook St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Milholland

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Hugh Milholland
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): ?
8. AGE: Years 82 | Months | Days | If less than one day: hr. min.
9. Birthplace: Ireland (Town, county, and state)
10. Usual Occupation: Housework
11. Industry or business: at Home

FATHER
12. Name: Patrick Milholland
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Not Known
15. Birthplace: " " "

16 (a) Informant: Mrs. Mary C. Brown
(b) Address: 1704 Holbrook St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1/46 (month) (day) (year)
(c) Cemetery or crematory: Mem. Cathedral
Location: 4300 Old Frederick Rd

18 (a) Funeral director: Chas. W. Conkling & Son
(b) Address: 924 E. Eager St

19 JUN 30 1946
(Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28, 1946, at 4:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/7 1946 to 6/28 1946, and that I last saw h alive on 6/27 1946.

Immediate cause of death: Coronary Thrombosis — Duration: 2 Days
Due to: Arterio-Sclerotic C.V.D. — ?
Due to: Fractured Left hip. — 10 days
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Accident
(b) Date of occurrence: 6-21-46 at 7 P.M.
(c) Where did injury occur? 1704 Holbrook St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No.
(e) Means of injury: Fell down stairs in home

23. Signature: Howard J. Mendez, M.D.
Address: 946 E. Preston St. Date signed: 6/30/46

G41644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13/a

G41644 Registered No.

The [illegible] with INKING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1206 S. Clinton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1206 S. Clinton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Mc Grail

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife James Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 19 - 1878

8. AGE: Years	Months	Days	If less than one day hr.	min.
67 68	7	8		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name John Hemple
13. Birthplace Germany

MOTHER
14. Maiden Name Dora Kratz
15. Birthplace Balto.

16 (a) Informant Mr. James Mc Grail.
(b) Address 1206 S. Clinton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/46 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location O Donnell St.

18 (a) Funeral director John S Connelly.
(b) Address 418 Eastern Ave. Balto 21.

JUN 30 1946 (Date received) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1946 to June 27 1946, and that I last saw h[illegible] alive on June 27 1946.

Immediate cause of death Coronary Thrombosis — Duration 2 days
Due to Chronic Myocarditis — Duration Uncertain
Due to
Other Conditions Chronic Nephritis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dwight A. Snyder M. D.
Address 3313 E Baltimore St Date signed 6/29/46

VS 150

93D

HEALTH DEPARTMENT—CITY OF BALTIMORE

G41645 G41645

CERTIFICATE OF DEATH ✓ 82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 232 S. Highland Ave. St. 10 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 6 ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME John George Cook Sr. ✓

If U. S. Veteran specify WAR _____

(a) Residence: No. 232 S. Highland Ave. St., _____ Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara

6. DATE OF BIRTH (month, day, year) Apr. 29 - 1868

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
78	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Henry Cook.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT John G. Cook Jr.

(Address) 23 Waterview Ave. Dundalk

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Oak Lawn Date 7/1/ 19 46

19. UNDERTAKER John J. Connelly.

(Address) 48 Fountain Ave. Balto 21

20. FILED ___ 19___

Waiting for Witness Signature

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 27, 1946

22. I HEREBY CERTIFY, That I attended deceased from JUNE 27 19 46 to JUNE 27 19 46

I last saw him alive on JUNE 27 19 46 Death is said to have occurred on the date stated above, at 8:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Duration
ARTERIOSCLEROSIS GENERALIZED	1936
CEREBRAL HEMORRHAGE	27 June 46

Other contributory causes of importance:

Was an operation performed? NO Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify _____

(Signed) Benjamin Highstein M. D.

(Address) 121 S. HIGHLAND AVE

OCCUPATION is very important. See instructions on back of certificate.

X

G41646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 74a

Registered No. G41646

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Siam Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3906 Southern Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John C Zimmerman

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 24. 1908

8. AGE: Years	Months	Days	If less than one day
37	10	4	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Gas Analyzer
11. Industry or business Standard Oil Co

FATHER
12. Name Henry Zimmerman
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Margaret Mongan
15. Birthplace Baltimore Md

16 (a) Informant Son Zimmerman
(b) Address 3906 Southern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/46 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Fayette Md

18 (a) Funeral director Wilson Carter
(b) Address 1214 E Fayette St

Filed JUL 1 1946 (Date rec'd by Local Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1946 at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1, 1946 to June 28 1946 and that I last saw him alive on June 28 1946

Immediate cause of death	Duration
Toxaemia	
Due to Chronic Nephritis Toxaemia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Whitridge Williams M.D.
Address Johns Hopkins Hospital Date signed 6/28/46 M. D.

VS 150

X

CAUTION: WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G41647

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1726 N Chester St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1726 N Chester St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alfred C Franz

3 (b) If veteran, name war

3 (c) Social Security Account No. 165-03-2241

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Carrie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15, 1881

8. AGE: Years	Months	Days	If less than one day
64	8	14	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Agent Tel & Tele
11. Industry or business

FATHER — 12. Name	Henry C Franz
FATHER — 13. Birthplace	Baltimore Md
MOTHER — 14. Maiden Name	Anna M Hurley
MOTHER — 15. Birthplace	Baltimore Md

16 (a) Informant Carrie Franz
(b) Address 1726 N Chester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/46 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto. Co. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul st.

19 (a) Date rec'd by registrar JUL 1 1946 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1946, at 4:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1944 to Jun 29 1946 and that I last saw h alive on June 28 1946

Immediate cause of death Coronal thrombosis — Duration

Due to Advanced arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Conrad H. Richter, MD
Address 1706 N Washington St Date signed 6/29/46 M. D.

VS 150

G41648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G41648

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 wks 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 312 Park Ave
(If non-definitive location)
(e) Citizen of foreign country? China (Yes or No)
If yes, name country

3 (a) FULL NAME Wong King (Wong King)

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Yellow	probably Married

6 (b) Name of husband or wife: — ? —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) About 1867

8. AGE: Years	Months	Days	If less than one day
79	-	-	hr. min.

9. Birthplace China (Town, county, and state)
10. Usual Occupation none
11. Industry or business —

FATHER
12. Name not known
13. Birthplace China

MOTHER
14. Maiden Name not known
15. Birthplace China

16 (a) Informant Mr James Wu (Friend)
(b) Address 326 W Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-46 (month) (day) (year)
(c) Cemetery or crematory Lonsune
Location Woodlawn

18 (a) Funeral director Sivwright Monument Co.
(b) Address 10 E Lexington St.

JUL 1 1946 (Date rec'd by registrar) (Name of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-29 1946, at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/28 1946, to 6/29 1946, and that I last saw him alive on 6-29 1946.

Immediate cause of death: Arteriosclerotic Heart Disease
Cardiac Dilatation & Hypertrophy — Duration

Due to

Due to

Other Conditions Bronchitis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan B. Hyman M. D.
Address Sinai Hosp Date signed 6-29-46

VS 150

PRESS WHITE KEYING. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G11649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G11649

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3333 N. Charles St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Mary E. Dix (Mary Etzler Dix)
3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Wm H. Dix (D)
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 3, 1864

8. AGE: Years	Months	Days	If less than one day
82	1	25	hr. min.

9. Birthplace Milton, Pennsylvania (Town, county, and state)
10. Usual Occupation None
11. Industry or business " "

FATHER
12. Name Reuben F. Etzler
13. Birthplace Milton, Penn.

MOTHER
14. Maiden Name Elizabeth Armstrong
15. Birthplace Milton, Penn

16 (a) Informant Hosp. records
(b) Address Union Memorial Hosp.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-46 (month) (day) (year)
(c) Cemetery or crematory Green Mt.
Location Balto. Md.
18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. H. Mowen Sons.) 106 W. North Avenue
(Date rec'd by Registrar) JUL 1 1946 (Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1946, at 10 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1946 to June 28 1946 and that I last saw her alive on June 28 1946.

Immediate cause of death	Duration
Respiratory failure	
Due to Cerebro-vascular accident	3 da
Due to Hypertension	10-15 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Edward H Jones Jr
Address Union Memorial Hosp. Date signed 6-28-46 M. D.

VS 150

G41650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G41650 Registered No. 1370

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Monument & Rutland Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4319 Reisterstown Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hyman Potts

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-18-1929

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rose Nee Glick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Salesman

FATHER
12. Name Julius Potts
13. Birthplace Russia

MOTHER
14. Maiden Name Annie Pumpian
15. Birthplace Russia

16 (a) Informant Mrs Sylvia Hyatt
(b) Address 4319 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, 1946 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale Cem
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W. North Ave

19 (a) JUL 1 1946 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 30 June 1946, at 6:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 15 May 1946 to 30 June 1946, and that I last saw him alive on 30 June 1946

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arteriosclerosis	
Due to Gallstones	
Other Conditions Benign Prostatic Hypertrophy	

(Include pregnancy within three months of death)
Date of operation 4 June 46
Major findings of operation: NPH
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
Signature
Address Sinai Hospital Date signed 6/30/46 M. D.

VS 150

G41651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83B

G41651 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Levindale Home
(c) Hospital or institution:
Belvedere Ave & Greenspring Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3530 Cottage Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA FRIEDMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Israel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER
12. Name Israel ?
13. Birthplace Russia

MOTHER
14. Maiden Name Markowitz
15. Birthplace Russia

16 (a) Informant Harry Gottleib
(b) Address 4017 Dorchester Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, 1946 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale Cem
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 (a) Rec'd by registrar JUL 1 1946 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-30 1946 at 10 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-24 1946 to 6-30 1946 and that I last saw h alive on 6-30 1946.

Immediate cause of death cerebral thrombosis — Duration

Due to arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Myerberg M. D.
Address Levindale Home Date signed 6-30-46

VS 190

Huntington Indiana, Md.

G41652

AB-102087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 19B

G41652

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15days

(e) Length of stay in Baltimore (yrs., mos., or days) 5yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 136 W. Mosher St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Pauline Rockett

3 (b) If veteran, name war

3 (c) Social Security Account No. 244-03-5838

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	White	Married

6 (b) Name of husband or wife Oliver

6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Nov. 1- 1907

8. AGE: Years	Months	Days	If less than one day
38	7	28	hr. min.

9. Birthplace ~~Wake~~ Greensboro, N.C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At Home

FATHER

12. Name William R. Pleasants

13. Birthplace N.C.

MOTHER

14. Maiden Name Josephine Hamlet

15. Birthplace N.C.

16 (a) Informant Baltimore City Hospitals Rec

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2, 1946 (month) (day) (year)

(c) Cemetery or crematory Prospect Hill Cem.

Location Towson, Maryland

18 (a) Funeral director John Burke Sons

(b) Address Towson, Maryland

19 (a) (Date rec'd by registrar) (b) Registrar

VS JUL 1 1946 Huntington for Williamsville, Mass

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29- 1946, at 10A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-14 1946 to 6-29- 1946 and that I last saw her alive on 6-29- 1946

Immediate cause of death: Circulatory Failure

Due to: Intracranial hemorrhage, type unknown

Due to:

Other Conditions: Lupus Erythematosus, Barbiturate addiction

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Findings Pending

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W.R. Heatherington M. D.

Address Balto City Hosp. Date signed 7-30-46

G41653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117a

Registered No. G41653

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood + Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 dys
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1024 Argyle ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Gertrude Robinson Blue

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	married

6 (b) Name of husband or wife Ben F Blue
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-6-1908

8. AGE: Years	Months	Days	If less than one day
38	3	23	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER 12. Name Emanuel Wilkins
13. Birthplace Va

MOTHER 14. Maiden Name Bertha Bates
15. Birthplace Va

16 (a) Informant Benjamin Blue
(b) Address 1024 Argyle ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Penna ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

JUL 1 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1946, at 6 44 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1946, to June 29 1946, and that I last saw h alive on June 29 1946.

Immediate cause of death	Duration
Uremia & anoxia	
Due to Secondary anemia	
Due to Bleeding peptic ulcer	
Other Conditions Cerebral edema	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: perforated peptic ulcer

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. E. McCurdy M. D.
Address University Hosp Date signed 6-29-46

X

G41654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

Registered No. G41654

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2025 Ruxton Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 M

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2025 Ruxton Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Florence Enton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Moses

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years 80 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Kenaze

13. Birthplace Russia

MOTHER 14. Maiden Name Guyce

15. Birthplace Russia

16 (a) Informant Mrs Augusta Simon

(b) Address 2025 Ruxton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-46 (month) (day) (year)

(c) Cemetery or crematory United Hebrew

Location Washington Boulevard

18 (a) Funeral director Jack Lewis Inc

(b) Address 1469 E Balto St

19 (a) (Signature of registrar) (b) Registrar

JUL 1 1946

Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-30-1946 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6, 1946 to June 30, 1946, and that I last saw her alive on June 29, 1946.

Immediate cause of death: Coronary Insufficiency, Myocarditis — Duration: about 5 yrs.

Due to: Arteriosclerosis

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Nathan H. Spurrier M.D.

Address 1810 Eutaw Place Date signed 6/30/46

X

G41655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1382

Registered No. G41655

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1014 Riverside avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1014 Riverside avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Slavin Thiess

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-9624

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Lillian

6 (c) If alive, give age 22 years

7. Birth date of deceased (mo., day, yr.) Dec. 21-1907

8. AGE: Years 38 | Months 6 5 | Days 28 7 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation SP. Policeman

11. Industry or business W. E. Co.

FATHER
12. Name Henry L. Thiess
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Alice Slavin
15. Birthplace Baltimore, Md.

16 (a) Informant Lillian Thiess
(b) Address 1771 O Dell avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location John R Kenny

18 (a) Funeral Director
(b) Address Leeds Ave

19 (Signature of local registrar) JUL 1 1946 Huntington Williamson, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/25 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/26 1946 to 6/25 1946, and that I last saw h[illegible] alive on 6/25 1946

Immediate cause of death — Pulmonary Tuberculosis — Duration 3 mos.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature O B Whitaker MD

Address 1279 Millmith Date signed 6/29/46 M. D.

X

641656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 641656

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 630 Portland St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ?
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 630 Portland
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LeRoy (Mamie) Livengood.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harry L.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1899

8. AGE: Years 47 | Months | Days | If less than one day: hr. min.

9. Birthplace: North Carolina
(Town, county, and state)

10. Usual Occupation: Housework.

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant: Harry Livengood
(b) Address: 630 Portland St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3-46 (month) (day) (year)
(c) Cemetery or crematory: Cedar Hill Cem
Location: Arnold County

18 (a) Funeral director: Joseph Kaminskas
(b) Address: 602 Wash Blvd

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 1 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30th 1946 at 7:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15th 1946 to June 30 1946 and that I last saw her alive on June 29th 1946.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days

Due to: Hypertension — 6 months

Due to: Auricular fibrillation — 4 months

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Harry Hatt

Address 517 Scott St Date signed 7/1/46

X

Vs 150

A criminal penalty is provided for wilfully entering false information on this certificate. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √51B

G41657 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3502 Clifton Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1607 N. Hilton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: DANIEL MONROE AMBROSE

3 (b) If veteran, name war: none

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Ida R. Ambrose
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept. 15, 1881

8. AGE: Years	Months	Days	If less than one day
64	9	14	hr. min.

9. Birthplace: Martinsburg, W. Va. (Town, county, and state)
10. Usual Occupation: Machinist
11. Industry or business

FATHER
12. Name: Daniel Ambrose
13. Birthplace: W. Va.

MOTHER
14. Maiden Name: Phoebe Tabler
15. Birthplace: W. Va.

16 (a) Informant: Mrs. Ida R. Ambrose
(b) Address: 1607 N. Hilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/1946 (month) (day) (year)
(c) Cemetery or crematory: Parkwood Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) [redacted] (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH June 29, 1946 at 10:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1944 to June 29 1946 and that I last saw him alive on June 29 1946

Immediate cause of death	Duration
Carcinoma Prostate	2 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature J H Wilson M. D.
Address 617 W. 40th St. Date signed 7/1/46

VS 150

X

G41658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164a

Registered No. G41658

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 204
(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 782 W. Hamburg St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clinton Arthur Rodenhi

3 (b) If veteran, name war: World War #1

3 (c) Social Security Account No. 212-14-9392

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1886

8. AGE: Years	Months	Days	If less than one day
59	10	24	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation --
11. Industry or business --

FATHER
12. Name Thomas S. Rodenhi
13. Birthplace Md.

MOTHER
14. Maiden Name Martha L. Keifel
15. Birthplace Balto., Md.

16 (a) Informant Miss A. Louise Rodenhi
(b) Address 782 W. Hamburg St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/46 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/29 1946 at 8:39 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to h[illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Asphyxiation by
self strangulation

Due to

Other Conditions Dipsomaniacy

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/29/46 about 7:55 P.M.
(b) Where did injury occur? Basement - 782 W. Hamburg
(c) Did injury occur at home, on farm, industrial place, in public place? at home While at work? No
(d) Means of injury Hung self by rope around neck

23. Signature C. A. Rodenhi M.D.
Medical Examiner
Date signed 6/30/46

Washington Publishing Co. 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

(Registered No.)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3517 Old York Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3517 Old York Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SARAH MARGARET DIXON

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Joshua J. Dixon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.). Dec. 20, 1863

8. AGE: Years 82 | Months 6 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Griffith
13. Birthplace A. A. Co., Md.

MOTHER
14. Maiden Name Elizabeth Richter
15. Birthplace [illegible] Md.

16 (a) Informant Miss Elsie V. Dixon
(b) Address 3517 Old York Rd.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 7/2/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUL 3 1946 (Received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1946, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 18, 1946, to June 28, 1946, and that I last saw her alive on June 28, 1946.

Immediate cause of death	Duration
Bronchial Pneumonia	1 day.
Due to Carcinomatosis	4 months
Due to	over
Other Conditions Arteriosclerosis	4 years.

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? ✓
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? ✓
(Specify type of place)
(e) Means of injury ✓

23. Signature Frank M. Ogden M. D.
2701 N. Calvert Date signed June 29, '46

VS 190

X

G41660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G41660

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 23rd St.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 922 W. Univ. Parkway (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rowland Morgan, Sr.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
no	212-09-5679	Male	W	Married

6 (b) Name of husband or wife Mary Gertrude Morgan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10 1883

8. AGE: Years	Months	Days	If less than one day
62	8	19	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Engineer H&D Comm
11. Industry or business

FATHER
12. Name Samuel Morgan
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mollie McCoy
15. Birthplace Baltimore Md.

16 (a) Informant Mrs R. Morgan
(b) Address 922 W. Univ. Pkwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 JUL 1 19[illegible] (Date rec'd by registrar)

Register for Baltimore, Md.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-29 1946 at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-27 1946 to 6-29 1946 and that I last saw h[illegible] alive on 6-29 1946.

Immediate cause of death Respiratory Embarrassment
Due to Ascites & Cal Edema
Due to arteriosclerotic c-v Dis
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George T. Jaklevic M. D.
Address 4 W. 4 Date signed 6/29/46

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G11661 / 167 — Registered No. G11661

G11661

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Doa
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 E. Madison Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hazel E. Schuster

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Leon H. Schuster
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 14, 1918

8. AGE: Years	Months	Days	If less than one day
28	3	13	hr. min.

9. Birthplace Missouri (Town, county, and state)
10. Usual Occupation --
11. Industry or business

FATHER
12. Name Arthur Cureton
13. Birthplace Missouri

MOTHER
14. Maiden Name Lucy
15. Birthplace Missouri

16 (a) Informant Mrs. Lucy A. Cureton
(b) Address Knoblick, Missouri

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/2/46 (month) (day) (year)
(c) Cemetery or crematory Rhodes Chapel
Location Cornwall, Missouri

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Pikesville, Md.

JUL 1 1946

19 (a) (Date rec'd by registrar) (b) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27, 1946 at 9 P M

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
*Stab wound of heart
Multiple stab wounds

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-27-46 at 8:30 P. M.
(b) Where did injury occur? Restaurant, Oliver & Charles Street
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Sharp Instrument

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 6-28-46

G41662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G41662 Registered No.

PRINCIPAL ENTRIES MUST BE MADE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1235 Cleveland St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1235 Cleveland St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary L. Gray

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Zacharias J. Gray

6 (c) If alive, give age 6 years

7. Birth date of deceased (mo., day, yr.): Dec 15. 1889

8. AGE: Years 56 | Months 6 | Days 14 15 | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: House Wife

11. Industry or business

FATHER
12. Name: Charles Stricker
13. Birthplace: Germany

MOTHER
14. Maiden Name: Amylia Stricker
15. Birthplace: Germany

16 (a) Informant: Zachariah J. Gray
(b) Address: 1235 Cleveland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 3-1946 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: City

18 (a) Funeral director: Mr. Mrs. John W. Teufel Son
(b) Address: 801 W. Lafayette St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 30 1946, at 6 35 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 14- 1945 to June 30 1946 and that I last saw h[illegible] alive on June 29 1946.

Immediate cause of death

Duration

Myocarditis — 6 months

Due to

Due to Arteriosclerosis — 5 years

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Harry Hatt

Address: 517 Ashland Ave Date signed: 7/1/1946

VS 150 JUL 1 1946 Huntington Williams, M.D.

1663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓166

Registered No. G41663

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1021 Madison Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ernest Summers

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-0675

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widower

6 (b) Name of husband or wife Georgie Summers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1902

8. AGE: Years	Months	Days	If less than one day
44	2		hr. min.

9. Birthplace South Carolina (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Elliott Summers
13. Birthplace S. C.

MOTHER
14. Maiden Name Eveline Robinson
15. Birthplace S. C.

16 (a) Informant Mr. Robert Summers
(b) Address 1110 Etting Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-46 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co., Md.

18 (a) Funeral director Jesse W. Redden
(b) Address 436 W. Biddle St.

(a) Date rec'd JUL 1 1946 (b) Registrar Huntington Williams M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28, 1946 at 12 10 P. M.

21. I certify that I took charge of the remains described above, held an autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒ undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Gunshot wounds of head involving brain

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/28/46 at 10:30 A. M.
(b) Where did injury occur? 1021 Madison Avenue
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Firearms - Revolver

23. Signature Howard J. Mullis M.D. Medical Examiner.
Date signed 6/29/46

X

G41664 G41664

AB-101974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √131a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals b

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 405 N. Robinson
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Ruth or Reith Reith

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18- 1888

8. AGE: Years	Months	Days	If less than one day
58	2	10	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Donald Ruth (D
13. Birthplace Md.

MOTHER
14. Maiden Name Catoline Rice (D
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2/46 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location E. Lynwall St

18 (a) Funeral director John C. Moran
(b) Address 3600 Waltana Ave

19 (a) Date rec'd by [illegible] (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1946, at 9.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-11- 1946 to 6-28- 1946 and that I last saw h im alive on 6-28- 1946

Immediate cause of death
Uremia — Duration 3 mos.

Due to Hypertensive CVD with renal insufficiency — 2 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury Edmund H. Beacham

23. Signature
Address Balto City Hosp Date signed 29 Jun 46 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54B

G41665 Registered No.

Please write clearly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address #
(c) Hospital or institution: Union Memorial Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days 6 hr
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore - 9 (If outside city or town limits, write RURAL and give town)
(d) Street No. 5507 South Bend Road (If rural give location)
(e) Citizen of foreign country? N/a (Yes or No) If yes, name country

3 (a) FULL NAME Myron Sandler Cotton
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mrs. Myron S. [illegible] Cotton
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Dec. 5 1901
8. AGE: Years 46 | Months 8 | Days 24 | If less than one day hr. min.
9. Birthplace: MARYLAND (Town, county, and state)
10. Usual Occupation: Attorney
11. Industry or business

FATHER
12. Name: Harry M. Cotton
13. Birthplace: Russia

MOTHER
14. Maiden Name: Ida Samuel
15. Birthplace: Illinois

16 (a) Informant: Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/46 (month) (day) (year)
(c) Cemetery [illegible] Hebrew Friendship
Location Balto. Md.
18 (a) Funeral director: Sondheim & Levy
(b) Address 1902 Eutaw Place
19 (a) (Date rec'd by registrar) (b) Registrar

JUL 1 1946 Huntington Millsville, Md.
VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1946, at 11:35 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from 6/27/1946 to 6/29/1946 and that I last saw h alive on 19
Immediate cause of death: Malignant Tumor of Brain — Duration 6 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature: Chester H. Jones Jr. M. D.
Address Union Mem. Hosp. Date signed 6-29-46

G41666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G41666 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5211 Wilton Hts. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Minnie J. Wilhelm "MINNIE J. WILHELM"

3 (b) If veteran, name war No********

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife C. Lat. Wilhelm
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) 2 April 1877

8. AGE: Years 69 69 | Months 2 | Days 27 | If less than one day **********hr. **********min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Housewife at
11. Industry or business Home.

FATHER
12. Name Phillip Weller
13. Birthplace Germany

MOTHER
14. Maiden Name Ursula Swartz
15. Birthplace Germany

16 (a) Informant Charles P. Wilhelm (son)
(b) Address 5211 Wilton Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 July 46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville Md.

18 (a) Funeral director C. B. Wisharf & Son
(b) Address 1300 Eutaw Place..c

19 (a) JUL 1 1946 (Date received by registrar) Registrar, Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/29 1946, at 9.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/27 1946 to 6/29 1946, and that I last saw h.. alive on 6/29 1946.

Immediate cause of death Coronary thrombosis — Duration

Due to Hypertensive Arterio-sclerotic C.V. Disease

Due to

Other Conditions Obesity

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. B. Marshall Jr. M.D. M. D.
Address Univ Hosp Date signed 6/29

VS 3

X

G41667 ✓ G41667

AB-102277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6days
(e) Length of stay in Baltimore (yrs., mos., or days) 17yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1900 Pennsylvania Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mervin Gerner

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Irene
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29- 1900

8. AGE: Years	Months	Days	If less than one day
45	11	29	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Leonard or Lenard Gerner
13. Birthplace Md.

MOTHER
14. Maiden Name Rena or Lena ?
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals Record
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof July 1, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location Baltimore Co. Md.
18 (a) Funeral director Mrs. George H. Wallace
(b) Address 1601 Druid Hill Ave.
19 (a) 1946 (b) Registrar Washington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28- 1946, at 2.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-22- 1946 to 6-28 1946, and that I last saw h im alive on 6-28- 1946.

Immediate cause of death
~~Pulmonary~~ Tuberculosis - type undet.
Due to
Due to
Other Conditions Pulmonary Tbc. far advanced
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
2 wks.
2 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alvin L. Hartz M.D.
Address Balto City Hosp. Date signed 6/29/46

VS 150

81a

G41668

AB-89062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G41668 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr. 11mos. 9days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 525 Dolphin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Whittington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?-? 61?

8. AGE: Years	Months	Days	If less than one day
83?	?	?	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Derick (D
13. Birthplace Md.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. George W. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

1 VS 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 19 46 at 9.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-19 19 44 to 6-28- 19 46.
and that I last saw h alive on 6-28- 19 46.

Immediate cause of death: Arteriosclerosis Gangrene of Left foot — Duration

Due to

Due to

Other Conditions Unrecognized Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation 6-21-46

Major findings of operation: Absent

of autopsy: Absent

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice M. Lang M. D.
Address Baltimore City Hospitals Date signed 6-30-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G41668

Registration No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Pikesville #8
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4101 Buckingham Rd.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Cora Mc Donald

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1880

8. AGE: Years	Months	Days	If less than one day: hr.	min.
65	9	11		

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John J. Mc Donald
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Keenan
15. Birthplace Ireland

16 (a) Informant Nora Rennda
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3-46 (month) (day) (year)
(c) Cemetery or crematory Mt Erin
Location Havre de Grace Md

18 (a) Funeral director Pennington & Son
(b) Address Havre de Grace Md

19 (a) JUL 1 1946 (Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/30/1946, at 7:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1946 to June 30 1946, and that I last saw h alive on June 30, 1946.

Immediate cause of death	Duration
Cardiac failure	
Due to Cerebral Vascular Accident - Thrombosis	
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul R. Paul

Address Mercy Hospital Date signed 6/30/46

VS 150

DO NOT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41670

BALTIMORE CITY HEALTH DEPARTMENT ✓ G41670 Registered No.

CERTIFICATE OF DEATH 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4600 Patterson Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4600 Patterson Ave.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie McEnroe,

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Peter J. McEnroe
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 9, 1862
8. AGE: Years 83 | Months 7 | Days 20 | If less than one day hr. min.
9. Birthplace Ireland,
(Town, county, and state)
10. Usual Occupation Housewife,
11. Industry or business at home,

FATHER
12. Name Martin Coolahan,
13. Birthplace Ireland,

MOTHER
14. Maiden Name Mary O'Rourke,
15. Birthplace Ireland,

16 (a) Informant Mr. Edward McEnroe,
(b) Address 4600 Patterson Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/46 (month) (day) (year)
(c) Cemetery or crematory St. Charles Cem.
Location Pykesville, Md.

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights Ave.

19 1946 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION P.

20. DATE OF DEATH June 29, 1946 19 , at 4.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1945 to 6/29 1946
and that I last saw her alive on 6/29 1946

Immediate cause of death: Hypertensive Degeneration — Duration 5 yrs
Due to: Cardio Renal Disease
Due to: Arteriosclerosis — Duration unknown
Other Conditions: Senile

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ed B. Enslow M. D.
Address 4936 Park Heights, Date signed

VS 150

Please write plainly, with ONE ALONG INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G41671

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 332 S. Bond St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 332 S. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Schultz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Otto Schultz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 188[illegible]

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace ~altimore (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name John Nadolny
13. Birthplace Poland

MOTHER
14. Maiden Name A. Kasprzek
15. Birthplace Poland

16 (a) Informant Otto Schultz
(b) Address 332 S. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2/46 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore

18 (a) Funeral director Fred W. Ozazewski
(b) Address 1330 Eastern Ave.

19 (a) (Date received by registrar) (b) Registrar

1 1946 Huntington-Williams, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30/46 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1946 to June 30 1946, and that I last saw h[illegible] alive on June 29 1946.

Immediate cause of death
Bilateral Pulm. tuberculosis
Bronchostasis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
1 D
1 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. D. Lapp M. D.
Address 432 N. Bond St Date signed 7/1/46

VS 150

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

G41672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92B

G41672 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1445 Sunwalt Court
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1445 Sunwalt Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Estella Frank

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife: Henry Frank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1869

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)
10. Usual Occupation: Housework
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant: Family
(b) Address: 1445 Sunwalt Court
17 (a): Burial (b) Date thereof: 7/2/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory: Cedar Hill
Location: Brooklyn, Md.
18 (a) Funeral director: Jesse L. McCurdy
(b) Address: 130 E. Pent[illegible]
19 (a): 1946 (b):
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1946, at 7:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1946 to June 28 1946 and that I last saw h[illegible] alive on June 28 1946

Immediate cause of death	Duration
Acute dilatation of heart.	2 Dys.
Due to Mitral Regurgitation	Duly
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. L. Bunstell
Address 164 Hanover St Date signed 7/1/46, M.D.

VS 180

Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. The correct age is especially important

G41673 ✓ G41673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 619 Brice ST (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Eberle

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mrs Anna Eberle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-26-90

8. AGE: Years 56 | Months 5 | Days 3 | If less than one day hr. min.

9. Birthplace Hungary (Town, county, and state)

10. Usual Occupation Baker

11. Industry or business John Robin

FATHER
12. Name Unknown Eberle
13. Birthplace Hungary

MOTHER
14. Maiden Name Unknown
15. Birthplace Hungary

16 (a) Informant Mrs Anna Eberle
(b) Address 619 Brice ST

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2 1946 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Dorsey Rd

18 (a) Funeral director Harry A Witte
(b) Address 4101 Edmondson Ave

19 (a) (b)

Filed by registrar JUL 1 1946 Huntington, W. Va.

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/29 1946 at 6 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/21 1946 to 6/29 1946, and that I last saw him alive on 6/29 1946

Immediate cause of death: Pulmonary Embolism — Duration 15 min.
Due to Phlebothrombosis — Duration
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation 6/22/46
Major findings of operation: Bilateral Indirect Inguinal Hernia
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur W Lyons M. D.
Address Bon Secours Hosp. Date signed 6/29/46

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. G41674

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Aves.
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits write RURAL and give town)
(d) Street No. 301 Moreland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Mary Rose Darby

3 (b) If veteran, name war	3 (c) Social Security Account No.
~	~

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	single

6 (b) Name of husband or wife ~
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 18, 1887

8. AGE: Years	Months	Days	If less than one day
58	9	11	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at home

FATHER
12. Name Peter
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann Jung
15. Birthplace Ireland

16 (a) Informant Mrs May B. Darby
(b) Address 910 Cleveland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/46 (month) (day) (year)
(c) Cemetery or crematory H. Sinai Cem
Location 1301 Eastern Ave

18 (a) Funeral director Cator Downes Sons
(b) Address 1063 Wilkens Ave.

19 (Date received by registrar) JUL 1 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-29 1946 at 4:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/23 1946 to 6/29 1946 and that I last saw her alive on 6/29 1946

Immediate cause of death Respiratory failure — Duration
Due to Overwhelming septicemia
Due to Osteomyelitis of Left Humerus. over
Other Conditions Metastatic carcinoma
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert J. Kerwin M.D.
Address St. Agnes Hospital Date signed 6/29/46

VS 150

G41675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No. G41675

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts
(c) Hospital or institution: St Joseph's Hospital 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 132 S. Bethel St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George E. Amos

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: B

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: Mary Amos

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-31-06

8. AGE: Years 39 38 | Months 5 | Days 28 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER
12. Name Edward Amos
13. Birthplace md.

MOTHER
14. Maiden Name Eva Williams
15. Birthplace md.

16 (a) Informant Marie Collins
(b) Address 132 S. Bethel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/2/46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Bloomsbury Ave

19 (a) ... (Date rec'd by registrar) (b) ... (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1946, at 7.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1946, to June 28 1946, and that I last saw h[illegible] alive on June 28 1946.

Immediate cause of death ... Duration
Cardio-respiratory Failure
Due to Carcinoma Stomach
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 6/24/46
Major findings of operation: Adeno Carcinoma Stomach
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard A. Young M.D.
Address St. Joseph's Hosp Date signed 6/28/46

Va 180 1946

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46D

Registered No. G41676

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 M
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 416 N. Wolfe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Julia Ball
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Separated
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 6-10-80
8. AGE: Years 46 45 | Months - | Days 17 | If less than one day hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Robt Ball
13. Birthplace Va.

MOTHER
14. Maiden Name Laura Morris
15. Birthplace Va.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley ave

19 (a) (Date rec'd by registrar) (b) Registrar for Williams M.D.

JUL 1 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946, at 1 35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-22 1946 to 6-27 1946 and that I last saw h[illegible] alive on 6-27 1946.

Immediate cause of death Uremia — Duration 5 days

Due to Inoperable Carcinoma of Rectum — 6 Mos

Due to Peritoneal Abscess due to Ca of Rectum

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 3/3/46, 6/10/46

Major findings of operation: Carcinoma of rectum. Peritoneal abs

Autopsy:

PHYSICIAN — Underline the cause to which it should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo Dunean M. D.
Address Date signed

VS 18

X

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41677 G41677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

589 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2100 Hawkins Point Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give name of county)
(d) Street No. 2100 Hawkins Point Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma M Drewanz

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John E
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11 1900

8. AGE: Years	Months	Days	If less than one day
46	—	14	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or Business

FATHER
12. Name John T Balla
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Benson
15. Birthplace Baltimore

16 (a) Informant John E Drewanz
(b) Address 2100 Hawkins Point Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 2 46 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Balto Md

18 (a) Funeral director Frank H Seitz
(b) Address 814 W 36th St

19 (a) (b) Huntington West Virginia

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1946 6.10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1946 to June 28 1946 and that I last saw her alive on June 24 1946

Immediate cause of death
Hypoglossal Paralysis
Due to Mitral Regurg
Due to Acute Rheumatic Fever
Other Conditions Anemia

Duration
2 wks
3 yrs.
3 yrs.
all life

(Include pregnancy within 3 months of death)
Date of operation Autopsy for Anemia
Major findings of operation:
of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Leon J Clark M.D.
Address 700 Fremont Ave Date signed 6/30/46

1946

G41678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 939

Registered No. G41678

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address WILKENS & CATON AVES.
(c) Hospital or institution:
ST. AGNES HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3507 DORCHESTER ROAD.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY CARTER LAUMANN

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-1817

4. Sex FEMALE | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced. WIDOW

6 (b) Name of husband or wife JOHN N. LAUMANN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUGUST 15, 1886.

8. AGE: Years 59 | Months 10 | Days 15 | If less than one day hr. min.

9. Birthplace HOWARD COUNTY, MD.
(Town, county, and state)

10. Usual Occupation SEAMSTRIST

11. Industry or business UNEMPLOYED

FATHER
12. Name JOHN FLANAGAN
13. Birthplace HOWARD CO. MD.

MOTHER
14. Maiden Name CHRISTINA MAC INVEY
15. Birthplace SCOTLAND

16 (a) Informant MR. HENRY LAUMANN
(b) Address 906 N. BENTLEAU ST.

17 (a) BURIAL (b) Date thereof 7/3/46.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory ST. JOHNS CEMETERY
Location ELLICOTT CITY, MD.

18 (a) Funeral director Gaston Long
(b) Address 608 Frederick Ave, Catonsville

19 JUL 1 1946 Huntington Williams, M.D.
(Date rec'd by registrar) (Signature of registrar)

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 30, 1946 at 2:55A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1946 to June 30 1946 and that I last saw her alive on June 29 1946.

Immediate cause of death	Duration
Urinary Occlusion	10 da
Due to Cystic Vesicular Disease & Hypertension	3 years
Due to	
Other Conditions Cerebral Thrombosis	6/1/44

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eliot W. Johnson M.D.
M. D.

Address 3432 Frederick Ave Date signed

FREDERICK AVE.

G41679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G41679

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4813 Belair Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4813 Belair Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK V. VIOLA

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife FRANCES R.
6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) MAY 6 1899

8. AGE: Years	Months	Days	If less than one day
47	1	22	hr. min.

9. Birthplace BALTIMORE
(Town, county, and state)

10. Usual Occupation TAVERN KEEPER
11. Industry or business

FATHER
12. Name ANTHONY VIOLA
13. Birthplace ITALY

MOTHER
14. Maiden Name ?
15. Birthplace ITALY

16 (a) Informant FRANCES R. VIOLA
(b) Address 4813 Belair Rd.

17 (a) BURIAL (b) Date thereof JULY 3 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location 4300 BELAIR ROAD.

18 (a) Funeral director MARTIN W.E. DIPPEL & SONS
(b) Address 7110 BELAIR ROAD

(c) Date received JUL 1 1946 Registrar Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH JUNE 28 19 46 at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 19 46 to June 28 19 46 and that I last saw him alive on June 26 19 46.

Immediate cause of death Cerebral Hemorrhage — Duration 2 days.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eugene L. Cavanaugh M. D.
Address 614 Dauphin Ave. Date signed 7/1/46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G41680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G41680

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3315 Lyndale Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-29-46

8. AGE: Years | Months | Days: 2 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Elmer Smith
13. Birthplace Balto.

MOTHER
14. Maiden Name Dorothy ?
15. Birthplace Balto.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-46 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn, Md.

18 (a) Funeral director George L. Fahrbach
Address 1946 Frederick Avenue
JUL 3 Huntington Williams Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1946 at 7:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1946 to July 1 1946 and that I last saw alive on July 1 1946.

Immediate cause of death: Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert J. Sheldon
Address Johns Hopkins Hosp. Date signed 7/3/46

VS 190

G41681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. G41681

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution: US Marine Hospital 12-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Hardanger (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Norway

3 (a) FULL NAME Eide, Jorgen Nilsin

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1900

8. AGE: Years	Months	Days	If less than one day
45	6	10	hr. min.

9. Birthplace Hardanger, Norway (Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business Seafarer

FATHER
12. Name Nile Eide
13. Birthplace ? Norway

MOTHER
14. Maiden Name Johanna Jorgenson
15. Birthplace ? Norway

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7/3/46 (month) (day) (year)
(c) ~~Cemetery or~~ crematory Greenmount Cem
Location Balto. Md.

18 (a) Funeral director Wm. Cook, Inc.
(b) Address 1217 St Paul St.

19 (a) (Date received by registrar) JUL 2 1946 Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1946, at 6:10A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1946, to July 1 1946, and that I last saw him alive on July 1 1946.

Immediate cause of death Miliary tuberculosis, acute — Duration Unknown

Due to — over

Due to

Other Conditions Thrombosis of left leg, beginning gangrene of left foot — 1½ mos

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Wilson
John L. Wilson, Sr. Surgeon M. D.
Address Clinical Director Date signed 7/1/46
US Marine Hospital, Balto, Md.

X

Instructions: Please write plainly with pen or indelible pencil. Do not use abbreviations. Be sure that all questions are answered. Physicians: please write the causes of death clearly and legibly.

G-11682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

Registered No. G-11682

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 740 S Ellwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 740 S Ellwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah A Richards

3 (b) If veteran, name war —
3 (c) Social Security Account No. none
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife Richards
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 5. 1862
8. AGE: Years 83 Months 8 Days 24 If less than one day hr. min.
9. Birthplace South Wales (Town, county and state)
10. Usual Occupation Housemaid
11. Industry or business

MOTHER / FATHER
12. Name Williams John
13. Birthplace South Wales
14. Maiden Name Hancock Lloyd
15. Birthplace South Wales

16 (a) Informant Elizabeth Richards
(b) Address 740 S Ellwood Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-46 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore County Md
18 (a) Funeral director Tilburn Cook Inc
(b) Address 1217 E Lombard

JUL 2 1946 (Date) (Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1946 at 2.9 M
21. I certify that death occurred on the date above stated; that I attended deceased from 6-1-1946 to 6-29 1946. and that I last saw h alive on 6-28-1946.

Immediate cause of death — Duration
Chr. Myocarditis — 7
Due to Chr. Arteriosclerosis — 7.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature N. J. Davidow M. D.
Address 3218 Eastern Date signed 7-1-46

VS 150

Subject age is especially important. Physicians: please write the cause of death clearly and legibly.

G11683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

Registered No. G11683

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3625 Stanydale Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3625 Stanydale Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Lee Clemmitt

3 (b) If veteran, name war: —
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: Margaret Clemmitt
6 (c) If alive, give age: 76 years

7. Birth date of deceased (mo., day, yr.): April 24 1862

8. AGE: Years: 84 | Months: 3 | Days: 4 | If less than one day: hr. min.

9. Birthplace: Richmond Va
(Town, county, and state)

10. Usual Occupation: Draftsman
11. Industry or business: Mechanical Engineer

FATHER
12. Name: Thos Clemmitt
13. Birthplace: Va

MOTHER
14. Maiden Name: Virginia Adams
15. Birthplace: —

16 (a) Informant: Mrs Margaret Clemmitt
(b) Address: 3625 Stanydale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 3 1946 (month) (day) (year)
(c) Cemetery or crematory: Loraine Park
Location: Woodlawn Md

18 (a) Funeral director: Patterson & Gore
(b) Address: 2234 E Baltimore St

JUL 2 1946 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1946 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 3 1946 to July 1 1946, and that I last saw h alive on June 30 1946

Immediate cause of death: Myocarditis

Due to: Age.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: John A Evans M. D.
Address: 612 W 40 St Date signed

VS 3

X

Reserve # 8

BALTIMORE CITY HEALTH DEPARTMENT ✓ G41684

CERTIFICATE OF DEATH 171a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital 2-4-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside corporate town limits, write RURAL and give town)
(d) Street No. 8 E Hill St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If so, name country

3 (a) FULL NAME Unidentified John F. Euler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
White	Male	? single

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
~~75~~ 64			hr. min.

9. Birthplace Md Unknown
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Euler
13. Birthplace -

MOTHER
14. Maiden Name Laura Dorsey
15. Birthplace -

16 (a) Informant Mr Joseph Schaefer
(b) Address 1910 Maple St.

17 (a) Burial (b) Date thereof 8/1/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location PUBLIC CEMETERY JUL 1 1946

18 (a) Funeral director
(b) Address Eight E. Mayerowitz St.

JUL 2 1946
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17, 1946 at 12 30 AM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractured skull
Fractured ribs
Due to

Other Conditions Hemo thorax.

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-16-46 24/3 10 P. M.
(b) Where did injury occur? Light St & Lawrence Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Struck by streetcar
(e) Signature Howard J. Weinberg M.D.
Medical Examiner.
Date signed 6-17-46

(over)

VS 151

G41685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G41685

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 740 N. Fulton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-21-46

8. AGE: Years | Months | Days: 1 | If less than one day: 24 hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Mason
13. Birthplace Va.

MOTHER
14. Maiden Name Mattie Lewis
15. Birthplace Va.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School JUL 1 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUL 2 1946 (Date rec'd by registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 1946 at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 1946 to June 22 46 and that I last saw h alive on June 22 1946.

Immediate cause of death: Prematurity
Interval

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert Seymour M. D.
Address Johns Hopkins Hosp. Date signed 6-22-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 199

F 3599

G41686

BCH

G49951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1600

✓ G41686 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 25

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0

(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State MARYLAND (b) County

(c) City or town BALTIMORE 25

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2621 Ridgley St (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Baby Hemingway

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24, 1946

8. AGE: Years	Months	Days	If less than one day
—	—	—	16 hr. 50 min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name David Debigly

FATHER 13. Birthplace Unknown

MOTHER 14. Maiden Name Hattie Mae Pearl Hemingway

MOTHER 15. Birthplace Florida

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Johns Hopkins Medical School JUL 1 1946

Location Commissioner of Health

18 (a) Funeral director

(b) Address

JUL 12 1946 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 25 1946 at 1:50 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/24 1946 to 6/25 1946 and that I last saw her alive on 6/25 1946

Immediate cause of death	Duration
Prematurity	
? Intracranial Hemorrhage.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Gilbert J. Vosburgh

Address Johns Hopkins Hospital Date signed 6/25/46

VS 150

3598

X

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G41687 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1815 Lorman St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1815 Lorman St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rosie Contee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife Spencer Contee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Edward Snell
13. Birthplace Frederick Md.

MOTHER
14. Maiden Name Isabelle Johnson
15. Birthplace Md.

16 (a) Informant Fanna Johnson
(b) Address 1128 Chelsea Ter

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary, Inc.
Location A. A. Co. Md.

18 (a) Funeral director Metropolitan Fun. Home
(b) Address 927 N. Mount St

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 2 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1946, at 11:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1946 to July 1 1946, and that I last saw her alive on June 28 1946.

Immediate cause of death Cardio Vascular Disease — Duration 1 yr.
Due to Broken Compensation — 6 mo.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edw. Chas. Frey, M.D.
Address 928 Cama Ave Date signed 7/2/46

X

AB-100928 G41688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

Registered No. G41688

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitles
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months
(e) Length of stay in Baltimore (yrs., mos., or days) 16yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 528 W. Barre St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Batt Watson

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-6450

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3- 1896

8. AGE: Years	Months	Days	If less than one day
50	4	26	hr. min.

9. Birthplace N.C.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Gilbert Watson (D
13. Birthplace N.C.

MOTHER
14. Maiden Name Emma Robinson (D
15. Birthplace N.C.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7 4 46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemtry
Location Balto

18 (a) Funeral director Walter B. Spriggs
(b) Address 1394 W. Lanvale Street

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION PM

20. DATE OF DEATH June 29- 1946, at 3.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29- 46 19 46 to 6-29 19 46, and that I last saw h im alive on 6-29- 19 46.

Immediate cause of death Broncho - pneumonia -

Due to Pulmonary Tbc.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy Above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert A. Fuller M. D.
Address Balto City Hosps Date signed 7-1-46

JUL 2 1946 Huntington Williams, M.D.

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G41689

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Green Sts.

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 315 W. Fayette St. Maffitt Hotel (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Howard W. Lewis

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 212-18-9973

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: widowed.

6 (b) Name of husband or wife: Eva Wrightson Lewis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 28, 1877

8. AGE: Years 69 | Months 3 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Room Clerk

11. Industry or business Mayfair Hotel

FATHER

12. Name Charles Lewis

13. Birthplace Maryland

MOTHER

14. Maiden Name Ada Bland

15. Birthplace Maryland

16 (a) Informant Mrs. Ada B. Clements

(b) Address 2205 Rockwell Ave., Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/46 (month) (day) (year)

(c) Cemetery or crematory Mountain Christian Cem.

Location Harford Co., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS

(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 2 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1946, at 4:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1946, to July 1 1946, and that I last saw h[illegible] alive on July 1 1946.

	Duration
Immediate cause of death: Cardiac failure	
Due to: Coronary thrombosis	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James A. Kingsbury M. D.

Address Maryland Hospital Date signed 7-1-46

Huntington Williams, Md.

G41690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G41690

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1655 Eliptwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1655 Eliptwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helen C. Ellenberger.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widow.

6 (b) Name of husband or wife Henry W. Ellenberger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 2, 1874

8. AGE: Years	Months	Days	If less than one day
71	10	24	hr. min.

9. Birthplace Germany. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Catherine Gorden.
(b) Address 1738 Bailey Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Ehrenfeld & Sonneborn
(b) Address 3615-17 E. Baltimore Ave.

19 (a) JUL 2 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1, 1946 at 12:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30, 1946 to July 1, 1946. and that I last saw her alive on June 30, 1946.

Immediate cause of death	Duration
Coronary Thrombosis	12 hrs.
Due to Arteriosclerosis	5 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas G. Longenwald
Address 1613 E. North Ave. Date signed 7-1-1946

VS 180

X

G41691 MORLOCK ✓ G41691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 830 Union Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 830 Union Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John F Morlock

3 (b) If veteran, name war 1st W. W

3 (c) Social Security Account No. 216-16-2384

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Nettie J Morlock

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Oct 12 1895

8. AGE: Years 50 | Months 8 | Days 12 | If less than one day hr. min.

9. Birthplace Md (Town, county and state)

10. Usual Occupation Dispatcher

11. Industry or business Pat Lowington

FATHER 12. Name Jacob Morlock

13. Birthplace Germany

MOTHER 14. Maiden Name Julia Ella Martin

15. Birthplace S. C.

16 (a) Informant Nettie J. Morlock

(b) Address 830 Union Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3 1946 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge.

Location

18 (a) Funeral director Schumacher & Duncan

(b) Address 2615-17 Sebastian Ave

19 Date rec'd by local reg. (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1946 at 12:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/29 1946 to 6/29 1946 and that I last saw him alive on 6/29 1946

Immediate cause of death — Duration

Coronary Occlusion — 1/2 hr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M.D.
Address 2020 N. Charles Date signed 7/1/46

VS 150

X

Please write plainly; every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41692 BC# G40763 ✓ G41692

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 935 Bevan
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Stewart ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 21, 46

8. AGE: Years	Months	Days	If less than one day
	5	7	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Aubrey Jones
13. Birthplace S. C.

MOTHER
14. Maiden Name Beatrice Stewart
15. Birthplace Balto Md

16. (a) Informant Beatrice Stewart
(b) Address 935 Bevan Ave

17. (a) Burial (b) Date thereof 7/2/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location E. A. Co., Md

18 (a) Funeral director Isaac L. Brunston
(b) Address 128 W. Montgomery St

19 (a) JUL 2 1946 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28 1946, at 9:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-26 1946, to 6-28 1946, and that I last saw her alive on 6-28 1946.

Immediate cause of death Respiratory arrest

Due to Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Broncho pneumonia

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter L. Cronk M. D.
Address University Hosp. Date signed 6-29-46

VS 3

X

G41693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

Registered No. G41693

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 732 South Charles Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Roosevelt (Lozell) Nettles

3 (b) If veteran, name war

(c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife Nettie Nettles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/3/1900

8. AGE: Years	Months	Days	If less than one day
46	2	29	hr. min.

9. Birthplace Elizabeth Ky (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business —

FATHER
12. Name Levi Nettles
13. Birthplace Ky

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Nettie Nettles (W)
(b) Address 732 S. Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. Co., Md.

18 (a) Funeral director Isaiah L. Brown
(b) Address 1420 Montgomery St

19 JUL 2 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30, 1946, 10 A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Ballistic wounds: brain & lungs

Due to

Other Conditions

(Include pregnancy within 2 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-30-46 10 A.M.
(b) Where did injury occur? Rear of 1417 Ashland Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Firearms - Revolver

23. Signature Howard J. Madeira M.D. Medical Examiner.
Date signed 7-1-46

VS 151

X

G41694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G41694

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3538 Cliftmont ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits write RURAL and give town)
(d) Street No. 3538 Cliftmont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theresa Kotter-Yovanovich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Amelia Kotter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 30 - 1881

8. AGE: Years 64 | Months 6 | Days — | If less than one day: hr. min.

9. Birthplace Yugoslavia (Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER
12. Name Anthony Mihelovich
13. Birthplace Yugoslavia

MOTHER
14. Maiden Name —
15. Birthplace

16 (a) Informant Mrs Stephen Yovanovich
(b) Address 3538 Cliftmont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3-46 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Balto Co

18 (a) Funeral director Jos J Herr & Son
(b) Address 3091 Kentucky ave

19 (a) (b) Huntington Williams, M.D. Registrar

Date received by registrar JUL 2 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1946, at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1944 to June 30 1946 and that I last saw her alive on June 30 1946.

Immediate cause of death
ARTERIOSCLEROSIS
CHR. INTERSTITIAL NEPH

Due to

Due to

Other Conditions ACUTE CARDIAC FAILURE
(Include pregnancy within 3 months of death)

Duration
5 YRS
3 YRS.
2 DAYS

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James F Kavanaugh M.D.
Address 3518 N Calvert St Date signed 7-1-46

X

Dr Gough
Harford Rd

G41695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

G41695 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 7017
(b) Street address 7019 Harford Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7019 Harford Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank C. Purdum

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	Married

6 (b) Name of husband or wife Gertrude E. Purdum
6 (c) If alive, give age Years

7. Birth date of deceased (mo., day, yr.) April 5, 1872

8. AGE: Years	Months	Days	If less than one day hr.	min.
74	2	25		

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name William H. H. Purdum
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Ellen Lewis
15. Birthplace Md.

16 (a) Informant Frank C. Purdum Jr.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2, 1946 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Loy Ave Ogy

18 (a) Funeral director Edward J. Rock
(b) Address 5305 Harford Rd.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1946, at 3.45A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1946 to 6/30 1946 and that I last saw him alive on 6/30 1946

Immediate cause of death: Cerebral Thrombosis — Duration: one day
Due to Arterio sclerosis, cardiovascular — 5 yrs.
Due to
Other Conditions Carcinoma of stomach — 5 yrs.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature
Address 6217 Harford Rd Date signed 7/1/46

Filed July 2 1946 Huntington Williams, M.D.

1312

Dr. A. L. Ewald
926 Fairmount Ave
G41696

BALTIMORE CITY HEALTH DEPARTMENT ✓ G41696

CERTIFICATE OF DEATH 131a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3006 Clearview Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3006 Clearview Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Magdalene Wagner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Charles Wagner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29, 1863

8. AGE: Years	Months	Days	If less than one day
83	2	8	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Henry Johenning
13. Birthplace Germany

MOTHER
14. Maiden Name Justice ?
15. Birthplace Germany

16 (a) Informant Blanche E. Garland
(b) Address 3006 Clearview ave

17 (a) Burial (b) Date thereof 7 / 3 / 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Road

18 (a) Funeral director Leonard J. Buck
(b) Address 5305 Wayland Road

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1946, at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1940 to 6-30 1946, and that I last saw h.e.r. alive on 6-30 1946.

Immediate cause of death Cardio-vascular Renal disease.

Duration 6 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death.)
Date of operation None
Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. L. Ewald
Address 36 York Court Date signed 7-1-46
M. D.

VS 150 JUL 2 1946 Huntington Williams, M.D.

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41697 over

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. G41697

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3805 Hilton Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Applefeld.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	Black	

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		1 d.	24 hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Applefeld
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah
15. Birthplace Balto Md

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem. Co.
Location Baltimore Co. Md.

18 (a) Funeral director Bot Funeral Home
(b) Address 1124 - 26 W North Ave

19 (a) (Signature of registrar) (b) Huntington Williams (Address)
JUL 2 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1946 at 6 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-30 1946 to July 1 1946 and that I last saw h alive on July 1 1946

Immediate cause of death
prematurity
Due to —
Due to —
Other Conditions
(Include pregnancy within 3 months of death)

Duration
36h

Date of operation —
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature John L. Hampson
J.H.H.
Date signed 7/1/46

Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

G41698

MB #101025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D ✓ G41698 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 28
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2651 Greenmount Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Richard Malone

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-5905

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Mary (nee Kreiner)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6 1879

8. AGE: Years	Months	Days	If less than one day
67	4	26	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Gas & Elec. Co. (retired)
11. Industry or business

FATHER
12. Name James Malone
13. Birthplace Md.

MOTHER
14. Maiden Name Marie Brown
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/46 (month) (day) (year)
(c) Cemetery or ~~church~~ New Cathedral
Location 4500 Old Frederick Rd. Balto. Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601-05 E. Madison Street

19 Date rec'd by [illegible] 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1946, to July 1 1946, and that I last saw him alive on July 1 1946.

Immediate cause of death: Congestive H.T. Failure — Duration 1 yr.
Due to: Arteriosclerotic and Hypertensive C.V.D.
Due to:
Other Conditions: Emphysema
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund B. Graham
Address Baltimore Hosp. Date signed 7/3/46

VS 150

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 732

G41699 Registered No.

Please write the entries clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 127 S. Potomac St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 127 S. Potomac St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jennie Pfeifer

3 (b) If veteran, name war: —
3 (c) Social Security Account No. 212-07-1429

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife: —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 27, 1879

8. AGE: Years	Months	Days	If less than one day
66	11	29	hr. min.

9. Birthplace Baltimore (Town, county and state)
10. Usual Occupation Factory Worker Examer.
11. Industry or business

FATHER
12. Name John Pfeifer
13. Birthplace Germany

MOTHER
14. Maiden Name Anna M. Kueslein
15. Birthplace Germany

16 (a) Informant Mrs. Anna Lieberth
(b) Address 127 S. Potomac St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4, 46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Walter May
Address JUL 2 1946 N. Bouldin St.

19 (a) (Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29, 1946, at 8 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1938 to June 29 1946, and that I last saw her alive on June 25 1946.

Immediate cause of death	Duration
Arteriosclerosis	5 Yrs
Due to Primary Anemia	2 Yrs
Due to	
Other Condition Bronchial Asthma	5 Yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Johnson T. Kavanaugh M.D.
Address 3328 Mc Elderry St. Date signed 7-1-46

1700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √83a

Registered 1700

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hospital for the Women of Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 411 E. 31st St
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mary VanDoren Wright

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Maurice Wright
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 2 July 1896

8. AGE: Years	Months	Days	If less than one day
49 50	11	2	hr. min.

9. Birthplace [illegible] (Town, county, and state)
10. Usual Occupation milliner Md.
11. Industry or business

FATHER
12. Name Francis J. VanDoren
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary E. Sloy
15. Birthplace Unknown

16 (a) Informant Edward A. Furst
(b) Address 5809 E Lynnhurst Ave Catonsville and

17 (a) Removal (b) Date thereof 30 June 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Meadowridge Md.
Location

18 (a) Funeral director Martin Fahey & Sons
(b) Address 1827 W. North Ave

19 (a) JUL 2 1946 (b) Huntington Williams, Md
(Date received by local registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 29 June 1946, at 6:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 23 June 1946 to 29 June 1946 and that I last saw h[illegible] alive on 29 June 1946.

Immediate cause of death: Subarachnoid hemorrhage — Duration

Due to Hypertension and arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Subarachnoid hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter Buckner M. D.
Address Women's Hospital Date signed 29 June 46

X

Please answer questions with typewriter or pen. Any item on this certificate which cannot be correctly supplied should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G41701 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Dunmore St
(c) Hospital or institution: Provident Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1161 Pompleton St - 23
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Josephine Russell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16, 1878

8. AGE: Years 68 | Months — | Days 11 | If less than one day hr. min.

9. Birthplace Essex Co., Va
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Danridge
13. Birthplace Essex Co. Va.

MOTHER
14. Maiden Name Martha Harris
15. Birthplace Essex Co. Va.

16 (a) Informant Elder Russell
(b) Address 116 N. Pompleton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie B. Williams
(b) Address 3221 Schroeder St

19 (a) (Date rec'd by Local Registrar) (b) Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1946, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1946 to June 21 1946 and that I last saw her alive on June 17 1946.

Immediate cause of death	Duration
Hypostatic pneumonia -	7 days
Chronic Cerebral Hemorrhage -	
Due to Hypertensive cardio-vascular-renal disease	3 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James D. Carr, M.D.
Address 515 Marlen St Date signed 7-2-46

G41702 Kohler

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G41702

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 440 N. Bouldin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 440 N. Bouldin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Kohler

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Frederick W. Kohler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 20 / 1881

8. AGE: Years	Months	Days	If less than one day
65	4	10	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name John Malecki
13. Birthplace Poalnd

MOTHER
14. Maiden Name Unk.
15. Birthplace Poland

16 (a) Informant William Kohler
(b) Address 440 N. Bouldin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4/ 46 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozazewski
(b) Address 1930 Eastern Ave.

19 JUL 2 1946 (Date received by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30/46 19 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 46 to June 30 19 46
and that I last saw him alive on June 30 19 46.

Immediate cause of death (a) Hypostatic Congestion
Antecedent causes (b) Cerebral Accident
Due to (c) Arteriosclerosis
Contributory Conditions
Due to

Duration
?
3 days
?

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Peter J. Sikorsky M. D.
Address 1939 Dr. Pleasant Date signed 7/1/46

VS 150

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41703 BC# D49666 G41703

BALTIMORE CITY HEALTH DEPARTMENT

HB #101789 **CERTIFICATE OF DEATH** ✓ 159

Registered No.

The causes which, either directly or indirectly, gave rise to UNFAILING INA. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Newborn

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 E. Lombard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Baby Boy Benedict (Kay)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Newborn

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1946

8. AGE: Years	Months	Days	If less than one day
			8 hr. 45 min.

9. Birthplace Baltimore City Hospitals
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Jay Benedict
13. Birthplace Miss.

MOTHER
14. Maiden Name Kay Cerbra
15. Birthplace ?

16 (a) Informant Balto. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) cremation (b) Date thereof 6-12-46
(Burial, cremation, entombment) (month) (day) (year)
(c) Cemetery or crematory B.C.H. 9:20 AM
Location 4940 Eastern Ave.

18 (a) Funeral director
(b) Address

19 JUN 2 1946 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION P

20. DATE OF DEATH June 5, 1946, at 12:15M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5, 1946 to June 5 1946 and that I last saw h im alive on June 5 1946

Immediate cause of death — Duration

Due to Fetal Cyanosis — 9 HRS.

Due to Prematurity - Wt 3'2"

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W A Scarborough M.D.
Address Baltimore City Hospitals Date signed 6/12/46

VS 150

G41704 over

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √159

Registered No. G41704

HB # 101560

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days) NB 1 Day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 743 George St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Neal(Iula) Twin "B"

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced New Born

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26, 1946

8. AGE: Years | Months | Days 1 | If less than one day hr. min.

9. Birthplace Maryland, Baltimore City Hospitals (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas Smith
13. Birthplace Md.

MOTHER
14. Maiden Name Iula Neil
15. Birthplace N. Y.

16 (a) Informant: Balto. City Hospitals(Records
(b) Address 4940 Eastern Ave.

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 6-11-46 (month) (day) (year)
(c) Cemetery or crematory B. C. H.
Location 4940 Eastern Ave

18 (a) Funeral director
(b) Address

19 (a) JUL 2 1946 rec'd by reg'r 1946 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 27, 1946 at 12:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1946 to May 27 1946, and that I last saw h[illegible] alive on May 27 1946

Immediate cause of death

Due to Fetal anglyxia

Due to Premature

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration
24 hr

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Scarborough M.D.
Address Baltimore City Hospitals Date signed 6/27

VS 150

Please answer every item. Every item or information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41705

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓50

Registered No. G41705

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2827 Harlem Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2111 Mt. Holly St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna O. Grundgrieper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Late Henry Grundgrieper

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1871

8. AGE: Years 74 | Months 9 | Days 11 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Charles Beehler
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Carrie Bender
15. Birthplace Germany

16 (a) Informant Sophia Beehler
(b) Address 2827 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5/46. (month) (day) (year)
(c) Cemetery or crematory Louden Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Leitzke
(b) Address 4101 Edmondson Ave.

19 July 2 1946 (b) Huntington Williamsport Md.
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1/46. 19 , at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1946 to July 1 1946. that I last saw her alive on July 1. 1946.

Immediate cause of death Myocarditis Degeneration & Insufficiency. — Duration 1 month

Due to Generalized carcinomatosis — 1 year

Due to Carcinoma of the right breast — 2 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M Michel M. D.
Address 2901 Edmondson Ave Date signed July 1/46

VS 130

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

Registered No. G41706

PRINT IN WHITE PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 Allendale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 Allendale St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Robert J. French

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Anna A. French
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1862.

8. AGE: Years	Months	Days	If less than one day
83	7	8	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Retired Farmer
11. Industry or business

FATHER
12. Name Thomas French
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Anna A. French
(b) Address 700 Allendale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location 2950 Frederick Rd.

18 (a) Funeral director Harry H. Little
(b) Address 4101 Edmondson Ave.

19 (a) JUL 2 1946 (Date rec'd by Local Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30/46 1919 at 1:37 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1946, to June 30 1946 and that I last saw h[illegible] alive on Jun 29 1946.

Immediate cause of death Antemortem coagulation C.V. Disease — Duration 7yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. J. Sulin M. D.
Address 5217 Garmouth Road Date signed 7/1/46

VS 150

G41707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V46B

Registered No. G41707

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 120 Light St
(c) Hospital or institution: So. Balto Gen'l Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 Days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Baltimore #22.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Ritchie Highway
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Morris Parrish — Maurice Parrish

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/5/1869

8. AGE: Years	Months	Days	If less than one day
77	4	25	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER — 12. Name John H. Parrish

13. Birthplace Maryland.

MOTHER — 14. Maiden Name Rebecca Metcalf

15. Birthplace Maryland.

16 (a) Informant Enoch Parrish

(b) Address 2603 Dulaney St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3/46. (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location 2930 Frederick Rd.

18 (a) Funeral director Harry D. Wilkie

(b) Address 4101 Edmondson Ave.

19 (a) JUL 2 1946 (Date received by registrar) Huntington Williams (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-30 1946, at 10:22 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-19 1946 to 6-30 1946.
and that I last saw h[illegible] alive on 6-30 1946.

Immediate cause of death: Carcinomas Lung to Liver

Due to: Cirrhosis of Liver to Carcinomatosis

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: Ca Lung to Liver

of autopsy: 6-30-46

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert H. Lyerly M.D.
So. Balto Gen'l Hospital Date signed 7-1-46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

641708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. 641708

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1616 Balto St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1616 Balto St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William P Lawson

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex M | **5. Color or race** W | **6 (a) Single, married, widowed or divorced.** Married

6 (b) Name of husband or wife Edmonia P Lawson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1880

8. AGE: Years 66 | Months 2 | Days 0 | If less than one day hr. min.

9. Birthplace Lawsonia, Md.
(Town, county and state)

10. Usual Occupation Tax Consultant
11. Industry or business Self

FATHER
12. Name Patrick H. Lawson
13. Birthplace Lawsonia, Md.

MOTHER
14. Maiden Name Amelia M. Price
15. Birthplace Princess Anne, Md

16 (a) Informant Mrs. Evelyn L. Vorse
(b) Address 237 E. 53rd St., N.Y., N.Y.

17 (a) Burial (b) Date thereof 7-3-46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

JUL 2 1946 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 July 1946 at 6 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to Arteriosclerotic Cardio Vascular disease

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William J Hofpeck M.D.
Medical Examiner.
Date signed 2 July 46

VS 151

92

641709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

641709 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4814 Park Heights Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4814 Park Heights Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME T. MILTON OLER, SR.

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mrs. Estelle Oler
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Feb. 4, 1872
8. AGE: Years 74 | Months 4 | Days 27 | If less than one day hr. min.
9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Retired
11. Industry or business

FATHER
12. Name: Charles Oler
13. Birthplace: Balto., Md.

MOTHER
14. Maiden Name: Catherine Kennedy
15. Birthplace: Ireland

16 (a) Informant: Mr. T. Milton Oler, Jr.
(b) Address: 4814 Park Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/46 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) (Date rec'd by registrar) JUL 2 1946 (b) Huntington Ave. Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1, 1946 at 5:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1945 to July 1 1946 and that I last saw alive on 7-1-46 1946.

Immediate cause of death: Cardiac Degeneration — Duration: unknown
Due to: Arterio Sclerosis — unknown
Due to:
Other Conditions: Senility
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. A. Ewan M. D.
Address 7201 York Rd Date signed 7-2-46

X

G41710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83B

Registered No. G41710

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2619 Francis St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2619 Francis St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Viola M. Freeden

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1901

8. AGE: Years 47 | Months 10 | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(City, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Jeremiah Cornick
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Lottie ?
15. Birthplace Baltimore, Md.

16 (a) Informant Bernice Freeden
(b) Address 2619 Francis St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2, 1946 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore, Md.

18 (a) Funeral director Geo. H. Stallard
(b) Address 1631 Druid Hill Ave

19 (Illegible) 2 1946 (Illegible) for William Freeden

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/29/46 1946 at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/16/46 1946 to 6/29/46 1946 and that I last saw h[illegible] alive on 6/29/46 1946.

Immediate cause of death Cerebral Embolism Duration 4 Days
Due to Hardening of Arteries
Due to [illegible]
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Lee Ellis M. D.
Address [illegible] Date signed 7/4/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G41711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183a

G41711 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3205 Ramona
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3205 Ramona Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John C. Gerhold

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Cora Gerhold
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jul 7- 1863

8. AGE: Years	Months	Days	If less than one day
82	11	23	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Owner Dye Co
11. Industry or business Retired

FATHER
12. Name Chas H Gerhold
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant Chas H Gerhold
(b) Address 3205 Ramona Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Jul 9- (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Wilbert Funeral Home
(b) Address 2008 Eutaw Pl
19 (a) 2 1946 Huntington Nottingham Md
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30th 1946, at 10 35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 12-18 1945 to 6-30 1946 and that I last saw him alive on 6-30 1946.

Immediate cause of death	Duration
Cerebral Apoplexy	3 hours
Due to Advanced generalized arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Milton C. Davis M. D.
Address 2117 Belair Rd Date signed 7-2-46

VS 150

X

G41712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 92a

G41712
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1515 N Madeira
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1515 N Madeira
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John A Engel

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mary A Engel
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Aug 14 1875

8. AGE: Years	Months	Days	If less than one day: hr.	min.
70	10	16		

9. Birthplace Balto
(Town, county, and state)
10. Usual Occupation Moulder
11. Industry or business

FATHER
12. Name John A Engel
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Koestner
15. Birthplace Ger

16 (a) Informant Mary A Engel
(b) Address 1515 N Madeira St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3 (month) (day) (year)
(c) Cemetery or crematory Baltimore Lincoln Park
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1946 at 5:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 20, 1946 to June 30, 1946 and that I last saw him alive on June 30, 1946

Immediate cause of death: Cerebral Thrombosis — Duration: 10 days
Due to: Arteriosclerosis — 6 yrs.
Due to:
Other Conditions: Aortic Regurgitation — 6 yrs
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Fitzgerald MD
Address 1613 E. North Ave. Date signed 7-1-46

JUL 2 1946

VS 150

Huntington Williams, M.D. Registrar

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G41713 Registered No.

Typewrite or print plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 901 North Hill Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Balto
(If outside city or town limits write RURAL and give town)
(d) Street No. 901 North Hill Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lawrence M. Fitzmaurice

3 (b) If veteran, name war: World I
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	Casualty

6 (b) Name of husband or wife: Carolyn Fitzmaurice
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Aug 29 1893

8. AGE: Years	Months	Days	If less than one day: hr.	min.
52	10	-		

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Salesman.
11. Industry or business

FATHER
12. Name Walter Fitzmaurice
13. Birthplace Balto

MOTHER
14. Maiden Name
15. Birthplace Balto

16 (a) Informant Doris Walker
(b) Address 1824 E 29th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Rural

18 (a) Funeral director Ellicott Funeral Home
(b) Address 2008 Orleans St

19 (a) (Date received by registrar) (b) Registrar

GL 2 1948
VS 150

Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29 1946, at 11 05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 16 1944 to June 29 1946 and that I last saw him alive on June 29 1946.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 hrs.
Due to Arteriosclerosis
Due to Hypertension
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Earl J. Benson, M.D.
M. D.
Address 5111 York Rd Date January 30, 1947

X

G41714

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓83a

G41714 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 48 Market Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joshua J. Mueller
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace (Unknown) (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name (Unknown)
13. Birthplace

MOTHER
14. Maiden Name (Unknown)
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUN 25 1946 Commissioner of Health

18 (a) Funeral director
(b) Address

JUL 2 1946 (Date rec'd by registrar) Huntington Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1946, at 3:20 P.M

21. I certify that I took charge of the remains described above, held an autopsy + inquest thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Cerebral Hemorrhage, spontaneous
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Horgan J. Marcan M.D. Medical Examiner.
Date signed 6/13/46

VS 151

F5613

X

G41715 A47897 DC# G47702

BALTIMORE CITY HEALTH DEPARTMENT X CERTIFICATE OF DEATH ✓159

Registered No. G41715

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Cecil
(c) City or town CONOWINGO
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Jamison
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: female
5. Color or race: black
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 5-17-46
8. AGE: Years | Months: 1 | Days: 9 | If less than one day: 5 hours min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business
FATHER 12. Name Charles Jamison
13. Birthplace
MOTHER 14. Maiden Name Norma ?
15. Birthplace
16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location
18 (a) Funeral director
(b) Address
JUL 2 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 – 1946, at 3 25 Q M
21. I certify that death occurred on the date above stated; that I attended deceased from 5-27-1946, to 6-26-1946, and that I last saw her alive on 6-26-1946.

Immediate cause of death: Prematurity
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Forrest Rymond M. D.
Address Johns Hopkins Hosp Date signed 6.26.46

Commissioner of Health JUN 27 1946

3614

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G41716 Registered No.

Please write plainly in ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3309 FLEET ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3309 FLEET ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY E. ROEDER

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOWED

6 (b) Name of husband or wife CONRAD ROEDER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-3-1875.

8. AGE: Years	Months	Days	If less than one day
71	3	28	hr. min.

9. Birthplace BALTIMORE, MD.
(Town, county, and state)
10. Usual Occupation HOUSE-WORK.
11. Industry or business AT HOME.

FATHER 12. Name FREDERICK NEIBERLEIN
13. Birthplace GERMANY

MOTHER 14. Maiden Name WILHELMINA PRICE
15. Birthplace GERMANY

16 (a) Informant MRS. JENNINGS G. MOSER (NIECE)
(b) Address 3309 FLEET ST.

17 (a) BURIAL (b) Date thereof 7-3-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory OAK LAWN CEM.
Location 7225 EASTERN AVE.

18 (a) Funeral director Charles S. Feile
(b) Address 3605 Fait Ave.

19 (a) Huntington Millinery
(Date rec'd by registrar)

2 VS 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 — 1 — 1946 at 9.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from MAY 30, 1946 to JULY 1, 1946, and that I last saw HER alive on JULY 1, 1946.

Immediate cause of death	Duration
ACUTE MYOCARDITIS	1 DAY
Due to ARTERIOSCLEROTIC HEART DISEASE.	5 YEARS.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? NO While at work? NO
(Specify type of place)
(e) Means of injury —

23. Signature Benj. B. Mann, M. D.
Address 448 N. Luzerne Ave. Date signed 7-2-46

X

G41737 HEALTH DEPARTMENT—CITY OF BALTIMORE G41737

CERTIFICATE OF DEATH 128

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 E. 23rd St. 61 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Alfred Bergmann

If U. S. Veteran specify WAR _____

(a) Residence: No. 530 S. Newkirk St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) July 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	-		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. formerly a Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL Parkwood Cem
Place Burial Date 7/5/ 1946

19. UNDERTAKER Tully & Zeiler
(Address) 4016 E. Lombard St

20. FILED _____, 19__ _____ Registrar.

JUL 2 1946 Huntington Williams, M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1946

22. I HEREBY CERTIFY, That I attended deceased from June 27th 1946 to July 2 1946

That saw him alive on July 1 1946 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pancreatitis - Hemorrhagic	1 wk
Other contributory causes of importance:	
Acute nephritis	1 day

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation _____

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19__

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Nathaniel M Beck M. D.

(Address) 100 E. 23rd St

X

G41718

AB-101779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 B

G41718 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26days
(e) Length of stay in Baltimore (yrs., mos., or days) 18yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 South Charles Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Willis David Russell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14 1905

8. AGE: Years	Months	Days	If less than one day
41	4	16	hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edward Russell (D
13. Birthplace Pa.

MOTHER
14. Maiden Name Fannie Reisinger
15. Birthplace Pa.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-1946 (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location Balto. Md

18 (a) Funeral director Flynn & Flynn
(b) Address 1426 Light St.

19 7-2-1946 (b) Huntington, Williams, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 19 46, at 6 PM M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-6- 1946 to 6-30- 1946 and that I last saw h 18 alive on 6-30- 1946

Immediate cause of death: Cerebral embolu — Duration 2 days

Due to Non-spec. myocarditis with Congestive Ht failure

Due to

Other Conditions Hypertension — 10 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: emboli to kidney, spleen Congestive changes lungs

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund S Beacham
Address Balto City Hosp Date signed 7 Jul 46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G41719 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3635 Elkader Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3635 Elkader Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MAY CECELIA GALLAGHER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Widowed

6 (b) Name of husband or wife John W. Gallagher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
About 75			hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Simon Donovan
13. Birthplace Ireland

MOTHER
14. Maiden Name Sarah Davis
15. Birthplace England

16 (a) Informant Mr Edmund G. Gallagher
(b) Address 3635 Elkader Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3, 46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore, Maryland

18 (a) Funeral director H. H. Mears and Son
(b) Address 805 N. Calvert Street.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

JUL 2 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1946, at 5:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1945, to June 30 1946. and that I last saw he alive on June 30 1946

Immediate cause of death

(a) Metastatic Pneumonia — Duration 2 days
Due to Bronchial Carcinoma
(b) Left Breast — 3 years
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R. Straight M. D.
Address 10 E Biddle St Date signed July 2/46

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G41720 Registered No.

G41720 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 104 S. Calverton Road.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 - 4
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 S. Calverton Road. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME David Oscar Reck

3 (b) If veteran, name war None

3 (c) Social Security Account No. 217-09-8907

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Catherine Reck

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 6, 1878

8. AGE: Years 68 | Months 2 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace Carroll County, Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Retired

FATHER
12. Name James C. Reck
13. Birthplace Maryland.

MOTHER
14. Maiden Name Catherine Hampsett
15. Birthplace Maryland.

16 (a) Informant Ethel Kilpatrick
(b) Address 104 S. Calverton Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-4-46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director Samuel L. Schwartz
(b) Address 2101 Frederick Ave.

19 (a) JUL 2 1946 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2, 1946, at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/1 1946 to 7/2 1946, and that I last saw h[illegible] alive on 6/30 1946

Immediate cause of death: Coronary Thrombosis — Duration: 3 yrs

Due to: Hypertension

Due to: Arteriosclerosis

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas A. Reck M.D.

Address 2145 W Balt Date signed 7/2/46

VS 180

Print

X

Be sure age is especially important. Physicians: please write the causes of death clearly and legibly.

G41721

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46F

G41721 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2653 MARYLAND AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-6
(e) Length of stay in Baltimore (yrs., mos., or days) 9 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2653 MD. AVE (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME RICHARD PERRY ALVEY

3 (b) If veteran, name war NONE
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife NANNIE B. ALVEY
6 (c) If alive, give age 60 years
7. Birth date of deceased (mo., day, yr.) OCT. 25, 1876

8. AGE: Years	Months	Days	If less than one day
69	8	7	hr. min.

9. Birthplace MATHEWS CO., VA. (Town, county, and state)
10. Usual Occupation RETIRED
11. Industry or business

FATHER
12. Name GEORGE DOMINIC ALVEY
13. Birthplace CHARLES CO., MD.

MOTHER
14. Maiden Name ELLA VIRGINIA SHACKELFORD
15. Birthplace MATHEWS CO., VA.

16 (a) Informant RICHARD P. ALVEY JR.
(b) Address 24 N. BOULEVARD, RICHMOND, VA.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5, 1946 (month) (day) (year)
(c) Cemetery or crematory HOLLYWOOD
Location RICHMOND, VA.

18 (a) Funeral director FREDERICK A. COLE
(b) Address 1209 W. LOMBARD
(c) Date received July 2 1946 (d) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 2 1946, at 3:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from FEB. 9 1946, to JULY 2 1946 and that I last saw h. ALIVE on JULY 2 1946.

Immediate cause of death BRONCHO PNEUMONIA — Duration 7 DAYS
Due to
Due to
Other Conditions CARCINOMA LIVER
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Stuart D. Sudy M. D.
Address 201 East 33rd St. Date signed July 2-1946

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G11722

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V56E

G11722 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eutaw & Wilkens
(c) Hospital or institution: St. Agnes Hosp 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 55
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 616 Maude Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Madeline R. Happel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife WILLIAM
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 26-1896

8. AGE: Years	Months	Days	If less than one day
49	10	5	hr. min.

9. Birthplace Maryland
(Town, county and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Wesley Dew
13. Birthplace Balto Md

MOTHER
14. Maiden Name Lyle Turner
15. Birthplace Balto Md

16 (a) Informant Mr Wm Happel
(b) Address 616 Maude Ave (25)

17 (a) [redacted] (b) Date thereof July 4-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto. Cemetery
Location E. North ave

18 (a) Funeral director Milton Schelling
(b) Address 3914 S. Hanover St

(Date rec[redacted] (b) [redacted] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-1-46 [redacted] at M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-6 1946 to 7-1 1946
and that I last saw her alive on 6-30 1946

Immediate cause of death Heart failure
Cachexia
Due to Polyposis of colon with ulceration
Due to
Other Conditions Bilateral phlebothrombosis
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Same

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry Wirt Hollis M.D.
Address Date signed

VS 150

X

G11723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G11723

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 610 W. Lanvale St
(c) Hospital or institution:

17-2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 610 W. Lanvale St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Coppine Washington Mason

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/20/1899

8. AGE: Years 46 | Months 7 12 | Days 20 12 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Samuel Mason
(b) Address 610 W. Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5 1946 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn

18 (a) Funeral director Va Brooks
(b) Address 463 N. Carey St

(c) JUL 3 1946 (Date rec'd by Registrar) (b) Huntington Williamson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/1/1946 at 12 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/29 1946 7/1/1946 and that I last saw h[illegible] alive on 7/1 1946.

Immediate cause of death Hypertensive Cardio-Renal Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 1201 N. Eutaw Date signed 7/2/46

correct age is especially important. Physicians—please write the causes of death clearly and legibly.

VS 190

G41724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

G41724 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1004 Brentwood
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 Brentwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Moylan
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife John Moylan
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 24, 1869
8. AGE: Years 76 | Months 9 | Days 8 | If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

MOTHER / FATHER
12. Name Thos Wright
13. Birthplace Scotland
14. Maiden Name Mary Joyce
15. Birthplace Ireland

16 (a) Informant Mrs. Blakesley
(b) Address 1004 Brentwood Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1946 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore
18 (a) Funeral director Rita Wiedefeld
(b) Address 900 East Biddle St
JUL 3 1946 (Date rec'd) (b) Huntington for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1946 abt 9:45 M
21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1946 to July 2 1946, and that I last saw her alive on July 2 1946

Immediate cause of death
Intestinal obs ago
Myocarditis leading to
Due to Cardiac failure

Duration: 3 mon.

Due to
Other Conditions Nil
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Neil MacMurchy M.D.
Address 1716 Normal Ave Date signed 7/3/46

VS 150

Dr McMurchy

G41725 G41725

AB-109440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 87c

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 11

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28days
(e) Length of stay in Baltimore (yrs., mos., or days) 2yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1220 Linden Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Constance Lee Carter

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18- 1901

8. AGE: Years	Months	Days	If less than one day
44	10	12	hr. min.

9. Birthplace Va
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Frances Dupont Lee
13. Birthplace ? Alexandria Va

MOTHER
14. Maiden Name ? Anne Taylor
15. Birthplace ? Alexandria Va

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Cremation (b) Date thereof July 3/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Oak's No 2

18 (a) Funeral director Henry Watkins Sons
(b) Address N Eutaw & Orchard Sts

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION PM

20. DATE OF DEATH June 30- 1946 at 12.25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-28- 1946 to 6-30- 1946 and that I last saw her alive on 6-30- 1946

Immediate cause of death: Respiratory failure

Due to unknown cause

Due to

Other Conditions Paralysis agitans

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edwin C. Evans M.D.
Address Balto. City Hospital Date signed July 2, 1946

JUL 3 1946 Huntington Williams, M.D.

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

G41726 ✓ G41726

496 179.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

96 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 423 E. Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James D. Headrick

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Anna -
6 (c) If alive, give age 32. years

7. Birth date of deceased (mo., day, yr.) 6-1-05

8. AGE: Years	Months	Days	If less than one day
41	1	1	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Carpenter.
11. Industry or business Bethlehem Steel Co.

FATHER
12. Name William Headrick
13. Birthplace Penn.

MOTHER
14. Maiden Name Emma Hammitt
15. Birthplace Penn

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-46 (month) (day) (year)
(c) Cemetery or crematory Oakes Cemetery
Location Towson City, Penn.

18 (a) Funeral director Leonard J. Ruck
(b) Address 53 Harford Rd.

19 (a) (b)
(Date rec'd by registrar) Filed JUL 7 1946 Registrar of Vital Statistics

MEDICAL CERTIFICATION

20. DATE OF DEATH July - 2 1946 at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June - 28 1946 to July 2 1946, and that I last saw h[illegible] alive on July - 2 1946

Immediate cause of death	Duration
Intracerebral hemorrhage	2d.
Due to Intracranial	life
Due to Aneurysm.	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation 6-28-46.
Major findings of operation: Aneurysm - ventricles not entered.
of autopsy: Not yet received

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Andrew B. Morrow M. D.
Address JHH. Date signed 7-2-46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 8 3a

Registered No. G41727

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Aves.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-12
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2413 Shirley Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rose Etelson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife Late Hyman[illegible]s

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER
12. Name Morris Feldman
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah Kaufman
15. Birthplace Russia

16 (a) Informant Morris Etelson
(b) Address 2413 Shirley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3/46 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale Cem
Location Hamilton Ave.

18 (a) Funeral director Sol Levinson & Bros.
(b) Address 1124-26 W. North Ave.

19 (a) (Date received by registrar) (b) Huntington Williams, Registrar

JUN 3 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1946 at 8 37 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1946 to July 2 1946 and that I last saw h[illegible] alive on July 2 1946

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
Due to Hypertension	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Samuel D. Daby M.D.
Address [illegible] Date signed 7/3/46

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41728 BALTIMORE CITY HEALTH DEPARTMENT G41728

CERTIFICATE OF DEATH

Registered No. 83a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Jones Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Ellicott City
(If outside city or town limits, write RURAL and give town)
(d) Street No. Main Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Phillip H. Laumann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Minnie Laumann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1870

8. AGE: Years	Months	Days	If less than one day
76	5	5	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Rather
11. Industry or business

FATHER
12. Name John A Laumann
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Schellinger
15. Birthplace Germany

16 (a) Informant Mrs. M. E. Laumann
(b) Address Ellicott City Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5, 1946 (month) (day) (year)
(c) Cemetery or crematory St Johns
Location Ellicott City Md.

18 (a) Funeral director J. E. Hig[illegible]uburban
(b) Address Ellicott City Md

19 (a) (Date received by registrar) (b) JUL 3 1946 Huntington Public [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/2 1946, at 5:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/30 1946, to 7/2 1946, and that I last saw h[illegible] alive on 7/2 1946.

Immediate cause of death	Duration
Cerebro-vascular accident	
Due to Arteriosclerosis	
Due to	
Other Conditions Chronic Bronchitis Syndrome of Avellis (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. B. Marshall Jr. M. D.
Date signed 7-3-46

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Accident Room

Med Certificate 7229 Referred to Coroner

BALTIMORE CITY HEALTH DEPARTMENT ✓ Registered No. G11729

CERTIFICATE OF DEATH 43a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 7-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1008 N. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lola Jales

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced. WIDOW

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT 15 1905

8. AGE: Years 40 | Months 9 | Days 16 | If less than one day hr. min.

9. Birthplace N.C (Town, county, and state)

10. Usual Occupation UNKNOWING

11. Industry or business

FATHER 12. Name HENRY CHEEKS

13. Birthplace N.C

MOTHER 14. Maiden Name CELESTE J

15. Birthplace N.C

16 (a) Informant JULIA SMITH

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) SHIPPED (Burial, cremation, or removal) (b) Date thereof 7-5-46 (month) (day) (year)

(c) Cemetery or crematory SHILOH

Location GARRISONVILLE, VA

18 (a) Funeral director Rayner Sanders

(b) Address 1412 E Preston St

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 3 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1, 1946 at 5 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1946 to July 1946, and that I last saw h alive on July 1946.

Immediate cause of death Coronary Occlusion — Duration

Due to Hypertension

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Hurtak

Address JHH Date signed July 3 1946

Homer L. Lemmon, M.D. X

Physicians: please write the causes of death clearly and legibly. The correct age is especially important. Information should be carefully supplied.

G41730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93a

G41730 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 719 N. Eutaw St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 719 N. Eutaw St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christopher C. Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married Widower

6 (b) Name of husband or wife

6 (c) If alive, give age 187 Years

7. Birth date of deceased (mo., day, yr.) May 16 1870

8. AGE: Years	Months	Days	If less than one day: hr.	min.
74	7 6			

9. Birthplace Suffolk Va. (Town, county, and state)

10. Usual Occupation
11. Industry or business unemployed.

FATHER
12. Name Isaac Robinson
13. Birthplace Va.

MOTHER
14. Maiden Name Julia Robinson
15. Birthplace Va

16 (a) Informant Elizabeth Robinson
(b) Address 719 N. Eutaw St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/46 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantly Ave Transferring to Williams, Baltimore
(c) Date received by (Registrar) 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1946, at 9.15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 1946 to July 1 1946 and that I last saw him alive on July 1 1946.

Immediate cause of death: Acute Diffused Myo-Carditis — Duration: 21 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. M. Lawrence M. D.
Address 1033 W. Lanvale St Date signed 7/2/46

VS 150

Exact age is especially important. Physicians: please write the causes of death clearly and legibly.

M. D. B. 1248-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

G41731 G41731

CERTIFICATE OF DEATH

927

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 S. Collington Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wojciech Sumowski

(a) Residence: No. 321 S. Collington Avenue St., 1-5 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joanna Wisniewski Sumowski

6. DATE OF BIRTH (month, day, year) Febuary 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Michael Szumowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna Kaniok

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Joanna Szumowski

(Address) 321 S. Collington Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Burial Date 7-5 1946

19. UNDERTAKER Mary Weber

(Address) 401 S. Chester St.

20. FILED JUL 3 1946 Hunter Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1946

22. I HEREBY CERTIFY: That I attended deceased from May 1 to July 1 1946

I last saw h[illegible] alive on July 1 1946. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardio-vas. ender decompensatio Chr. Myocarditis.	acute ?
Other contributory causes of importance: Bronchial Asthma Pleurisy c Effusion	2 mos 10 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) David Feinglass M. D.

(Address) 300 E. Fayette St.

OCCUPATION is very important. See instructions on back of certificate.

U. S. 3

G41732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

G41732 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 114 N. Poppleton St.
(c) Hospital or institution:

18-1

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 114 N. Poppleton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country No

3 (a) FULL NAME Emma Grant

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Married

6 (b) Name of husband or wife Zack
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Aug 6, 1876

8. AGE: Years	Months	Days	If less than one day
69	10	22	hr. min.

9. Birthplace Charles Co. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Zack Grant (H)
(b) Address 114 N. Poppleton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Chas. Glover
(b) Address 512 N. Carrollton Ave.

19 (a) (Date rec'd by registrar) JUL 3 1946 Registrar

VS Form

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/28/46 19 , at 1 PM M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/26/46 19 6/28/46 19 , and that I last saw h[illegible] alive on 6/28/46 19 .

Immediate cause of death [illegible] Duration

Due to [illegible]

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lee Ellis M. D.
Address [illegible] Date 7/1/46

Huntington Williams, M.D.

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G41733

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 922 Shuter St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 d

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 922 Shuter St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Jamee

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 13, 1886

8. AGE: Years 60 | Months 3 | Days 18 | If less than one day: hr. min.

9. Birthplace Danville Va.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Lucy Cox
(b) Address 1913 E Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5 1946 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Mrs. Robt A. Elliott Sr.
(b) Address 1129 N. Caroline St.

19 (a) JUL 3 1946 (Date received by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1946, at 11:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/26 1946 to 7/1 1946 and that I last saw h[illegible] alive on 7/1 1946.

Immediate cause of death: Cerebral hemorrhage — Duration: 7 days

Due to: hypertensive cardio-renal disease — UNK

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Rayner Browne

Address 1302 E. Madison St Date signed 7/2

Rayner Browne

Rayner Browne x

Correct age is especially important. Physicians; please write the causes of death clearly and legibly.

G41734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47

G41734 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1219 E Biddle St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Libbie Taylor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): ? ? ? 1896

8. AGE: Years: 50 | Months | Days | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business: Mutual Chemical Co.

FATHER
12. Name: Thomas Taylor Sr.
13. Birthplace: Va.

MOTHER
14. Maiden Name: Julia Anne ?
15. Birthplace: Va

16 (a) Informant: Melbourne Taylor
(b) Address: 1219 E. Biddle St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 3/46 (month) (day) (year)
(c) Cemetery or crematory
Location: Fredericksburg Va.

18 (a) Funeral director: Mrs Robt A. Elliott & Dgt
(b) Address: 1129 N. Caroline St.

19 (a) 1946 Huntington Williams M.D. Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 July 1946 at 9.50 P M

21. I certify that I took charge of the remains described above, held an Autopsy & Inq (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Carcinoma of lung

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: William J Kerpick M.D.
Medical Examiner.
Date signed 2 July 46

VS 151

G41735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G41735 Registered No.

50

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1035 De Sota Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5½
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1035 D'Sota Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellen Isabelle McLaughlin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Thomas P.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 1864

8. AGE: Years	Months	Days	If less than one day
81	8	17	hr. min.

9. Birthplace Connecticut (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Robert Duggan
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Malley
15. Birthplace Ireland

16 (a) Informant Miss Mary E. McLaughlin
(b) Address 1035 De Sota Road

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 5, 1946 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Philadelphia, Penna.

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul Street

19 (a) (Date rec'd by registrar) (b)

JUL 3 1946 Huntington Willis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2nd 1946, at 7A M

21. I certify that death occurred on the date above stated; that I attended deceased from January 19 46 to July 2 1946, and that I last saw h[illegible] alive on June 28 1946.

Immediate cause of death — Duration

Carcinoma of left breast — 6 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Cullen M. D.
Address 3334 Frederick Ave Date signed 7/2/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G11736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G11736

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1116 N. Lombard st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 N. Lombard
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lucy Seeley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife William A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feby 11 1882

8. AGE: Years	Months	Days	If less than one day
64	4	20	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation House work
11. Industry or business at home

FATHER
12. Name Anderson
13. Birthplace Md

MOTHER
14. Maiden Name Anderson
15. Birthplace Md

16 (a) Informant Mr William A Seeley
(b) Address 1116 W. Lombard st

17 (a) burial (b) Date thereof 7/5/46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave

18 (a) Funeral director John J Cowan & Son
(b) Address 1703 Gallows St

19 (a) JUL 3 1946 (b) Signature of person in charge of body William A Seeley

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-1- 1946, at 9 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy / Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cardiovascular renal disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William J Helpich M.D.
Medical Examiner.
Date signed 7-2-46

VS 151

G41737 ✓ G41737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 529 N. pulaski
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 529 N. Pulaski
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3 (a) FULL NAME Samuel Finazzo

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 215-09-4957

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of wife: late Mary Grace
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 31 1887

8. AGE: Years	Months	Days	If less than one day
58	6	2	hr. min.

9. Birthplace Palermo Italy (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Tailor Shop

MOTHER / FATHER
12. Name Salvatore Finazzo
13. Birthplace Italy
14. Maiden Name Antonina Sanfilippo
15. Birthplace Italy

16 (a) Informant Frances Finazzo (Daughter)
(b) Address 529 N. Pulaski St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5/1946 (month) (day) (year)
(c) Cemetery ~~XXXXXXX~~ New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director Geo. Della Rose
(b) Address 52 N. Morley St.

19 (a) (b) Registrar

Date received by registrar JUL 3 1946 W. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2, 1946 at 10. M

21. I certify that death occurred on the date above stated; that I attended deceased from May. 10, 1946 to April 17 1946 and that I last saw h~~e~~ alive on April 17, 1946

Immediate cause of death: Coronary Thrombosis — Duration: 30 minu

Due to: Coronary Sclerosis — 4 month

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ed. Zimmerlb. M.D.
Address Medical Arts Bldg. Date signed 7/3/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G41738 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 511 Albemarle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 511 Albemarle St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank J. Cella
3 (b) If veteran, name war
3 (c) Social Security Account No. 717-07-9870

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 8-1909
8. AGE: Years 36 | Months 9 | Days 22 | If less than one day hr. min.
9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Labor
11. Industry or business

FATHER
12. Name Anthony Cella
13. Birthplace Italy

MOTHER
14. Maiden Name Maria Caranna
15. Birthplace Italy

16 (Mother) Maria Cella
(b) Address 511 Albemarle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 6 46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd
18 (a) Funeral director Martin W. Dippel Sons
(b) Address Lombard & Ann Sts.
19 (a) Huntington Williams, M.D. Registrar
(Date rec'd by Registrar) JUL 3 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1946 at 9:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from June 1946 to July 1 1946, and that I last saw h alive on 7/1/46
Immediate cause of death Chronic myocarditis
Duration 2 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Milton L. Solomon, M.D.
Address 29 S. Broadway Date signed 7/6/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G41739
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1140 N. Caroline
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 430 S. Patterson Park Ave (3)
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert L. McDermott.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married.

6 (b) Name of husband or wife Irene A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 16, 1890

8. AGE: Years	Months	Days	If less than one day
56 57	4	15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired - fire Captain
11. Industry or business

FATHER
12. Name Dennis McDermott
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen McDermott
15. Birthplace Baltimore, Md.

16 (a) Informant Irene McDermott
(b) Address 430 S. Patterson Pk. Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 7/5/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director M. W. E. Dippel's Sons
(b) Address 20 Eastern Ave. & 900 Fleet St.

19 (a) (Date received by registrar) JUL 9 1946 (b) Huntington Ave, Baltimore, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1st July 1946, at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 30 June 1946 to 1st July 1946, and that I last saw him alive on 1st July 1946

Immediate cause of death: Central Haemorrhage — Duration

Due to arteriosclerosis

Due to Pneumonia Bilateral

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John B Wells, M.D.
Address 3rd John Hopkins Date signed 7-7-46

VS 150

83a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48 B

G41740 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Raynor & Dukeland Ave.
(c) Hospital or institution:
West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 2858 Mulberry St. (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore Maryland (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine H. Clements

3 (b) If veteran, name war ####

3 (c) Social Security Account No. ####

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife George T. Clements
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Jan. 24, 1876

8. AGE: Years 70 | Months 5 | Days 8 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name Charles Souder
13. Birthplace Maryland

MOTHER
14. Maiden Name Helen Horn
15. Birthplace Maryland

16 (a) Informant Marshall Clements
(b) Address 334 E. University Pkwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Geo. W. Little
(b) Address 2700 Edmondson Ave.

19 (a) ... (b) ... (Signature of registrar) Registrar

Filed 1946 Huntington Williams, M.D.

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1946 (Month) (Day) (Year) M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1946 to July 2 1946, and that I last saw h[illegible] alive on July 2 1946

Immediate cause of death Respiratory failure

Due to Ca of Stomach producing obstruction

Due to

Other Conditions Ca of Liver

(Include pregnancy within 3 months of death)

Date of operation July 2

Major findings of operations Ventral hernia

of autopsy Ca of Stomach & Liver

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carl J Weber

Address W. P. G. Hosp Date signed 7/7/46

G41741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G41741 Registered No. 46H

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2151 Harford Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 68 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2151 Harford Road
(If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country --------

3 (a) FULL NAME John G. Hart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Drucilla Manley
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1878

8. AGE: Years	Months	Days	If less than one day
68	6	1	--hr. --min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Confectioner

FATHER
12. Name GEORGE S. HARTole
13. Birthplace Germany

MOTHER
14. Maiden Name MARY FAURNEN ole
15. Birthplace On Ocean, EnRoute toUSA.

16 (a) Informant Arthur I. Cole
(b) Address 1500 Lochwood Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/46 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore, Md.

18 (a) Funeral director H. W. Meares and Son
(b) Address 805 N. Calvert Street

19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

1946
VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-2- 1946, at 3.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 3/8/ 1946 to 7-2 1946 and that I last saw him alive on 7-1- 1946

Immediate cause of death
Cachexia
Due to Retroperitoneal Sarcoma
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

Duration
Primary 3/8/46

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nora Bourden.
Address 1517 E. North ave Date signed 7/3/46

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41742 ✓ G41742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. 11

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 913 N. Calvert St. Balt. Md. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Mary A. Kavanaugh (Kavanagh)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hugh I. Kavanaugh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1888

8. AGE: Years 57 | Months 11 | Days 4 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John McCarthy
13. Birthplace Baltimore

MOTHER
14. Maiden Name Ellie Coleman
15. Birthplace Ireland

16 (a) Informant Mrs. Mary Kavanaugh.
(b) Address 913 N. Calvert Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. C. Speaks & Son
(b) Address

19 (a) 1946 (Filed by Registrar) (b) Easton, Williams, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1946, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1946 to July 2 1946, and that I last saw h.e.r alive on July 2 1946.

	Duration
Immediate cause of death: Respiratory failure	
Due to: Pleural effusion - Lt.	6 weeks
Due to: Metastases from Carcinoma of Left Breast.	12 months
Other Conditions: Osteoporosis Senility Cardiovascular Disease Diabetes Mellitus.	10-20 years

(Include pregnancy within 3 months of death)

Date of operation July 1945

Major findings of operation: Carcinoma of Left breast & axillary metastases

Findings of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas L. Conner M. D.
Address Mercy Hospital Date signed July 2, 46

VS 150

+ Conner

G41743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

G41743
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3307 Southern Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3307 Southern Ave
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3 (a) FULL NAME John Agro' or Argo

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife late Alfonsina
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15 1873

8. AGE: Years	Months	Days	If less than one day
72	8	15	hr. min.

9. Birthplace Valguarnera Caropepe (Italy)
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Antonino Agro'
13. Birthplace Italy

MOTHER
14. Maiden Name Rosaria Basile
15. Birthplace Italy

16 (a) Informant Mary Cuccagna
(b) Address 3307 Southern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5-1946 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director Frank Della Noce
(b) Address 52 N. Morley St.

19 JUL 3 1946 (b) Huntingtown Williams, Md
(Date rec'd by Registrar) (Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1, 1946, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30, 1946, to July 1, 1946, and that I last saw h.. alive on July 1, 1946.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eugene L. Lesser M. D.
Address 514 Drury Lane Date signed 7/3/46

X

G41744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G41744

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Rd.
(c) Hospital or institution: The Seton Institute
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs 2 mos 11 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 712 Mt. Holly St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Gutberlet

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 29, 1865

8. AGE: Years	Months	Days	If less than one day
80	10	5	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Ernest Etzel
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Germany

16 (a) Informant The Seton Institute
(b) Address 6420 Reisterstown Rd Balto

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 6, 1946 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BALTIMORE, Md.

18 (a) Funeral director WILLIAM COOK, INC.
(b) Address 1217 ST. PAUL ST.

19 (a) Date rec'd by JUL 3 1946 (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1946, at 11:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 29 1943 to July 3 1946, and that I last saw h er alive on July 3 1946.

Immediate cause of death Myocardial Infarcts — Duration 2 Mo.

Due to

Due to

Other Conditions Arteriosclerotic Dementia — 3 yrs.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dominick P. Magra M. D.
Address 396 Irvington Blvd Date signed

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 184

G41745 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1717 E Madison St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Warren Speed

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24, 1937

8. AGE: Years	Months	Days	If less than one day
9	3	8	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation School Boy

11. Industry or business

FATHER 12. Name Warren T. Speed Jr

13. Birthplace Md.

MOTHER 14. Maiden Name Elizabeth Sharp

15. Birthplace Va

16 (a) Informant Elizabeth Speed.

(b) Address 1717 E. Madison St

17 (a) Burial (b) Date thereof July 5/46
(burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem.
Location G.C. County Md.

18 (a) Funeral director Mrs. Pott & Elliott & Dyer

(b) Address 1129 N. Caroline St

19 (a) 1946 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1946, at 3:35 P. M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Bullet wound of Brain

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/1/46 at 7:15 P. M.
(b) Where did injury occur? 1714 E Madison St
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Shot in head by a .45C pistol

23. Signature Thomas J. Mullen M.D.
Medical Examiner.
Date signed 7-2-46

VS 151

G41746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47a

G41746

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 72 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore - 18 -
(If outside city or town limits, write RURAL and give town)
(d) Street No. 846 E. 33rd St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME George W. Rhein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Mrs. Beatrice C. Rhein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29, 1874

8. AGE: Years	Months	Days	If less than one day
71 72	11	4 6	16 hr. 45 min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation G. W. Rhein Company.
11. Industry or business

FATHER
12. Name Nathanal Rhein
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Cole Rhein
15. Birthplace Maryland.

16 (a) Informant Hospital record.
(b) Address

17 (a) Burial (b) Date thereof 7/6/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Cemetery or crematory New Loudon
Location Old Frederick Rd

18 (a) Funeral director John J. Williams
(b) Address 3002 E. Baltimore St.

19 (a) JUL 3 1946 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1946, at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 27, 1946, to July 2 1946, and that I last saw him alive on July 2, 1946.

Immediate cause of death respiratory failure — Duration 5 days

Due to congestion of lungs

Due to carcinoma of lungs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James J. Stellack, M. D.
Address Mercy Hospital Date signed 7-2-46

VS 150

X

G41747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48a

Registered No. G41747

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 300 N. Pulaski St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 58 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 300 N. Pulaski St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elsie D. Miller

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Lewis H. Miller
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Aug 2, 1886

8. AGE: Years	Months	Days	If less than one day
59	10	29	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Home Duties
11. Industry or business

FATHER
12. Name Heinrich Schleuter
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Gerkin
15. Birthplace Germany

16 (a) Informant Miss Ruth Nornis
(b) Address 300 N. Pulaski St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4/46 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn P. O.

18 (a) Funeral director Frederick & Cole
(b) Address 120 W Lombard St

19 (a) Filed July 3 1946 Registrar Washington, D. C.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1946, at 1:05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1945 to July 1 1946
and that I last saw her alive on July 1 1946.

Immediate cause of death
Carcinomas of Cervix — Duration 7

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carl P. Rosing M. D.
Address 124 W Lombard St Date signed 7/3/46

X

G41748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 114a

G41748 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give name)
(d) Street No. 1944 N. Patterson Park Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Wheeler Spaide

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 80-03-1968
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Emily Spaide
6 (c) If alive, give age: 39 years
7. Birth date of deceased (mo., day, yr.): July 23, 1905
8. AGE: Years 40 | Months 11 | Days 10 | If less than one day ____ hr. ____ min.
9. Birthplace: Nanticoke, Penna. (Town, county, and state)
10. Usual Occupation: Milk
11. Industry or business: Coal Mines

FATHER
12. Name: Calvin Spaide
13. Birthplace: Penna.

MOTHER
14. Maiden Name: Margaret Smith
15. Birthplace: Penna.

16 (a) Informant: Emily Spaide
(b) Address: 1944 N. Patterson Park Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/6/46 (month) (day) (year)
(c) Cemetery or crematory: Dorrance Cemetery
Location: Nanticoke Penna
18 (a) Funeral director: George J. Peth Inc
(b) Address: 1735 Hoffman Ave
19 (a) Date received by registrar 3 1946 (b) Huntington Williams Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-3- 1946 1:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy, Inspection or Inquiry), find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Silicosis of Lungs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ____ at ____ M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Masseis M.D. Medical Examiner.
Date signed 7-3-46

X

G11749

496252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

116

G41749

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1048 N. Central Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Roy Rogan (LOGAN)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-8-05

8. AGE: Years	Months	Days	If less than one day
40	9	23	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER
12. Name James Rogan
13. Birthplace Va

MOTHER
14. Maiden Name Segnor Sidnor
15. Birthplace Va.

16 (a) Informant JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7-4-46 (month) (day) (year)
(c) Cemetery or crematory Hickory Grove Cem
Location Halifax Virginia

18 (a) Funeral director William A Jackson
(b) Address 916 Penna. Ave

19 (Date rec'd by registrar) 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1946 at 6.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1946 to July 1 1946 and that I last saw deceased alive on July 1 1946.

Immediate cause of death: Hemoptysis, Thoracic Effusion

	Duration
Due to Perforation, Esophagus	? 24hrs
Due to ? - Etiology Undetermined	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 1-July-46

Major findings of operation: No pathology found

of autopsy: Hemoptysis & esophageal perforation.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J.H. Durand M.D.
Address J.H.H. Date signed 7/2/46

VS 150

G41750 BC# B49128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. G41750

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 2-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 21 days

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1731 BANK St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Wallace

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-13-46

8. AGE: Years 0 Months 0 Days 21 If less than one day hr. min.

9. Birthplace BALTIMORE, MD (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name THOMAS G. WALLACE
13. Birthplace BALTIMORE, MD

MOTHER
14. Maiden Name ELEANOR WOJCIECHOWSKI
15. Birthplace BALTIMORE, MD

16 (a) Informant THOMAS G. WALLACE
(b) Address 1731 BANK St

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/4/46 (month) (day) (year)
(c) Cemetery or crematory ST STANISLAUS
Location MT. CARMEL Road

18 (a) Funeral director M. J. Gebauer's Sons
(b) Address 1809 Eastern Ave

JUL 4 1946 (Date rec'd by local registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1946 at 8:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1- 1946 to 7-3 1946, and that I last saw h/ alive on 7-3 1946

Immediate cause of death

Asphyxiation

Due to absence of cough reflex

Due to post-anoxemic cerebral damage

Other Conditions bronchopneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Cerebral edema + bronchopneumonia

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ed Goldstein M. D.

Address Sinai Hosp. Date signed 7/3/46

VS 150

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WIENER

G11751

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G11751

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2611 Kenwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Yetta Wiener

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Isaac

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Samuel
13. Birthplace Russia

MOTHER
14. Maiden Name Eva
15. Birthplace Russia

16 (a) Informant Jacob J. Wiener
(b) Address 2611 Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-4-46 (month) (day) (year)
(c) Cemetery or crematory Herring Run
Location Park Rd & Bowley Lane

18 (a) Funeral director Jewish Funeral Home
(b) Address 1439 E. Baltimore St. Huntington Hotel, Balto, Md

19 (a) Filed July 4 1946 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1946, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1946 to July 3 1946, and that I last saw h[illegible] alive on July 3 1946.

Immediate cause of death Pulmonary edema

Due to Cerebrovascular thrombosis left leg

Due to

Other Conditions Thrombophlebitis left leg
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Irving Rotter M.D.
Address Sinai Hospital Date signed 7/3/46 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G11752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G11752

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 14 (If outside city or town limits, write RURAL and give town)
(d) Street No. 3215 White Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Mrs. EMMA L WAGNER

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Louis W Wagner 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/24/1870

8. AGE: Years 75 | Months 6 | Days 17 | If less than one day hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name John Haer
13. Birthplace Penna

MOTHER
14. Maiden Name Margaret Newman
15. Birthplace Penna

16 (a) Informant Mr. Louis W Wagner
(b) Address 3215 White Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-46 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto

18 (a) Funeral director Lazarus Funeral Home
(b) Address 7401 Belair Rd

JUL 1 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1946 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1946 to July 3 1946 and that I last saw deceased alive on July 3 1946.

Immediate cause of death: Pulmonary edema — Duration: 1 hour
Due to: Coronary occlusion — 1 month
Due to: Coronary arterio-sclerosis — ? years
Other Conditions

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leonard E. Blumenthal
Address West Baltimore Date signed 7/7/46
General Hosp. +

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G41753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G41753

Physicians: please write the causes of death clearly and legibly. Information necessary for correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 ORELEANS ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-4
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2025 ORELEANS ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MATHILDA THIESS

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	213 12 4038

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife JOHN W. THIESS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 28 1868

8. AGE: Years	Months	Days	If less than one day
78	4	3	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation TAILOR
11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace GERMANY

16 (a) Informant DAUGHTER
(b) Address 25 N. LINWOOD AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 5/46 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Tilly & Geiser Inc.
(b) Address 403 S. WOLFE ST.

JUL 4 1946 (a) (Date received by Registrar) (b) Huntington Hillman M.D.

MEDICAL CERTIFICATION PM.

20. DATE OF DEATH JULY 1 1946, at 8/30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10, 1946 to July 1, 1946, and that I last saw h[illegible] alive on July 1, 1946.

Immediate cause of death: Chronic Myocarditis — Duration

Due to Arteriosclerotic Cardio Vascular Renal Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel B. Mock M. D.
Address 631 S. Wolfe Ave. Date signed 7-2-46

VS 150

DR. WOLFE
CARE of Tannebaum
1331 E. North Ave.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

557

Registered No. G41754

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5944 Kavon Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5944 Kavon Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Brady

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7 1868

8. AGE: Years	Months	Days	If less than one day
78	1		hr. min.

9. Birthplace Cavan, Ireland (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Peter Brady
13. Birthplace Ireland

MOTHER
14. Maiden Name Honora Dolan
15. Birthplace Ireland

16 (a) Informant Mrs. Catherine Cusick
(b) Address 5944 Kavon Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road

19 July 4 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2nd, 1946 at 3:15 PM

21. I certify that death occurred on the date above stated, that I attended deceased from Dec. 8, 1945 to July 2 1946; and that I last saw h 17 alive on July 2 1946.

Immediate cause of death: Coronary Thrombosis — Duration 7 hrs.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Claire L. Wolfe
Address 1331 E North Ave Date signed 7-3-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G41755

493167.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. G41755

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Overlea
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6800 Beech Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Iolana K Payne

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-25-92. 83

8. AGE: Years 6V 7[illegible] | Months 10 | Days 8 | If less than one day hr. min.

9. Birthplace Frederick Co Md.
(Town, county, and state)

10. Usual Occupation Home-wife

11. Industry or business

FATHER
12. Name John Hagan
13. Birthplace Frederick Co Md.

MOTHER
14. Maiden Name Kate M Brinning
15. Birthplace Washington Co Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-46 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto

18 (a) Funeral director Loucks Funeral Home
(b) Address 7401 Belair Rd Balto 6

19 (a) Filed by registrar JUL 4 1946 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July - 3 1946, at 8.50 M

21. I certify that death occurred on the date above stated; that I attended deceased from May - 7 1946 to July 3 1946, and that I last saw h[illegible] alive on July 3 1946.

Immediate cause of death Heart failure.
Exhaustion Bed sore. Pul. Congestion.
Due to arteriosclerosis generalized
Hypertension
Due to Intestinal obstruction
fracture of femur, rt.
Other Conditions Syphilis negative
Hypertension
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence March 27, 1946 ? M
(c) Where did injury occur? 6400 Beech Avenue (City or town) Balto (County) Co. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall on porch steps
23. Signature [illegible] M. D.
Address Johns Hopkins Hosp. Date signed 7-3-46

Approved by [illegible]

VS 150

G41756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G41756 Registered No. 13/a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3421 Jumeway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3421 Jumeway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas J. Rynes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC 21 1871

8. AGE: Years 74 | Months 6 | Days 11 | If less than one day hr. min.

9. Birthplace Czachoslowskia (Town, county, and state)

10. Usual Occupation Shoemaker

11. Industry or business

FATHER 12. Name Joseph Rynas
13. Birthplace Bohemia

MOTHER 14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Hilda Nirk
(b) Address 3421 Jumeway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Frank Leach & Son
(b) Address 900 N. Chester St

19 (a) Date rec'd by local reg. JUL 4 1946 (b) Huntington Williams, M.D. Registrar

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1946, at 2:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1945 to July 2 1946 and that I last saw h[illegible] alive on July 2 1946

Immediate cause of death	Duration
Uremic Coma	7/1/46
Due to Ch. Nephr. A. S	5/1/45
Due to Ch. Myocard. V. S	5/1/45
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J Rynes M.D.
Address 801 N Eutaw St Date signed 7/4/46

X

G41757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G41757

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 120 S Loudon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give name)
(d) Street No. 120 S Loudon Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie M Walsh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25-1880

8. AGE: Years	Months	Days	If less than one day
65	6	9	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Michael Walsh
13. Birthplace Ireland

MOTHER
14. Maiden Name Jane Bolden
15. Birthplace —

16. (a) Informant Lydia B. Walsh
(b) Address 120 S. Loudon Ave

17. (a) Burial (b) Date thereof 7-5-1946
(Burial, cremation or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral ~~Baltimore~~ National
Location Baltimore Md.

18. (a) Funeral director Flynn & Flanigan
(b) Address 1st & Light St.

19. (a) JUL 4 1946
(Date rec'd by registrar)

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 July 1946 at 4:20 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William G. Reich M.D.
Medical Examiner.
Date signed 4 July 46

VS 151

G41758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87c

Registered No. G41758

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital-Jenkins Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince Georges
(c) City or town Seat Pleasant
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Elizabeth Corbett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1876

8. AGE: Years	Months	Days	If less than one day
70	1	24	hr. min.

9. Birthplace England
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Patrick Corbett
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Hogan
15. Birthplace Ireland

16 (a) Informant Sister Rosanda
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/4/46 (month) (day) (year)
(c) Cemetery or crematory Brooklyn
Location Mass Mark Lane

18 (a) Funeral director J. J. Turkey Lane
(b) Address 1138 Light St.

19 7/4 1946 (b) Huntington Williamsburg

(Date rec'd by Local Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1946, at 5:15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1938, to July 4 1946, and that I last saw her alive on July 4 1946.

Immediate cause of death	Duration
Respiratory failure	
Due to Parkinson's disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hubert J. Lucas, M.D.
Address St. Agnes Hospital Date signed 7/9/46

G41759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

927

Registered No. 41759

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 627 S. GRUNDY ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26

(e) Length of stay in Baltimore (yrs., mos., or days) 25 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 627 GRUNDY ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: MATTHEW L. HURD

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.:

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOWER

6 (b) Name of husband or wife: DORA HURD

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): SEPT. 4 1868

8. AGE: Years 77 | Months 9 | Days 28 | If less than one day: hr. min.

9. Birthplace: PENNA.
(Town, county, and state)

10. Usual Occupation: MACHANIC

11. Industry or business: CROWN CORK & SEAL CO

FATHER
12. Name: PATRICK HURD
13. Birthplace: IRELAND

MOTHER
14. Maiden Name: BRIDGET HOOLAHAN
15. Birthplace: IRELAND

16 (a) Informant: FRANK P. HURD (BROTHER)
(b) Address: LAUREL MD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 5/46 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Gilbert
(b) Address 403 S. WOLFE ST.

19 JUL 5 1946 (b) Huntington Williams M.D.
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 2 1946 at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1945 to July 2 1946 and that I last saw h[illegible] alive on July 2 1946

Immediate cause of death: Hypertension with C.V. Disease
Chronic Nephritis
Due to Cerebral Hemorrhage

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation None

of autopsy

Duration
1-8-45
7-2-46

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Ira Schumacher M.D.
Address 842 Eastern Date signed 7-3-46

Approved by C.V. Tubbs M.D.

VS 150

641760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

Registered No. 641760

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident 19-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 514 Parrish Court
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George Byrd

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-16-5962

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14, 1881

8. AGE: Years	Months	Days	If less than one day
65	4	18	hr. min.

9. Birthplace Eastern Shore, Va.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Edward Byrd
13. Birthplace Virginia

MOTHER 14. Maiden Name Elizabeth
15. Birthplace Virginia

16 (a) Informant Mary Catherine Payne
(b) Address 906 Fulton Ave

17 (a) Burial (b) Date thereof 7-6-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halsted
(b) Address 918 Druid Hill Ave.

19 (a) JUL 5 1946 Huntington Williams, Jr.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/2/46 19 , at 4.00 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Davis M.D.
Medical Examiner.
Date signed 7/2/46

VS 151

G41761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G41761

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 14 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Calvert
(c) City or town Rural (If outside city or town limits, write RURAL and give town)
(d) Street No. Owings Maryland (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maude Dola McKenney
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Married

6 (b) Name of husband or wife Arthur McKenney
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Apr 6th 1903

8. AGE: Years	Months	Days	If less than one day hr.	min.
43	3	28		

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Wm D. Hutchins Son
(b) Address Owings Calvert Co

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/7/46 (month) (day) (year)
(c) Cemetery or crematory Owings, Prince Fredk
Location Prince Frederick Md

18 (a) Funeral director John F Henry Inc
(b) Address 715 Bright St.

19 (Filed) JUL 5 1946 (Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1946 at 9 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1946 to July 4 1946, and that I last saw h.E.T. alive on July 4 1946.

Immediate cause of death: Undetermined — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6/24/46

Major findings of operation: Adenocarcinoma Uteri, Chr Cholecystitis, Chr Appendicitis

PHYSICIAN
Underline the one to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. D. Howe MD
Address Maryland Gen Hosp Date signed 7/4/46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G11752 over

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1612

Registered No. G11752

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bon Secours Hospital,
(c) Hospital or institution:
Fayette & Pulaski Sts.,
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore, Woodlawn
(If outside city or town limits, write RURAL and give town)
(d) Street No. Fayette & Pulaski Sts.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Cooper

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: F.
5. Color or race: W.
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/4/46

8. AGE: Years | Months | Days | If less than one day: 5 hr. 25 min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Mr. John Calvin Cooner
13. Birthplace Sparks, Md.

MOTHER
14. Maiden Name Margaret Frances Strauchn
15. Birthplace Easton, Md.

16 (a) Informant Mrs. Margaret Cooner(Mothe
(b) Address 6414 Gilmore Ave.,

17 (a) Burial (b) Date thereof 7/5/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md

18 (a) Funeral director Wm Cook Inc
(b) Address 1217 St Paul Street

19 (a) JUL 5 1946 (b)
(Date rec'd by registrar)

Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4-46 19 . at 11:30 A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1946 to July 4 1946 and that I last saw h.er alive on July 4 1946

Immediate cause of death asphyxiation
fractured skull

Due to atelectasis

Due to premature birth
lung

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William F. Bauer M. D.
Address Bon Secours Hosp. Date signed 7/4/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41763 G41763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3627 Belvmere Rd Don
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3627 Belvmere Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Etta Moore Gilbreath

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace N. Y.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Erasmus C. Gilbreath
13. Birthplace

MOTHER
14. Maiden Name Susan Corse
15. Birthplace Balto. Co., Md.

16 (a) Informant Mrs. Helen C. Barney
(b) Address 408 Jeffard St., Clearwater, Fla.

17 (a) Removal (b) Date thereof 7/5/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arlington National
Location Arlington, Va.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/2 1946, at 2:20 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to h[illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiac Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ causes of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. C. Gilbreath M.D.
Medical Examiner.
Date signed 7/3/46

VS 151

17054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/31a

Registered No. G11704

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3222 Avon Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3222 Avon Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: EMMA L. S. FEHLEISEN

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Albert Fehleisen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1880

8. AGE: Years	Months	Days	If less than one day
66	4	24	hr. min.

9. Birthplace Brooklyn, N. Y.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name August Gundlach
13. Birthplace Brooklyn, N. Y.

MOTHER
14. Maiden Name Reihl
15. Birthplace N. Y.

16 (a) Informant Mr. Albert Fehleisen
(b) Address 3222 Avon Ave.

17 (a) Burial (b) Date thereof 7/5/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) (b)
(Date rec'd by registrar) Registrar

JUL 5 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2, 1946, at 4:20AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1946, to July 2 1946, and that I last saw her alive on July 1 1946

Immediate cause of death	Duration
Cerebral Hemorrhage	6 days
arteria Sclerosis & Hypertension	5 days
Due to Chronic Interstitial Nephritis	5 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. P. A. Stearn M. D.
Address 2818 Harford Rd Date signed 7-2-46

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

Registered No. G41765

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 5714 Park Heights Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5714 Park Heights Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert Robinson Archibald

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Spanish	none	Male	White	Widower

6 (b) Name of husband or wife: Myra D. Archibald
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1876

8. AGE: Years	Months	Days	If less than one day
70	6	0	hr. min.

9. Birthplace: Lowell, Mass. (Town, county, and state)
10. Usual Occupation: Immigration Service
11. Industry or business: U. S. Government

FATHER
12. Name: Isaac S. Archibald
13. Birthplace: Nova Scotia

MOTHER
14. Maiden Name: Carrie Blackie
15. Birthplace: Nova Scotia

16 (a) Informant: Everett Archibald
(b) Address: 3765 Highland Ave., Drexel Hill Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/46 (month) (day) (year)
(c) Cemetery or crematory: Baltimore National Cem.
Location: Balto., Md.

18 (a) Funeral director: Wm. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) (Date received by Registrar) JUL 3 1946 (b) Huntington Williams, M.D. Registrar

VS 1st

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1946, at 9:20 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH: Arteriosclerotic Cardio-vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Walden III M.D. Medical Examiner.
Date signed 7/2/46

G41766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83B

Registered No. G41766

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4500 Garrison Blvd.
(c) Hospital or institution:
Ventura Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 205 W. Madison St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LELIA EDMUNDS GALLOWAY

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	None	Female	White	Widow

6 (b) Name of husband or wife John D. Galloway
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25, 1858

8. AGE: Years	Months	Days	If less than one day
88	2	8	hr. min.

9. Birthplace Cowarts, Va.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Page Edmunds
13. Birthplace N. J.

MOTHER
14. Maiden Name Susan E. Cowart
15. Birthplace Va.

16 (a) Informant Mannie E. Galloway
(b) Address 2312 Lyndhurst St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) Date rec'd by Local Reg. 5 1946 (b) Huntington Williams, M.D. Registrar

VS 190

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3, 1946 at 1:10A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1946 to July 3 1946 and that I last saw her alive on June 20 1946

Immediate cause of death
Cerebral Arterio Sclerosis — Duration years
Due to Thrombosis of Cerebral Vessels. Duration 6 wks.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

Signature Carroll Fosbrink M. D.
Address 2925 N. Charles St. Date 3 July 46

X

G11767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

Registered No. G11767

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 423 E. 22nd St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 423 E. 22nd St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CLARA Day ZACHARIAS

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Charles E. Zacharias
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 2, 1860

8. AGE: Years: 86 | Months: 2 | Days: 1 | If less than one day: hr. min.

9. Birthplace: Talbot Co., Md.
(Town, county, and state)

10. Usual Occupation: None

11. Industry or business

FATHER
12. Name: Elijah Bishop
13. Birthplace: Md.

MOTHER
14. Maiden Name: Adeline Cannon
15. Birthplace: Md.

16 (a) Informant: Mrs. Madge E. Needham
(b) Address: 423 E. 22nd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/46 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge Cem.
Location: Pikesville, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) JUL 5 1946 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3, 1946 at 5:30PM

21. I certify that death occurred on the date above stated; that I attended deceased from several years 19 to July 3 1946, and that I last saw h[illegible] alive on July 2 1946

Immediate cause of death: Cardiac Exhaustion — Duration: about 1½ hrs.
Due to: Angina Pectoris — Duration: 5-6 years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: G. Lobeth Everett
Address: 2945 St. Paul St Date signed 7/3/46

VS 150

Huntington Williams, M.D.

G41768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene and Redwood
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Kent
(c) City or town Chestertown
(If outside city or town limits, write RURAL and give
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Loretta Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/28/46

8. AGE: Years	Months	Days	If less than one day
	1	3 5	hr. min.

9. Birthplace Chestertown Kent Md
(town, county, and state)

10. Usual Occupation Baby

11. Industry or business

FATHER
12. Name Gilbert Johnson
13. Birthplace Md

MOTHER
14. Maiden Name Alberta Hackett
15. Birthplace Md

16 (a) Informant Gilbert Johnson
(b) Address Rural Millington Md

17 (a) Burial (b) Date thereof 7/5/46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Chestnut Hill
Location Chestertown Md

18 (a) Funeral director Edward Gilbert
(b) Address Millington Md

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3, 1946 19 , at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 29, 1946 to July 3 1946.
and that I last saw h[illegible] alive on July 3 1946.

Immediate cause of death Resp. arrest

Due to Pneumonia + Hypostasis

Due to

Other Conditions Congenital heart lesion type undetermined
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter L. Conrad M. D.
Address University Hosp Date signed 7-5-46

VS 3

G41769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G41769

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1404 Druid Hill Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1404 Druid Hill Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME VERLENA PORTER

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23, 1898

8. AGE: Years	Months	Days	If less than one day
48	2	8 9	hr. min.

9. Birthplace Annapolis, Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Thomas Wooten
13. Birthplace Md.

MOTHER
14. Maiden Name Mary A. Monakey
15. Birthplace Md.

16 (a) Informant M's H. McGowens
(b) Address 1404 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-46 (month) (day) (year)
(c) Cemetery or crematory Brewer Hill
Location Annapolis, Maryland

18 (a) Funeral director Mrs. Fances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (b)
Date received by registrar JUL 5 1946

VS 150

MEDICAL CERTIFICATION A

20. DATE OF DEATH July 2, 1946 at 9:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/24/46 to 7/2/46 and that I last saw h alive on 6/28/46

Immediate cause of death Coronary Thrombosis — Duration Hours

Due to Following 6 months Arterio Sclerosis

Due to —

Other Conditions High blood pressure

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 924 N. Mon St. Date signed 7/8/46

Huntington Nurseries, Md.

X

G41770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G41770 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2405 E. Federal St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2405 E Federal St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Jane Pellam

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Albert E. Pellam | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21-1879

8. AGE: Years 67 | Months 5 | Days 11 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William E. Weaver
13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Mary [illegible] Creigh
15. Birthplace Balto Md.

16 (a) Informant Florence Pangel
(b) Address 2405 E Federal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-46 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave

18 (a) Funeral director Thos E Miller Jr
(b) Address 2405 E Pratt St

19 (a) (Date rec'd by registrar) Huntington Williams Jr

VS 150 JUL 5 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1946 at 11:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 17, 1945 to July 2, 1946 and that I last saw her alive on July 2, 1946.

Immediate cause of death: Coronary Occlusion — Duration: 6 Mos.

Due to: Arteriosclerosis

Due to:

Other Conditions: Bronchial Asthma — 6 Mos.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos E Livingwood M. D.
Address 1613 E. North Ave. Date signed 7-4-46.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OK

G41771

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1467

G41771 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 102 S. Culver St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 102 S. Culver St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James P. MacNeil

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-88

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Estelle F. MacNeil
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1868

8. AGE: Years	Months	Days	If less than one day
76	10	15	hr. min.

9. Birthplace Boston, Mass.
(Town, county, and state)
10. Usual Occupation Engineer. Retired
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Marblehead, Mass

MOTHER
14. Maiden Name Unknown
15. Birthplace Marblehead, Mass.

16 (a) Informant George J. Bessel
(b) Address 5100 Stafford St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Frederick A. Dole
(b) Address 220 E. Lombard St.

19 (a) (Date rec'd by Registrar) (b) Registrar
July 3 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1946 to July 1 1946 and that I last saw h alive on 7/1 1946

Immediate cause of death — Duration

Carcinoma of Rectum — 6 mos

Due to

Due to

Other Conditions Arteriosclerosis ?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. T. Palazzo M.D.
Address 336 Fawn St. Date signed 7/3/46

x

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G11772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G11772 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hospital for the Women of Md. 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 524 Stamford Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Dora Rafferty "DOROTHY H. RAFFERTY"

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife John P. Rafferty
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) 24 Feb, 1878

8. AGE: Years	Months	Days	If less than one day
68	4	10	hr. min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Hartge
13. Birthplace Germany

MOTHER
14. Maiden Name Rika T. Becker
15. Birthplace Germany

16 (a) Informant Husband
(b) Address Same

17 (a) Removal (b) Date thereof 6 July 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore County Md.

18 (a) Funeral director Geo. Weber & Son
(b) Address 2503 Edmondson Ave.

19 (a) Huntington Williams, M.D.
(Date rec'd by registrar)

JUL 5 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 July 1946, at 5:13 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 30 June 1946, to 3 July 1946, and that I last saw her alive on 3 July 1946.

Immediate cause of death Cerebral arteriosclerosis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter Buselmeier M. D.
Address Women's Hospital Date signed 8 July 46

X

G41773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1131a

G41773 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 219 S. Mount St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 219 S. Mount St (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country

3 (a) FULL NAME Kate D. Taylor

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Samuel J. Taylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4-1882

8. AGE: Years	Months	Days	If less than one day
64	2	27	hr. min.

9. Birthplace Baltimore Md (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business at Home

FATHER
12. Name George Mellon
13. Birthplace Md

MOTHER
14. Maiden Name Berlenna Ritter
15. Birthplace Md

16 (a) Informant Mrs Elsie Evans
(b) Address 219 S. Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Guy K. Beyer Jr
(b) Address 1512 Hollins St

19 (a) (Date received by registrar) JUL 8 1946 (b) Huntington Williamsville, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1946, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-6 1946, to 7-1 1946, and that I last saw her alive on 6-30 1946

Immediate cause of death Uremia — Duration 3 Weeks
Due to Chronic nephritis; hypertension — Duration 6 years
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Nathan Rocusin
Address 206 S. Gilmor St Date signed 7-4-46 M. D.

X

G41774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

G41774 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHN HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-1
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2919 McElderry Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM A. DAVIS

3 (b) If veteran, name war

5 (c) Social Security Account No. **

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1937

8. AGE: Years	Months	Days	If less than one day
9	4	19	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation At School
11. Industry or business

MOTHER / FATHER
12. Name William I. Davis
13. Birthplace Va.
14. Maiden Name Anne M. Grubitz
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Wm. I. Davis
(b) Address 2919 McElderry St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 7/8/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto., Md.

18 (a) Funeral director Lanahan Funeral Home
(b) Address 7401 Belair Road

19 (a) (b)
Date rec'd by Local Reg. Registrar
Huntington Hillcrest, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4th, 1946, at 10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1946 to July 4 1946 and that I last saw h[illegible] alive on April 18 1946.

Immediate cause of death	Duration
Interatrial Septal Defect (Congenital Heart Disease.	Congenital.
Due to Cardiac decompensation.	1 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence Melena M. D.
Address 11 E. Chase St. Date signed 7-5-46

VS 150

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

G11775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 838

Registered No. G11775

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hospital for the Women of Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 421 N. Rose St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Mormann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Henry Mormann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10 July 1870

8. AGE: Years	Months	Days	If less than one day
75	11	24	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Roberts
13. Birthplace Wales, U.K.

MOTHER
14. Maiden Name Eliza Lafferty
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Wm. R. Watkins
(b) Address 3120 Weaver Ave, Balt.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6/46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Baltimore

18 (a) Funeral director Philip Herring & Son
(b) Address 2024 Orleans St

19 (a) (Date rec'd by Registrar) JUL 5 1946 (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 July 1946, at 4 00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 30 June 1946 to 4 July 1946, and that I last saw her alive on 4 July 1946.

Immediate cause of death: Respiratory failure — Duration
Due to: Cerebral thrombosis
Due to:
Other Conditions: Hypertension and arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter Buckner
Address Women's Hospital Date signed 4 July 46
M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

Registered No. G41776

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 301 N. Stricker St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 301 N. Stricker St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rubina Burrell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F. | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife: Ulysses Burrell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1900

8. AGE: Years 45 | Months 8 7 | Days 19 11 | If less than one day: hr. min.

9. Birthplace Lancaster Co. Virginia
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name James Logan Delver
13. Birthplace Virginia

MOTHER
14. Maiden Name Georgia Taylor
15. Birthplace Virginia

16 (a) Informant Georgianna Watson
(b) Address 301 N. Stricker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-46 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Baltimore, Maryland

18 (a) Funeral director Charles R. Law
(b) Address 102 Madison Avenue

19 JUL 5 1946 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1946 at 7A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1946 to July 1 1946 and that I last saw h[illegible] alive on June 30 1946

Immediate cause of death: Cerebral Hemorrhage
Due to: Hypertension

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Hofeller

Address 1 W St Paul St Date signed 7/8/46

VS 190

X

G11777 GRAY

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V170C

Registered No. G11777

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Community Hospital 27-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5207 Clemmora ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Fanny Gray

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Married

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/22/1894

8. AGE: Years	Months	Days	If less than one day
51	9 10	9	hr. min.

9. Birthplace Cumberland Co. Va.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Frederick Richards
13. Birthplace Cumberland Co Va

MOTHER
14. Maiden Name Mildred Taylor
15. Birthplace Cumberland Co Va

16 (a) Informant Nathaniel Gray (son)
(b) Address 5207 Clemmora Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.A. County, Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 510-512 N. Carrollton Ave

19 (a) (Signature of registrar) (b) Huntingtown Williamsport, Md.

JUL 5 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-1- 1946, at 9:30 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Ruptured Heart

Due to

Other Conditions Fractured femur; fractured ribs

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-1-46 at Balto. Gen. 7:45 P.M.
(b) Where did injury occur? Res. two blocks from Richardson mill, three
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian, struck by automobile

23. Signature Howard J. Weedon M.D.
Medical Examiner.
Date signed 7-2-46

X

G41778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G41778 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd.
(c) Hospital or institution:
Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 74 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town P.O. Pasadena, (Sullary Bay)
(If outside city or town limits, write RURAL and give town)
(d) Street No. (Sullary Bay)
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lewis Bird Fox

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	214-01-2283	Male	White	Married

6 (b) Name of husband or wife Edith R. Fox
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22 1898

8. AGE: Years	Months	Days	If less than one day
47	8	11	hr. min.

9. Birthplace Virginia - Gloucester Co.
(Town, county, and state)
10. Usual Occupation Salesmanager
11. Industry or business Lincoln Sales Corp.

FATHER
12. Name James Fox
13. Birthplace Va.

MOTHER
14. Maiden Name Nannie Byrd
15. Birthplace Va.

16 (a) Informant Wife
(b) Address Pasadena, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md

19 (a) (b)
Date rec'd (Registrar) Registrar
JUL 8 1946
Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-3 1946 at 7 15/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-10 1946 to 7-3 1946.
and that I last saw him alive on 7-3 1946.

Immediate cause of death Coronary Occlusion — Duration

Due to Hypertension
Cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. M. Nauss M. D.
Address U.S.N. Base Md. Date signed 7-3-46

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G41779

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 5-
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dau
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County 2
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 828 Calvin St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harold Willis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife Louise

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1907

8. AGE: Years	Months	Days	If less than one day
39 40	4	18	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER 12. Name Jesse R. Willis
13. Birthplace Md

MOTHER 14. Maiden Name Florence Black
15. Birthplace Md

16 (a) Informant Florence Willis
(b) Address Union Bridge, Md.

17 (a) Burial (b) Date thereof 7/6/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto. National
Location 55-01 Frederick Road

18 (a) Funeral director Joseph B. Locke
(b) Address 1364 N. Central Ave

19 (a) (b)
(Date rec'd by Registrar) Huntington White, Registrar

JUL 5 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2nd 1946, at 11 P. M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Coronary Thrombosis

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mallett M.D.
Medical Examiner.

Date signed 7-3-46

VS 151

X

G41780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

G41780 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 903 E. LEXINGTON ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 47 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 903 E. LEXINGTON ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BENJAMIN GLUSKIN

3 (b) If veteran, name war –

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6 (b) Name of husband or wife GERTRUDE

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace RUSSIA (Town, county, and state)

10. Usual Occupation TOOL MAKER

11. Industry or business

FATHER
12. Name NOT KNOWN
13. Birthplace RUSSIA

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace RUSSIA

16 (a) Informant WIFE
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) **(b) Date thereof** 7-7-46 (month) (day) (year)
(c) Cemetery or crematory ROSEDALE
Location PHIL RD + HAMILTON

18 (a) Funeral director JACK LEWIS INC
(b) Address 1439 E. BALTO. ST

19 (a) (Date rec'd by registrar) **(b)** Registrar

JUL 2 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 5 1946 at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1944 to July 1946 and that I last saw him alive on July 4th 1946.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arterio-sclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harris A. Dine M. D.

Address 118 S. Paca St. Date signed 7/5/46

G41781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G41781 S-41781 Registered No. 937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Providence Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 308 W. Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William (Harry) MURRY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife Ollie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1898

8. AGE: Years	Months	Days	If less than one day
48	1	20	hr. min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation L

11. Industry or business

FATHER
12. Name George Ware
13. Birthplace South Carolina

MOTHER
14. Maiden Name Ella ?
15. Birthplace South Carolina

16 (a) Informant Ollie Davis Murry
(b) Address 1029 Eutaw Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director A. Hasley
(b) Address 91 Penrhyn Ave

19 JUL 5 1946 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/7 1946 at 6 30 A M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Chronic Myocardial Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

(wife)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. I. [illegible] M.D. Medical Examiner.
Date signed 7/9/46

VS 151

X

G41782 new

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G41782

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkins Aves
(c) Hospital or institution: St. Agnes Hospital 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3327 James St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby girl Sullivan — twin Morgan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/2/46

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John

13. Birthplace

MOTHER 14. Maiden Name Mary Quinn

15. Birthplace Mass

16 (a) Informant John Sullivan

(b) Address 3324 James St

17 (a) Buried (b) Date thereof 7/5/46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore

18 (a) Funeral director Martin Tapp & Sons

(b) Address 1827 N. North Ave.

19 (a) (b) Clinton Williams M.D.
(Date rec'd by Registrar) (Registrar)

JUL 5 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/4 1946 at 5:39 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/2 1946, to 7/4, 1946 and that I last saw h[illegible] alive on 7/4 1946.

Immediate cause of death Respiratory failure — Duration

Due to

Due to Prematurity

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ely Mustafa M.D.

Address St. Agnes Date signed 7/5/46

X

G41783 Allen

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G41783

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 3324 James St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

5-1

3 (a) FULL NAME Baby Girl Sullivan - twin Kathleen
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/2/46

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John
13. Birthplace

MOTHER
14. Maiden Name Mary Quinn
15. Birthplace Md.

16 (a) Informant John Sullivan
(b) Address 3324 James St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/5/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Martin Bailey & Sons
(b) Address 1827 N. North Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JUL 5 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/3 1946, at 4:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/2 1946 to 7/3 1946 and that I last saw her alive on 7/3 1946.

Immediate cause of death: Respiratory failure

Due to: Prematurity

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stuart D. Ripley, M.D.
Address St. Agnes Hosp. Date signed

X

Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

G41784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G41784 Registered No. 1316

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2324 Mosher St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 3
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2324 Mosher
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Joseph Herlihy
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Mary Hannah Herlihy
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) June 15. 1856

8. AGE: Years	Months	Days	If less than one day
90	—	19	hr. 5 min.

9. Birthplace Delaware (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Balto. Transit Co.

FATHER
12. Name John Herlihy
13. Birthplace Don't Know

MOTHER
14. Maiden Name Catherine Burke
15. Birthplace Ireland

16 (a) Informant Mr. Alan Hollingshead
(b) Address 2324 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Martin Zabel & Sons
(b) Address 1827 N. North Ave.

19 (a) 7/5/46 (To be filled in by registrar) (b) Huntington Williams, M.D. Address 1636 Gorsuch E, Date signed 7/3/46 M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1946, at 6P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1945 to July 3 1946, and that I last saw him alive on July 3 1946

Immediate cause of death

Due to Chr. Valvular Heart disease (Mitral) — Duration 1940

Due to Chr. Pancreatic cyst — 1940

Other Conditions Nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul H. Brown

G41785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √61

G41785 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 532 Johannson St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 532 Johannson St
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Robinson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	Married

6 (b) Name of husband or wife William Robinson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1890

8. AGE: Years	Months	Days	If less than one day
56	4		hr. min.

9. Birthplace Fredericksburg Va.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Spencer Rawlins
13. Birthplace Va.

MOTHER
14. Maiden Name Luanda Washington
15. Birthplace Va.

16 (a) Informant William Robinson
(b) Address 532 Johannson St.

17 (a) Burial (b) Date thereof July 5, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

19 (a) (b)
(Date rec'd by registrar) Registrar

Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 19 46 at 4:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 19 46 to July 1 19 46 and that I last saw h alive on June 30 19 46

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration 28 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B. J. Halstead
Address 1705 Pulaski Date signed 7/3/46

VS 150

X

G41786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G41786 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1210 Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cubit Williams

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace Ga. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Hardy A. Lee
(b) Address 129 N. Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-46 (month) (day) (year)
(c) Cemetery or crematory Baltimore Potters Field
Location

18 (a) Funeral director Thos. O'Neill Co.
(b) Address 1000 Broadway

19 (a) [illegible] 1946 (Date rec'd by Registrar) Huntington Williams M.D. (Registrar)

JWC

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-2- 1946, at 10 [illegible] A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Chronic Myocardial Degeneration

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 7-2-46

Ollie West was for a number of months under the care of Dr. W. H. Townshend, Jr. of 14 East Edgar St. Dr. Townshend is on vacation this week and left her in my care. Unfortunately when she died yesterday I was not available and the case was pronounced dead by Dr. W. LeRoy Berry

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48 Registered No. G41787

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1310 E. Chase Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 1420 E. Chase St
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1310 E. Chase Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME OLLIE WEST

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1906

8. AGE: Years 40 | Months 2 | Days 15 18 | If less than one day: hr. min.

9. Birthplace Prince George Co., Maryland (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name ISAAC WEST
13. Birthplace MARYLAND.

MOTHER
14. Maiden Name BERTHA SIMMS
15. Birthplace MARYLAND.

16 (a) Informant ESTELLE MITCHELL
(b) Address 1310 E. Chase Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-46 (month) (day) (year)
(c) Cemetery or crematory BRANDYWINE
Location PRINCE GEORGE Co. Md

18 (a) Funeral director WILLIAM A. JACKSON
(b) Address 916 Pennsylvania Ave.,

19 JUL 5 1946 (Date rec'd by registrar) Huntington Nitterville, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3, 1946, 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from — 19— to — 19—, and that I last saw h.er alive on — 19—.

Immediate cause of death: Generalized Carcinomatosis — Duration ?

Due to Carcinoma of Cervix — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Harrell Pierce M. D.
Address 312 Med. Arts Bldg Date signed 7-4-46

Dr. McB. Hazard
Howard J. Curran, M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

641788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121a

Registered No. 641788

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division
(c) Hospital or institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) two days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 week

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1691 Pennsylvania (If rural, give location)
(e) Citizen of foreign country? [illegible] (Yes or No)
If yes, name country

3 (a) FULL NAME Willie Pandy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Leola
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Sept 15, 1910
8. AGE: Years 35 | Months 9/10 | Days 4/16 | If less than one day hr. min.
9. Birthplace: Madison Fla (Town, county, and state)
10. Usual Occupation: Cook
11. Industry or business:

FATHER
12. Name: Willie Pandy
13. Birthplace: ?

MOTHER
14. Maiden Name: Martha Johnson
15. Birthplace: Fla.

16 (a) Informant: Leola Pandy
(b) Address: 715 Tindell St. Daytona Fla

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-5-46 (month) (day) (year)
(c) Cemetery or crematory
Location: Daytona Beach Fla.

18 (a) Funeral director: William A. Jackson
(b) Address: 916 Penna Ave, Balto

JUL 5 1946 (Date rec'd by local reg.) (b) Huntington Williamsburg, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1946 at 3:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-2 1946 to 7-4 1946 and that I last saw h[illegible] alive on 7-4 1946.

Immediate cause of death: Uremia — Duration

Due to: Nephrosclerosis
Malignant Hypertension
Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: J. Franklin Settles
Address 1543 Penna Ave Date signed 7/7/46 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G41789 peer

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161a

Registered No. G41789

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fillmore & Caton Aves.
(c) Hospital or institution:
St. Agnes Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Catonsville Balto Co.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 49 Edmondson Ridge Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Graham

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1946

8. AGE: Years | Months | Days: | If less than one day: hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Lyman Graham
13. Birthplace Md.

MOTHER
14. Maiden Name Marg. Graham HENSELING
15. Birthplace Md.

16 (a) Informant Lyman R. Graham
(b) Address 49 Edmondson Ridge Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1946 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director Easton Sons
(b) Address 608 Frederick Ave Caton

19 (a) JUL 5 1946 Registered Huntington Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Respiratory failure
Due to Atelectasis left lung
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Pulmonary & intra abdominal edema & congestion

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Stuart D. Kopitka M. D.
Address St. Agnes Hosp. Date signed

VS 190

G11790 AB#102144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 32a

Registered No. G11790

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 E. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Audrey Lorraine Tolliver

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 24- 1936

8. AGE: Years	Months	Days	If less than one day
9	10	9	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Tolliver
13. Birthplace Md.

MOTHER
14. Maiden Name Rose Moss
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore, Md.

18 (a) Funeral director Mrs Ida Bailey
(b) Address 142 Jefferson St

19 JUL 5 1946 (Date rec'd by registrar) Huntington Williams M.D. (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3- 1946, at 1.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-17 1946, to 7-3 1946, and that I last saw h er alive on 7-3- 1946.

Immediate cause of death Cardiac Failure — Duration 1 hour

Due to Pericardial Effusion — 13 days

Due to Rheumatic Heart Disease

Other Conditions Meningococcic Infections Hepatitis — 20 days 20 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Cardiac Liver; Pericardial Effusion

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at PM
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Julian P. Griffin M.D.
Address Baltimore City Hosp. Date signed July 3 46

VS 150

587

G41791 ✓ G41791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 44c

Registered No. _____

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Rd
(c) Hospital or institution: Sydenham Hosp. 19-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County _____
2 City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 19 N. Stricker St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3 (a) FULL NAME Catherine Lower (MARY C. MUNCY) ✓

3 (b) If veteran, name war _____ | 3 (c) Social Security Account No. _____

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife _____
6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Apr. 20 1873

8. AGE: Years	Months	Days	If less than one day
3	2	14	hr. _____ min.

9. Birthplace Jeffersonville Indiana
(Town, county, and state)

10. Usual Occupation _____
11. Industry or business _____

FATHER
12. Name Taylor Muncy
13. Birthplace Spurlock Kentucky

MOTHER
14. Maiden Name Stella Baker
15. Birthplace Spurlock Kentucky

16 (a) Informant Stella Muncy
(b) Address 19 N. Stricker St.

17 (a) Removal (b) Date thereof July 5-1946
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory _____
Location London Kentuckey

18 (a) Funeral director Pratt Co & B.M. Walton
(b) Address Pratt & Stricker Sts

19 (a) _____ (b) JUL 5 1946 Huntington-Williamstown, W. Va.
(Date filed by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 July 1946, at 4:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3 July 1946, to 4 July 1946, and that I last saw her alive on 4 July 1946.

Immediate cause of death Cerebral Hemorrhage — Duration 20 min

Due to _____

Due to _____

Other Conditions Convalescent From Mumps.
(Include pregnancy within 3 months of death)

Date of operation _____

Major findings of operation: _____

of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____
(Specify type of place)
(e) Means of injury _____

23. Signature Wm. S. Lee M.D.
Address Sydenham Hosp Date signed 7/5/46

X

G41792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33B

G41792 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2129 E Federal
(c) Hospital or institution:
8 + 2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2129 E Federal (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME August Krider ✓

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lillie Krider
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) 2/28/1881

8. AGE: Years 65 | Months 4 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Florist
11. Industry or business

FATHER
12. Name Henry Krider
13. Birthplace Baltimore

MOTHER
14. Maiden Name Dont Know
15. Birthplace Baltimore

16 (a) Informant Lillie Krider
(b) Address 2129 E Federal

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Aliceanna St

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 5 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

28. DATE OF DEATH July 2 1946, at 8 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1946 to July 2 1946. and that I last saw him alive on July 2 1946.

Immediate cause of death Intestinal Influenza and Cardiac Dilatation — Duration 5 Days.

Due to

Due to

Other Conditions Myocardial Insufficiency 6 hours
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Eisenberg
Address 3125 E North Ave Date signed 7/7/46

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any person who wilfully makes any false statement in this certificate shall be guilty of a misdemeanor. Any person who knowingly conceals or wrongfully alters the record of a death or any certificate or permit relating thereto, or who wilfully neglects or refuses to perform any duty imposed upon him by law in regard to the registration of births and deaths or the issuance of burial permits, shall be guilty of a misdemeanor. Information should be carefully supplied. The

G41793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G41793

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital DOH
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Washington D.C.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1349 Kenyon St. N.W.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James E. CANNEN, JR.

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-6497

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M.

6 (b) Name of husband or wife Helen W.

6 (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) Sept 20 1906

8. AGE: Years (ER) 39 | Months 9 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, County and State or Foreign Country)

10. Usual Occupation ~~Assist Clerk~~ Analyst

11. Industry or business U. S. Maritime Comm.

FATHER
12. Name James E. Cannen
13. Birthplace Pa.

MOTHER
14. Maiden Name Annie Anderson
15. Birthplace Pa.

16 (a) Informant Helen. W. Cannen
(b) Address 1349 Kenyon St. N.W. Wash DC

17 (a) Burial (b) Date thereof 7/6/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Pk. Cem
Location

18 (a) Funeral director William. Cook Inc
(b) Address 217 St Paul St

19 (a) (b)
(Date rec'd by registrar) Registrar
JUL 5 1946 Lucy Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 July 1946 at 9 15 P M

21. I certify that I took charge of the remains described above, held an Autopsy / Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William H. Hesselbrock M.D.
Medical Examiner

Date signed 4 July 46

G41794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

Registered No. G41794

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton Av.
(c) Hospital or institution: St. Agnes 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 46 da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3908 Bateman Av
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Helen Carey (HELEN APPLEBY CAREY)

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, (married) widowed, or divorced. Married.

6 (b) Name of husband or wife: Elija J. Carey

6 (c) If alive, give age: 32 years

7. Birth date of deceased (mo., day, yr.): Oct 1-20-1914

8. AGE: Years: 26 | Months: 8 | Days: 15 | If less than one day: hr. min.

9. Birthplace: Md. Baltimore Md
(Town, county and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Joseph Appleby
13. Birthplace: Baltimore Md

MOTHER
14. Maiden Name: Maude Howard
15. Birthplace: A. A. Co. Md.

16 (a) Informant: Mrs. L. Appleby (mother)
(b) Address: 3908 Bateman Av.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof: 7-8-46 (month) (day) (year)

(c) Cemetery or crematory: Druid Ridge
Location: Pikesville Md

18 (a) Funeral director: Stewart Mortuary Co.
(b) Address: 108 E. North Ave

19 (Date received by registrar) JUL 5 1946 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-5 1946 at 12 25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-20 1946 to 7-5 1946 and that I last saw her alive on 7-5 1946.

Immediate cause of death: Cardiac Failure — Duration:
Due to: Anoxemia
Due to: Bronchopleural fistula left with partial atelectasis right
Other Conditions: Pulmonary tuberculosis
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: Fibro-caseous pulm. tbc. with cavitation left
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Henry Wirt Hollyes M. D.
Address Date signed 7/5/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G41795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No. G41795

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3516 Ailsa Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-1
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3516 Ailsa Ave
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Lilly Bell Addison

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widowed

6 (b) Name of husband or wife Harry V. Addison
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 19-1873

8. AGE: Years	Months	Days	If less than one day
yr 73	7	14	hr. min.

9. Birthplace Harford Co. Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name William Proctor Don't Know
13. Birthplace Pa. —

MOTHER
14. Maiden Name Don't Know
15. Birthplace —

16 (a) Informant Alwin Wagner
(b) Address 3516 Ailsa Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4301 Old Frederick Rd.

18 (a) Funeral director Harry N. Wilkes
(b) Address 401 Edmondson Ave.

19 (a) JUL 5 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1946, at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jun. 15 1946 to July 3 1946 and that I last saw h-r alive on July 3 1946.

Immediate cause of death	Duration
Due to Coronary Thrombosis	7/3/46
Due to Chr. Myocarditis	1943
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James Graves
Address 1623 Mount St. Date signed 7/5/46

VS 180

G11798 380 520

BALTIMORE CITY HEALTH DEPARTMENT X V

CERTIFICATE OF DEATH 157E

Registered No. G11796

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Texas (b) County
(c) City or town Sulphur Springs
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Danny Chapin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-13-37

8. AGE: Years	Months	Days	If less than one day
8	11	22	hr. min.

9. Birthplace Texas (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Roger Chapin
13. Birthplace Texas

MOTHER 14. Maiden Name Mary Finley
15. Birthplace Texas

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5/46 (month) (day) (year)
(c) Cemetery or crematory Sulphur Springs
Location " " Texas

18 (a) Funeral director John D. Mitchell Home
(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) (b) Registrar
JUL 5 1946 Huntington Williams, M.D.

49 190

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1946, at 11 00 M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1946 to 7/5 1946, and that I last saw him alive on 7/5 1946.

Immediate cause of death	Duration
Cardiac Failure	
Due to Congenital Heart Disease, Tetralogy of Fallot	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 7/5/46
Major findings of operation: Tetralogy of Fallot
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. William Scott, Jr. M.D.
Address Johns Hopkins Hospital Date signed 7/5/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G41797 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1718 Homestead St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-7
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 Homestead St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Sloonan

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Late Michael Jr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 6, (1870)
8. AGE: Years (75) 76 Months 9 Days 28 27 If less than one day hr. min.
9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation House work
11. Industry or business At home

MOTHER
12. Name Patrick Carry
13. Birthplace Ireland

FATHER
14. Maiden Name Catherine Sullivan
15. Birthplace Ireland

16 (a) Informant Miss Marie Sloonan
(b) Address 1718 Homestead St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Edmondson Ave

18 (a) Funeral director John J. Cowan & Son
(b) Address 2403 Gallows St

19 (a) (Date rec'd by registrar) (b) Registrar

VS JUL 5 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3rd 1946 at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1935 to July 3, 1946 and that I last saw h. alive on July 3, 1946.

Immediate cause of death 869 Cardiac dilatation acute — Duration 3 hrs
Due to Chr. Myocarditis, — Duration 5 yrs
Due to age — Duration 70 yrs
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. A. Hayward, M. D.
Address 132 E Eager St, Date signed 7/4/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 587

G41798

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Baltimore General
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 905 Amadeus Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lawrence D. Bruce

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife ✓

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-26-25

8. AGE: Years	Months	Days	If less than one day
20	9 7	8	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Watchmaker

11. Industry or business

FATHER
12. Name Wallace E. Bruce
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mollie K. Taylor
15. Birthplace Baltimore, Md

16 (a) Informant Mrs Mollie K. Bruce
(b) Address 905 Amadeus Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3807 Frederick Ave

18 (a) Funeral director John L. Gorman & Son
(b) Address 901-03 Collins Ave.

19 (a) [illegible] JUL 9 1946 (Date rec'd by registrar)
Huntington W. Brewer, M

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4-46 19 , at 6⁰⁵ a M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-3 1946 to 7-4 1946 and that I last saw h/M alive on 7-4 1946.

Immediate cause of death	Duration
Respiratory Failure	
Due to Chroic Heart Failure	
Due to Rheumatic Heart Disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin Berkowitz M. D.
Address WBGH Date signed 7-4-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 190

X

G11799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

Registered No. G11799

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1978 E. 31st Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna. (b) County
(c) City or town Butler
(If outside city or town limits, write RURAL and give town)
(d) Street No. RD #5 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELLA B SCHENCK

3 (b) If veteran, name war No. | 3 (c) Social Security Account No. No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife W. Livingston Schenck

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14, 1883

8. AGE: Years 62 | Months 10 | Days 21 | If less than one day hr. min.

9. Birthplace Concord, Butler, Penn.
(Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business —

FATHER
12. Name Daniel H. Kamarer
13. Birthplace Penn.

MOTHER
14. Maiden Name Eliz. J. Ray
15. Birthplace Penn.

16 (a) Informant Mr. W. Livingston Schenck
(b) Address RD. #5. Butler, Pa.

17 (a) Removal (b) Date thereof 7/5/46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Butler
Location Butler Pa

18 (a) Funeral director Wm. J. Trickett Sons
(b) Address Butler Pa

19 (a) JUL 5 1946 (b) Livingston Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/5/46, 19 , at 6:30 M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Hypertensive Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Wann M.D.
Medical Examiner.
Date signed 7/5/46

VS 151

641800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. 641800

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6028 Old Harford Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4303 Kenwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dora M. Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-4518

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 26, 1886

8. AGE: Years	Months	Days	If less than one day
59	9	7	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Book Keeper
11. Industry or business

FATHER
12. Name Oscar
13. Birthplace Baltimore

MOTHER
14. Maiden Name Emma Hoshall
15. Birthplace Glenco Md.

16 (a) Informant Marian Johnson
(b) Address 4303 Kenwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6/46 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

19 (a) Filed July 8 1946 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1946 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 16 1946 to July 3 1946, and that I last saw her alive on July 3 1946

Immediate cause of death Probable hemorrhage — Duration 6 hrs

Due to Cancer of lung and spine — 1 yr

Due to

Other Conditions Post-Caesarean of breast Jan 1946
2½ yrs ago
(Include pregnancy within 3 months of death)

Date of operation 1945 or Jan.

Major findings of operation: Cancer of breast

of autopsy: no

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jno A Linthicum
Address 12 Draper St Date signed July 8 1946

VS 180

X

JL - 101462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. G14801

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 -12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1746 S. Charles St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Kane

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1871

8. AGE: Years	Months	Days	If less than one day
75	4	29	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Martin Kane
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Kelly
15. Birthplace Ireland

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto., Md.

18 (a) Funeral director Chas. J. Dill
(b) Address 1501 E. Fort Ave.

19 (a) Date received by registrar JUL 8 1946 (b) Registrar Washington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1946, at 9:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1946, to July 2 1946, and that I last saw h. alive on July 2 1946.

	Duration
Immediate cause of death: Bronchopneumonia	5 days
Due to: Arteriosclerotic and hypertensive cardiovascular disease	15 yrs
Due to: Intertrochanteric Fracture L. hip	5-20-46
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation 6-12-46
Major findings of operations as above
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 5-20-46 at ? M
(c) Where did injury occur? 1746 S. Charles St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Slipped + fell in bathroom.
23. Signature Geo. L. O'Neill
Address Balto. City Hosp Date signed 7-3-46 M. D.

VS 150

To be approved by Medical Examiner. [illegible], M. D.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51802

102354 1498

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6hrs- 5min
(e) Length of stay in Baltimore (yrs., mos., or days) 5yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 S. Greene St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Agnes Morton 151321

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5- 1924

8. AGE: Years	Months	Days	If less than one day
21	11	28	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Samuel Morton
13. Birthplace Va.

MOTHER
14. Maiden Name Flo Willis
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/6/46 (month) (day) (year)

(c) Cemetery or crematory
Location Charlottesville Va

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brentsby Ave.

19 7-6 1946 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5- 1946, at 10.25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-3- 1946 to 7-3- 1946 and that I last saw h. alive on 7-3- 1946

Immediate cause of death: Acute myocardial failure — Duration: 5 min.

Due to: Unknown cause

Due to:

Other Conditions: S.T.S- Positive Pregnancy at term delivered one hour prior to death. (Include pregnancy within 3 months of death)

Date of operation 7-3-46

Major findings of operation:

of autopsy: not granted

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Marcus Branch M.D. M. D.
Address Baltimore City Hospitals Date signed

VS 150

G41803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47c

Registered No. G41803

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3713 Park Heights Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3713 Park Heights Ave.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George M. Diehl,

3 (b) If veteran, name war ---

3 (c) Social Security Account No. 186-07-5060

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1887

8. AGE: Years	Months	Days	If less than one day
59	5	15	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Advertising Salesman,

11. Industry or business

FATHER
12. Name John Diehl,
13. Birthplace Germany,

MOTHER
14. Maiden Name Mary L. Fremin,
15. Birthplace Paris, France.

16 (a) Informant Mrs. Emma Rinn,
(b) Address 3713 Park Heights Ave.,

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 7/8/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore City,

18 (a) Funeral director B. Vernon Lemmon
(b) Address 4611 Park Heights Ave.

JUL 10 1946 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4, 1946 at 12.40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/2 1946 to 7/4 1946 and that I last saw him alive on 7/4 1946.

Immediate cause of death: Arteriosclerotic Heart Disease — Duration 2 yrs.

Due to

Due to

Other Conditions Bronchiogenic Carcinoma — Duration 8 mos.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. H. Kammer, M.D.

Address 906 East 37th. St Date signed 7/7/46

VS 150

G41804 Neill

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 159

Registered No. G41804

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 8905 Harford Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Baby Howard

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S.

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5 July 46

8. AGE: Years	Months	Days	If less than one day
		1	10 hr. 50 min.

9. Birthplace Balto. City Md (Town, county and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Arthur N. Howard
13. Birthplace Texas

MOTHER
14. Maiden Name Bertha A. Wetters
15. Birthplace Balto. Md

16 (a) Informant Arthur N. Howard
(b) Address 8905 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 7 46 (month) (day) (year)
(c) Cemetery or crematory Deer Park
Location Carroll Co. Md.

18 (a) Funeral director Lansdale Funeral Home
(b) Address 7401 Belair Rd.

19 (a) Date rec'd by local registrar) 7 JUL 1946 (b) Registered by Huntington Williams, Registrar

VS 190

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 July 1946, at 6 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5 July 1946 to 5 July 1946, and that I last saw h i M alive on 5 July 1946.

Immediate cause of death	Duration
Atelectasis	
Due to Prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry T. Wilson M.D.
Address St. Joseph's Hosp Date signed 5 July 46

X

Please write plainly, with unfading ink. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G41805

Please write clearly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 204 N. Milton Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 204 N. Milton Ave.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME August J. Hilbert

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Delia Hilbert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20, 1886

8. AGE: Years	Months	Days	If less than one day
59	8	14	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Pipe maker
11. Industry or business

FATHER
12. Name Frederick W. Hilbert
13. Birthplace Baltimore

MOTHER
14. Maiden Name Caroline Bechtold
15. Birthplace Germany

16 (a) Informant Nelson Hilbert
(b) Address 204 N. Milton Ave.

17 (a) Burial (b) Date thereof July 8, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville, Md.

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2008 Orleans St.,

JUL 6 1946 (b) Huntington-Middleway, Md.
(Date rec'd by Registrar)

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4, 1946, at 9:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1946 to 7/4th 1946 and that I last saw h alive on July 4th 1946

Immediate cause of death	Duration
Cerebral Hemorrhage	7 Day
Due to Hypertension	2 "
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 100 N Milton Ave Date signed 7/6/46

G41806 G41806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2435 PICKWICK Rd
(c) Hospital or institution: BALTO 7

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and name town)
(d) Street No. 2435 Pickwick Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PRIMROSE, Donald

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-11-1640

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Dorothy Connell
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Jany 29, 1896

8. AGE: Years	Months	Days	If less than one day: hr.	min.
50	5	7		

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation Consulting Engineer
11. Industry or business

FATHER
12. Name Harry C. Primrose
13. Birthplace Balto

MOTHER
14. Maiden Name Fannie Benson
15. Birthplace Balto

16 (a) Informant H. Clay Primrose
(b) Address 5100 Roland ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6, 46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1960 Eutaw Place

JUL 6 1946 (Date rec'd by Registrar) (b) Huntington Williams M.D. (Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 JULY 1946, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 to death 49 and that I last saw him alive on 3 July 1946.

Immediate cause of death Pulmonary Edema — Duration 15 minutes
Due to Myocardial failure — Duration "
Due to Coronary sclerosis — Duration 9 years
Other Conditions Obesity — Duration 25 years
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
If autopsy: Negative

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Conrad Acton M.D.
Address 1208 St. Paul St. Date signed 5 July 46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G41807 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1716 Barnes St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME (Rowena) Roena Watts

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ?

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace Wineton Salem N. C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Minnie Watts
15. Birthplace N. C.

16 (a) Informant Henry Lowe
(b) Address 1416 Barnes St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Ga County Md.

18 (a) Funeral director Mrs. Robert A Elburn Dft
(b) Address 129 N. Caroline St.

19 (a) JUL 6 1948 (Registered) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/3/46 19 46 at 6 20 A M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to h[illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Pulmonary Tbc

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. P. Lombardo M.D. Medical Examiner.
Date signed 7/4/46

VS 151

G41808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

144a

Registered No. G41808

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Raymor ave. Balto, Md.
(c) Hospital or institution West Balt Gen'l. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Randallstown,
(If outside city or town limits, write RURAL and give town)
(d) Street No. Chapman Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Naomi C. Dunn S 33630

3 (b) If veteran, name war No.

3 (c) Social Security Account No. No.

4. Sex Female

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband Francis F. Dunn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/16/1919

8. AGE: Years 26 | Months 11 | Days 18 | If less than one day hr. min.

9. Birthplace Balt Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name Morris Bolton - Dec.
13. Birthplace Emmitsburg, Md.

MOTHER
14. Maiden Name Rose Altstatter
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Adolph Gaither
(b) Address 203 Hopkins Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/46 (month) (day) (year)

(c) Cemetery or crematory Lorraine
Location Balto County Md.

18 (a) Funeral director Chas W Little Funeral Home
Address 2700 Edmondson Ave.

JUL 6 1946 (Date rec'd by registrar)

(b) Huntington Woods, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4 1946, at 1:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-3 1946, to 7-4 1946 and that I last saw h[illegible] alive on 7-4 1946.

Immediate cause of death Cardiac failure

Due to Eclampsia

Due to

Other Conditions Pregnancy 32 WKS
(Include pregnancy within 3 months of death)

Date of operation 7-4-46

Major findings of operation: C Section (Post Mortem)

of autopsy: liver damage (ecchymosis)

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph M. Keith M. D.
Address West Baltimore Gen. Hosp. Date signed 7-4-46

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 180

641809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 587

Registered No. 641809

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3269 W. Lilmore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town.)
(d) Street No. 3269 W. Gilmore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Jones Nash

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Col.

6 (a) Single, married, widowed or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1912

8. AGE: Years 33 | Months 10 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Hugh Jones
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Eva Freligng
15. Birthplace Balto. Md.

16 (a) Informant Eva Jones
(b) Address 3269 W. Gilmore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 E. Lafayette Ave. Huntington Williams, Md.

19 JUL 6 1946 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1946, at 2:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1/46 19 to 7/3 19 46 and that I last saw h alive on 7/3 19 46.

Immediate cause of death: Congestive Heart Failure
Due to: Rheumatic Heart Disease
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

Duration: 1 week

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. W. Hellwig M.D.
Address 4 E. Mt. Plain Ave. Date signed 7/6/46

VS 150

Correct name, address, and other information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41810

AB-102562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 307

G41810 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1day
(e) Length of stay in Baltimore (yrs., mos., or days) 22yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Beltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 915 W. Mulberry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Washington

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23- 1897

8. AGE: Years	Months	Days	If less than one day
49	5	11	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Edward
13. Birthplace Va.

MOTHER
14. Maiden Name Kisura ?
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals record
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7, 1946 (month) (day) (year)
(c) Cemetery or crematory Lee Hall
Location Virginia

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 Filed (Date filed by registrar) (b) Huntington Williams Mgr (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4- 1946, at 10.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-3- 1946 to 7-4 1946 and that I last saw h im alive on 7-4 1946

Immediate cause of death Respiratory failure

Due to Pulmonary Congestion & Infarcts.

Due to Luetic Ht. Disease & Valvular Endocarditis.

Other Conditions Aortic Aneurysm - Syphilitic.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: See above.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert A. Farber
Address Balto. City Hosps Date signed 7-5-46 M. D.

VS 150

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

G41811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G41811

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: Jenkins Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 N. Patterson Park Avenue
(If nonresidence location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Bernard P. Herzog

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mrs. Lucille Herzog
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-18-79

8. AGE: Years	Months	Days	If less than one day
66	6	19	hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)

10. Usual Occupation Doctor
11. Industry or business Practice of Medicine

FATHER
12. Name Philip Herzog
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Bertha E. ?
15. Birthplace Baltimore, Md.

16 (a) Informant Admitting Record
(b) Address Jenkins Memorial Hospital

17 (a) Burial (b) Date thereof 7/9/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Stone Chapel
Location Baltimore County

18 (a) Funeral director William Cook, Inc.
(b) Address 1312 St. Paul St.

19. JUL 6 1946 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1946 at 12:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1943 to July 5 1946, and that I last saw him alive on July 5 1946.

Immediate cause of death	Duration
Cardiac failure	
Due to Arteriosclerotic heart disease	
Due to	
Other Conditions Paralysis Agitans	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hubert J. Zoeckas M.D.
Address St. Agnes Hospital Date signed 7/6/46

VS 150

G41812

BC#

F 76490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 81a

Registered No. G41812

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Maryland Road & Herring Run
(c) Hospital or institution Lyndenhaven

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2116 Kentucky Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs 1 mo.

3 (a) FULL NAME Karolyn Louver

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1945

8. AGE: Years	Months	Days	If less than one day
3	1	8	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Child

11. Industry or business —

FATHER
12. Name William Louver
13. Birthplace Baltimore

MOTHER
14. Maiden Name Margaret Greenefelder
15. Birthplace Baltimore

16 (a) Informant Parents
(b) Address 2116 Kentucky Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 46 (month) (day) (year)
(c) Cemetery or crematory Lyndenhaven
Location Linden Lane

18 (a) Funeral director L. HECHMANN & SON
(b) Address 32 S. BROADWAY.

19 (a) JUL 6 1946 (Registrar's signature) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1946 at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1946 to July 3 1946
and that I last saw her alive on July 3 1946

Immediate cause of death Meningitis — Duration

Due to Streptococcus — 6 days

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Mary Allen Engle M. D.
Address Lyndenhaven Hosp. Date signed 7-3-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G4.1813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G4.1813

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1811 Poplar Grove St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1811 Poplar Grove St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LORENZO ALGERNON GARDINER

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 215-01-2599

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1880

8. AGE: Years 66 | Months 4 | Days 4 | If less than one day hr. min.

9. Birthplace Charles Co., Md.
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Race Tracks

FATHER
12. Name Lorenzo Jemson Gardiner
13. Birthplace Charles Co., Md.

MOTHER
14. Maiden Name Rhoda Campbell
15. Birthplace Va.

16 (a) Informant Mrs. Mae R. Thompson
(b) Address 1811 Poplar Grove St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/46 (month) (day) (year)
(c) Cemetery or crematory St. Mary's Cem.
Location Bryantown, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 Date rec'd by Local Reg. JUL 6 1946 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5, 1946, at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 31 1941, to June 15 1946 and that I last saw him alive on June 15 1946

Immediate cause of death: Chronic cardio vascular disease — Duration 5 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest A. Rahn M.D.

Address 173-Pag Bg Ct Date signed 7/5/46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓50

Registered No. G41814

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2814 Cristopher Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-6

(e) Length of stay in Baltimore (yrs., mos., or days) 2n yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 2814 Custokher Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore. Md.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CYNTHIA E. LEONARD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex 7

5. Color or race W.

6 (d) Single, married, widowed or divorced.

6 (b) Name of husband or wife Walter C Leonard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1864

8. AGE: Years 82 | Months 1 | Days | If less than one day hr. min.

9. Birthplace Deals Island, Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John H. Windsor
13. Birthplace Md

MOTHER
14. Maiden Name Mary Ellen Windsor
15. Birthplace Md.

16 (a) Informant John H. Leonard
(b) Address 1620 E. 29th St.

17 (a) Burial (b) Date thereof 7-8-46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Deals Island Cem.
Location Deals Island Md

18 (a) Funeral director Wendell E. Humphreys
(b) Address 6067 Harford Rd

19 JUL 6 1946 (b) [illegible] Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6th 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 26 1945 to [illegible] 19 , and that I last saw h[illegible] alive on June 30 1946.

	Duration
Immediate cause of death Carcinoma breast, uterus	2 yrs.
Due to Diabetes	3.
Due to Fracture of hip	12 mos.
Other Conditions Senility	over

(Include pregnancy within 3 months of death)

Date of operation May 21-1945

Major findings of operation: Carcinoma breast

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Sweeten, M.D.
Address 220 Mitchell Bldg Date signed 7/6/46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41815 JIMMISON DiDy Granberry G41815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 W. West st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give County)
(d) Street No. 33 W. West St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosie Jimmison

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Separated

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-7-1923

8. AGE: Years 22 | Months 8 | Days 26 | If less than one day hr. min.

9. Birthplace Manning, S.C.
(Town, county and state)

10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Brog. McCray
13. Birthplace S.C.

MOTHER
14. Maiden Name Maddie Weeks
15. Birthplace S.C.

16 (a) Informant Maddie McCray
(b) Address 328 Silva St. Sumter, S.C.

17 (a) Burial (b) Date thereof 7/6/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Sumter, S.C.

18 (a) Funeral director Ehrey D. Wilson
(b) Address 1000 Bland Lane

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/3 1946, at 6 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from 6/29 1946 to 7/3 1946 and that I last saw h[illegible] alive on 7/3 1946.

Immediate cause of death Acute Lobar Pneumonia — Duration 2 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Evander M. D.
Address 1[illegible] Sea Date signed 7/5/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G41816 B C# 913287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V157a

Registered No. G41816

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1811 Light St.
(c) Hospital or institution: So. Balto. Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 43 Portship Road.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Manning

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/10/44

8. AGE: Years 1 | Months 7 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Charles Manning
13. Birthplace Balto.

MOTHER
14. Maiden Name Anne Hock
15. Birthplace Balto

16 (a) Informant Mother
(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-46 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Rd.

18 (a) Funeral director John G. Connelly
(b) Address 418 Eastern Ave, Essex, Md.

19 (Date received by registrar) JUL 6, 1946 (Registration No.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-4 1946, at 5A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-24 1946, to 7-4 1946, and that I last saw him alive on 7-4 19 46.

Immediate cause of death Respiratory Failure

Due to Septicemia

Due to

Other Conditions Hydrocephalus
Spina Bifida
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert V. Lunsdell M. D.
Address So. Balto Gen'l Hosp. Date signed 7-7-46

VS 150

G41817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G41817 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5797 Clearspring Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. James Roland Wilhelm

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-9041

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Jessie Griffith Wilhelm
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 17 1901

8. AGE: Years	Months	Days	If less than one day: hr.	min.
44	10	19		

9. Birthplace Glencoe Md. (Town, county, and state)
10. Usual Occupation Sales Manager
11. Industry or business Automobile

FATHER	12. Name Samuel Wilhelm
	13. Birthplace Baltimore Md.
MOTHER	14. Maiden Name Nellie Price
	15. Birthplace Baltimore Md.

16 (a) Informant Bessie O. Wilhelm
(b) Address 5797 Clearspring Rd. Balto
17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7 9 46 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location Towson, Md.
18 (a) Funeral director Sandbach & Brooks
(b) Address Sparks, Md.
(c) (Date received by registrar) (b) Huntingtown Williamsport Md

JUL 9 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6th 1946, at 6:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-6 1946 to 7-6 1946, and that I last saw h[illegible] alive on 7-16 1946

Immediate cause of death: Coronary Thrombosis with infarction

Duration
5 hours

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edwards & Tait

Address 6701 York Rd Date signed 6 July 46

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G11818 G11818

CEK-101349

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 47c

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1- 18-
(e) Length of stay in Baltimore (yrs., mos., or days) 60- 8- 13

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1631 Pennsylvania Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Burris

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 22-1885

8. AGE: Years	Months	Days	If less than one day
60	8	13	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Burris (D)
13. Birthplace Virginia

MOTHER
14. Maiden Name Caroline Bland (D)
15. Birthplace Virginia

16 (a) Informant Records-Balto. City Hospitals
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8th 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cemetery
Location Westport Baltimore Md

18 (a) Funeral director George T. J. Gibson & Son
(b) Address 1735 Druid Hill Ave

19 (a) 1946 (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1946, at 10:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1946 to July 5 1946, and that I last saw him alive on July 5 1946.

Immediate cause of death: Bronchogenic Carcinoma — Duration 1 year

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy: Bronchogenic Carcinoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Rowell Mull M.D.
Address Balto. City Hosp. Date signed 7-24-46

VS 150

X

G41819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1313

G41819

TN. 101158

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1- 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1017 Somerset St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Estelle Brewer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Sept.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4th 1892

8. AGE: Years	Months	Days	If less than one day
53	7	2	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Francis Breighner
13. Birthplace Pa.

MOTHER
14. Maiden Name Laura Stollar
15. Birthplace W. Va.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/46 (month) (day) (year)
(c) Cemetery or crematory Morland
Location Loyola Avenue

18 (a) Funeral director Lilly & Zeller
(b) Address 403 S. Wolfe St.

19 (a) (Date received by registrar) 1946 (b) Registrar's no.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6th-46 19 , at 4.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 9th 19 46 to July 6 1946, and that I last saw her alive on July 6th 19 46

Immediate cause of death: Pulmonary Tuberculosis Far advanced — Duration: 4 Mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. D.
Address Balto City Hosp Date signed 7-6-46

VS 150

Registrar's signature, M.D.

X

G 1 Klimek 64826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G 64826 Registered No.

186a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 926 N. Montford
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 926 N. Montford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna L. Bermak

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John W. Bermak
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1867

8. AGE: Years	Months	Days	If less than one day
78	11	16	hr. min.

9. Birthplace Lowenwark (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Joseph Marian
13. Birthplace Bohemia

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Louise L. Peters
(b) Address 926 N. Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-8-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balt. Md.

18 (a) Funeral director Frank Parish & Son
(b) Address 900 N. Chester St.

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION #6

20. DATE OF DEATH July 5 1946, at 9.51 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1946, to July 5 1946 and that I last saw h[illegible] alive on July 5 1946.

	Duration
Immediate cause of death: Myocardial degeneration	?
Due to Arteriosclerosis	?
Carcinoma - sarcoma	6 mo.
Due to Fracture right hip	1 mo.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7/5/46 at M
(c) Where did injury occur? 926 N. Montford (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Slipped & fell on floor

23. Signature Louise L. Klimek
Address 1623 E. Monument Date signed 7/5/46 M. D.

Howard J. [illegible], M. D. X

VS 190

Street age is especially important. Physicians: please write the causes of death clearly and legibly. The name of informant, with his relationship to deceased, and source of information should be correctly supplied.

G41821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G41821 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1130 Homewood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1130 Homewood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Patrick J. Noonan

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-22-4696

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nearest 1-24-1893

8. AGE: Years	Months	Days	If less than one day
53	3	24	hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation Lord Baltimore Press
11. Industry or business

FATHER
12. Name Wm. Noonan
13. Birthplace Ireland

MOTHER
14. Maiden Name Nora Fyrk
15. Birthplace Maryland

16 (a) Informant Mrs. Bitterden
(b) Address 1130 Homewood Ave

17 (a) Burial (b) Date thereof July 7, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 900 East Biddle St

19 (a) 1946 (b)
(Date rec'd by registrar) Registrar

Dr. Clifton Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-5-1946 at 7:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1946 to 7/4 1946, and that I last saw him alive on 7/4 1946.

Immediate cause of death	Duration
Acute Cerebral Hemorrhage	
Due to Arteriosclerosis	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature C. G. Thomsen M. D.
Address 733 Augusta St Date signed 7/6/46

VS 150

X

G41822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G41822 Registered No. 1310

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2804 Erdman ave.
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimere (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2804 Erdman Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Elizabeth Kearney

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Luke Kearney
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) February 10, 1866
8. AGE: Years 80 | Months 4 | Days 25 | If less than one day hr. min.
9. Birthplace Philadelphia Pa. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Thomas Cullan
13. Birthplace Ireland

MOTHER
14. Maiden Name Agnes Wren
15. Birthplace Penna

16 (a) Informant Mrs Helen McShane (Daughter)
(b) Address 2804 Erdman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto. City - Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (W. F. MOWEN SUC.) 106 W. NORTH AVENUE

7 (a) 1946 (b) by registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1946, at 2.35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1946 to July 5 1946 and that I last saw h-er alive on July 4 1946

Immediate cause of death	Duration
Pernicious Anaemia	2 yrs
acute Decalation of Heart	2 hrs
Due to Arteriosclerosis	10 d
Due to Chronic Parenchymatous Nephritis	10 d
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature T. F. A. Stevens
Address 2878 Harford Ave Date signed 7-6-46 M. D.

VS 150

S-41823-G

S-41823 G

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. S-41823

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Columbus (If outside city or town limits, write RURAL and give town)
(d) Street No. 211 N Burgess Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Barr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9 1872

8. AGE: Years 73 | Months 11 | Days 28 | If less than one day hr. min.

9. Birthplace Waverly, Ohio (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Hollywood Portrait

FATHER
12. Name Benjamin D Barr
13. Birthplace Piketon, Ohio

MOTHER
14. Maiden Name Mary Jane Neuman
15. Birthplace Piketon, Ohio

16 (a) Informant Charles D Barr
(b) Address 211 N Burgess Ave, Columbus, Ohio

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 9 46 (month) (day) (year)
(c) Cemetery or crematory Waverly Cemetery
Location Waverly, Ohio

18 (a) Funeral director Wm Cook Inc.
(b) Address 1217 St Paul St. Balto, Md.

19 (a) JUL 8 1946 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1946, at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1st 1946 to July 7 1946 and that I last saw h(M) alive on July 6 1946

Immediate cause of death Coronary Cardiac Failure — Duration

Due to Coronary Thrombosis & Non-Specific Pericarditis

Due to Arteriosclerotic Cardio-Vascular disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Myocardial Infarction

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Edward Day M.D.

Address 4-E-33rd St. Balto Date signed July 7 1946

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G 1824

BALTIMORE CITY HEALTH DEPARTMENT G41824 G 41824
CERTIFICATE OF DEATH 46E Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3118 River Drive - 19 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME David A. Clark
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mrs. Gertrude Clark
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 31, 1877

8. AGE: Years	Months	Days	If less than one day
68	8	6	hr. min.

9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name George W. Clark
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Rebecca Stinson
15. Birthplace Pennsylvania

16 (a) Informant Wife
(b) Address 3118 River Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 1946 (month) (day) (year)
(c) Cemetery or crematory
Location Chicago Ill.

18 (a) Funeral director Lee B. Cook
(b) Address 1701-03 N. Patterson Park Ave

19 (a) Date rec'd by local reg. 7 1946 (b) Registered by Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 1946, at 8.49 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 30, 1946 to July 6, 1946 and that I last saw him alive on July 6, 1946

Immediate cause of death Heart failure — Duration terminal

Due to Peritonitis & general septicemia — Duration 7 days +

Due to Obstruction from & perforation of a large bowel tumor — Duration 9 days +

Other Conditions — over

(Include pregnancy within 3 months of death)
Date of operation July 1, 1946
Major findings of operation: Hard tumor constricting sigmoid flexure of colon & perforation of peritonitis
Date of autopsy not at patient's

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wayne N. Jacobus, M.D.
Address Church Home & Hosp. Date signed July 8 1946

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-1825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. G-1825

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3747 Hickory Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3747 Hickory Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Margaret P. Gosnell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Female | 5 Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband ~~or wife~~ Jas. A. Gosnell deceased | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28, 1854

8. AGE: Years 92 | Months 2 | Days 7 | If less than one day hr. min.

9. Birthplace Carroll Co. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Thomas Brothers
13. Birthplace Maryland

MOTHER
14. Maiden Name Catherine Poole
15. Birthplace Maryland

16 (a) Informant Jas. T. Gosnell
(b) Address 3627 Hickory Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Pleasant
Location Hampden, Carroll Co. Md

18 (a) Funeral director C. M. Wells
(b) Address Winfield, Md.

19 (a) Filed JUL 8 1946 (b) Registered by Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1946 at 2A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 13 1946 to July 5 1946 and that I last saw h. alive on July 5 1946

Immediate cause of death Cardio-renal-Vascular Disease — Duration 2 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. N. Wilson M. D.
Address 617 W. Forest St. Date signed 7/5/46

VS 130

Physicians: please write the causes of death clearly and legibly. Every question on this certificate must be answered. Entries must be complete. Correct age is especially important.

1826

GA 1826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52 D

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 39 Gorman ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 39 Gorman ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Reitz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Chas F Reitz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 29 - 1869

8. AGE: Years	Months	Days	If less than one day
76	10	6	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James P. Thrush
13. Birthplace Md

MOTHER
14. Maiden Name Mary A Ridgeway
15. Birthplace Md

16 (a) Informant Mrs Edward Reitz
(b) Address 39 Gorman ave

17 (a) Burial (b) Date thereof 7-8-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto Md

18 (a) Funeral director Hy L Berger Jr
(b) Address 512 Hollins St

JUL 8 1946 Huntington Williams Mgr
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1946 at 12:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/13 1946 to 7/5 1946 and that I last saw h[illegible] alive on 7/4/1946.

Immediate cause of death: General Carcinomatosis — Duration: 3 Months
Due to Carcinoma of Bladder — 2 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Elliot W Johnson M. D.
Address 3432 Wilkens Ave Date signed

VS 150

1827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45 F

Registered No. G41827

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive & 31st St.
(c) Hospital or institution: U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 22 das
(e) Length of stay in Baltimore (yrs., mos., or days): 22 das

2. USUAL RESIDENCE OF DECEASED:
(a) State: West Va. (b) County:
(c) City or town: Beckley
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 307 Neville St.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3 (a) FULL NAME: Clay Miller Easter

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Widower

6 (b) Name of husband or wife: Rosa Singleton Rust
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 30, 1871

8. AGE: Years	Months	Days	If less than one day
75	2	7	hr. min.

9. Birthplace: Oakland, Maryland (Town, county, and state)
10. Usual Occupation: Physician
11. Industry or business:

FATHER
12. Name: James W. Easter
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Margaret Miller
15. Birthplace: Baltimore, Md.

16 (a) Informant: Records- U.S. Marine Hospital
(b) Address: Baltimore 11, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 9-46 (month) (day) (year)
(c) Cemetery or crematory: Rosehill
Location: Front Royal Va.

18 (a) Funeral director: Ellsworth Armacost
(b) Address: 3911 Liberty Heights Ave

JUL 8 1946 (Date rec'd by registrar) Huntington for Williams, M.H.

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 6 1946, at 3:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1946, to July 6 1946 and that I last saw h. im alive on July 6 1946.

Immediate cause of death: Bilateral Broncho-Pneumonia
Local Lobar

Duration: Four Days

Due to:

Due to:

Other Conditions: Empyema of Rt Tonsillar Region

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy: Above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: John L. Wilson M. D.
Address: U.S. Marine Hospital, Baltimore, Md. Date signed 7/6/46

VS 150

Physicians: please write the causes of death clearly and legibly. Information must be complete and correct age is especially important.

41828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 127a

G41828 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 630 N. Charles St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME James F. Reilly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15 1863

8. AGE: Years	Months	Days	If less than one day
83	5	22	hr. min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual Occupation Dental Clerk (Retired)

11. Industry or business

FATHER
12. Name James A. Reilly
13. Birthplace ?

MOTHER
14. Maiden Name Rebecca A. Mears
15. Birthplace Washington D.C.

16 (a) Informant James F. Reilly
(b) Address 630 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 9 1946 (Month) (day) (Year)
(c) Cemetery or crematory Mt. Olivet
Location Washington D.C.

18 (a) Funeral director Frank Tejani Funeral Home
(b) Address 2605-14th St. Washington D.C.

19 (Date received by local registrar) JUL 8 1946

Interment for Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1946, at 7:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from January 19 1946, to July 7 1946, and that I last saw him alive on July 7 1946.

Immediate cause of death Uremia

Due to Carcinoma of prostate with possible CVA.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clarence E. McWilliams M. D.
Address Mercy Hospital Date signed 7-7-46

VS 150

X

Information wanted, with ONE ENTRY ONLY. Any error or omission should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

41829 Birth Certificate L. 58071 BALTIMORE CITY HEALTH DEPARTMENT ✓ G41829

CERTIFICATE OF DEATH

Registered No. 1600

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balt. Gen'l. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2232 Baker St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Ewen Jones, 3rd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2 1946

8. AGE: Years	Months	Days	If less than one day
		4	hr. min.

9. Birthplace West Balt. Gen'l. Hosp
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Ewen Jones
13. Birthplace Plymouth Pa

MOTHER
14. Maiden name Esther Lee Woody
15. Birthplace Lynchburg Va.

16 (a) Informant Mr. Thomas Woody
(b) Address 3201 N. North Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/8/46 (month) (day) (year)

(c) Cemetery or crematory
Location Plymouth Pennsylvania

18 (a) Funeral director Wm J. Tickner & Sons
(b) Address North & Pa. Aves

19 8 1946 (Date received by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1946, at 2 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1946, to July 6 1946 and that I last saw her alive on July 6 1946

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to Unknown cause

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry F. Singer M.D.
Address West. Balt. Gen. Hosp Date signed 7/6/46

VS 190

G41830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

808

Registered No. G41830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Green Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2300 Bryant Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Esther Kasinof — Esther Frances Kasinof

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	married.

6 (b) Name of husband or wife Alexander Kasinof
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1911

8. AGE: Years	Months	Days	If less than one day
35	2	2	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business Sectary

FATHER
12. Name Louis Heyman
13. Birthplace Russia

MOTHER
14. Maiden Name Anna Noel
15. Birthplace Baltimore, Md.

16 (a) Informant Alexander Kasinof
(b) Address 2300 Bryant Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8/46 (month) (day) (year)
(c) Cemetery or crematory Sharon Gibbon County
Location Wanden Mill Road

18 (a) Funeral director SOL LEVINSON & BROS
(b) Address 1124-26 W. North Ave.

JUL 8 1946 (Date rec'd by Registrar) (Signature) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1946, at 8:10 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1946 to July 7 1946, and that I last saw h e alive on July 7 1946

Immediate cause of death Cardiac [redacted] Bronchiolitis (Gramilli encephalitis) — Duration

Due to gramilli encephalitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury?

23. Signature James A. Vaughan Jr M.D.
Address Univ. Hospital Date signed July 7 1946

VS 3

G41831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G41831

TH, 91580 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1- 6 - 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 729 S. Hanover. St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Wagner

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife WM WAGNER.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 21 1879

8. AGE: Years	Months	Days	If less than one day
66	7	15	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Micheal Weigant
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Guethlein
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 9-46 (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS
Location A.A.Co.

18 (a) Funeral director Bernard C Harle
(b) Address 121 E West St
JUL 8 1946 (a) (Date received by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6th 1946 19 , at 8.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2nd 19 45 to July 6th 19 46 and that I last saw h 9r alive on July 6th 19 46

Immediate cause of death Bronchopneumonia

Duration 15 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 0

Major findings of operations 0

of autopsy: 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas J Smith
Address Balto. City Hosp Date signed 7-8-46

VS 150

X

641832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

587

Registered No. 641832

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 821 N. Fulton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 821 N. Fulton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dorothy Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1902

8. AGE: Years 19 | Months 11 | Days 1 | If less than one day: hr. min.

9. Birthplace Church Creek, Md. (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name Emmerson C. Jackson
13. Birthplace Maryland

MOTHER
14. Maiden Name Frances Henry
15. Birthplace Maryland

16 (a) Informant Frances Jackson
(b) Address 821 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1946 (month) (day) (year)
(c) Cemetery or crematory Family Lot
Location Cambridge, Md.

18 (a) Funeral director Mrs. Leo W. Holland
(b) Address 1631 Druid Hill Ave.

(c) Date received by Registrar JUL 8 1946 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1946 to July 6 1946.
and that I last saw him alive on July 6 1946

Immediate cause of death
6 Cardiac Failure — Duration: 1
Due to Rheumatic Heart Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. K. Dykstra M. D.
Address 222 N. Caroline Date signed 7-6-46

VS 150

41833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G41833

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 19 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 528 W Lanvale St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Spencer Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: James Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-4-1880

8. AGE: Years 66 | Months 1 | Days 29 | If less than one day: hr. min.

9. Birthplace Washington, D.C.
(Town, county, and state)

10. Usual Occupation Music Teacher

11. Industry or business

FATHER
12. Name Benjamin Spence
13. Birthplace Va

MOTHER
14. Maiden Name Susan Lewis
15. Birthplace Orange Co. Va

16 (a) Informant James H. Johnson
(b) Address 528 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5, 1946 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1631 Druid Hill Ave

JUL 8 1946 (Date rec'd by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1946, at 9:43 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to July 3 1946.
and that I last saw her alive on July 3 1946.

Immediate cause of death Azotemia — Duration 48 hrs.

Due to Hypertensive Cardiovascular-renal disease — 15 mos.

Due to

Other Conditions Nephrosclerosis
Senile dementia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

29. Signature James D. Carr M.D.
Address 515 Holden St Date signed 7-6-46

VS 150

X

Please write clearly with pen and ink. Certificate must be filled out completely and correctly. Every question must be answered or explained. Information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Special attention is called to the necessity of correct age in especially important.

641834

BALTIMORE CITY HEALTH DEPARTMENT ✓ 641834 Registered No.

CERTIFICATE OF DEATH 469

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 309 S. Regester St. Balto. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country Poland

3 (a) FULL NAME August Kucicki
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mrs. Viola Kucicki
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 14 1881

8. AGE: Years	Months	Days	If less than one day
65	2	21	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Cabinetmaker (Retired)
11. Industry or business

FATHER
12. Name Joseph Kucicki
13. Birthplace Poland

MOTHER
14. Maiden Name Mary ----
15. Birthplace Poland

16 (a) Informant Stephen Kucicki
(b) Address 3518 Brendan Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/46 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1930 Eastern Ave.

19 (a) JUL 8 1946 (Date rec'd) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1946 at 7:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1946 to July 5 1946 and that I last saw him alive on July 5 1946.

Immediate cause of death
Cardio-respiratory failure — Duration
Due to Generalized Carcinomatosis & extensive Emaciation — 6 mos.
Due to Carcinoma of Pancreas — 5-10 years
Other Conditions Diffuse bi-lateral bronchiectasis
(Include pregnancy within 3 months of death)

Date of operation March 1946
Major findings of operation: Carcinoma of pancreas & liver & peritoneal
of autopsy: None Refused Not performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas E. Lowry, M.D.
Address Mercy Hospital Date signed July 5, '46

VS 150

A physician must sign certificate, where one is available. Entry must be complete in every detail. Information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. G41835

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Aves
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 3322 W Ingleside Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry C Neumann
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife Matilda H. Neumann
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 3, 1872
8. AGE: Years 73 Months 11 Days 3 If less than one day hr. min.
9. Birthplace Md (Balto.) (Town, county, and state)
10. Usual Occupation Retired Car Man
11. Industry or business B. & O. R. R.
FATHER 12. Name Adam Neumann
13. Birthplace Germany
MOTHER 14. Maiden Name Cecilia
15. Birthplace Germany
16 (a) Informant Mr. Anthony H. Neumann
(b) Address 3322 W. Ingleside Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.
18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.
19 JUL 8 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1946, at 3:40 P M
21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1946 to July 6 1946; and that I last saw him alive on July 6 1946.

Immediate cause of death: Respiratory failure — Duration 2 hours.
Due to: Carcinoma, sigmoid colon — Duration over 7 mos.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Lawrence S. Cannon M. D.
Address St. Agnes Hosp. Date signed 7-6-46

VS 150

X

G41836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

G41836
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balt.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2642 N. Charles St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Charles E. Stockham

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Rebecca Stockham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1892

8. AGE: Years: 53 | Months: 6 | Days: 11 | If less than one day: hr. min.

9. Birthplace: New Jersey (Town, county, and state)

10. Usual Occupation: Insurance Broker

11. Industry or business

FATHER — 12. Name: Henry Stockham
13. Birthplace: Pa.

MOTHER — 14. Maiden Name: Clara Warrington Stockham
15. Birthplace: Pa

16 (a) Informant: Mr. Ridgely Retzer
(b) Address: 4216 Westview Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/46 (month) (day) (year)
(c) Cemetery or crematory: Parkwood Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

JUL 8 1946 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5, 1946, at 7:29 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1946, to July 5 1946 and that I last saw him alive on July 5 1946

Immediate cause of death: Cardio-resp failure — Duration

Due to: Carcinomatosis

Due to: Carcinoma of pancreas

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation: June 22, 1946

Major findings of operations: Carcinomatosis Ca of pancreas

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Bruce R. Jennings M.D.
Address: Univ. Hospital Date signed: 7/5/46

G41837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G41837
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 710 Bruce St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 710 Bruce St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Vance Matthew Matthews

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widow

6 (b) Name of husband or wife Joseph Matthews
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
75 yr			hr. min.

9. Birthplace unknown
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Mary Crowder
(b) Address 827 N. Gilmor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location West Port Balto. Md

18 (a) Funeral director Metropolitan Funeral Home Inc
(b) Address 927 N. Monroe St

19 (a) 7/8/1946 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/6/46 19 3 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1/46 19 7/6/46 19, and that I last saw h alive on 7/6/46.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at w
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 7 E Mad ave Date signed 7/8/46

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

G41838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

§3a

Registered No. G41838

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 717 Bruce St
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto City Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 717 Bruce St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) FULL NAME Anna Edwards Mitchell ~~Mitchell~~

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Married

6 (b) Name of husband or wife Rebecca Mitchell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Rebecca Mitchell
(b) Address 717 N. Bruce st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location West Pont. Balto. Md

18 (a) Funeral director Metropolitan Fun. Home Inc
(b) Address 927 N. Mount st.

(c) JUL 8 1946 (Date received by registrar) Huntington Williams Mgr Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/7/46 19 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/4/46 to 7/7/46 19..., and that I last saw him alive on 7/6 1946

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 7/8/46

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1839 ✓ 4 G 4 1839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2015 Greenberry Road.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2015 Greenberry Road.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MYER H. STERN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of ~~husband~~ wife Hortense I. Stern
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1889.

8. AGE: Years	Months	Days	If less than one day
56	11	23	hr. min.

9. Birthplace Martinsburg, W. Va.
(Town, county, and state)
10. Usual Occupation Retired.
11. Industry or business

FATHER
12. Name Joseph Stern,
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Amanda Adler,
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Joel Fleishman,
(b) Address 2413 Brambleton Road.

17 (a) Rem. & Burial (b) Date thereof 7/8/46.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~crematory~~ Forest Lawn
Location Norfolk, Va.

18 (a) Funeral director Weinberg Sonnheim & Levy
(b) Address 1902 Eutaw Place.
(c) (Date rec'd) JUL 8 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6th. 1946 at 9 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1937 to 7/6/1946.
and that I last saw h~~im~~ alive on 7/5/ 1946.

Immediate cause of death Carcinoma of Hepatic Flexure
Due to with glandular, liver & lung metastases
Due to
Other Conditions Myocarditis & Coronary Sclerosis
(Include pregnancy within 3 months of death)

Duration
About 1 yr.
9 yrs.

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Theodore H. Morrison M. D.
Address 11 E. Eager St. Date signed 7/6/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

X

641840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. 641840

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1113 W. North
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 W. North Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Brafman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1866

8. AGE: Years	Months	Days	If less than one day
80	3	2	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation Boxer & Salesman

11. Industry or business

FATHER
12. Name Samuel Brafman,
13. Birthplace Germany

MOTHER
14. Maiden Name Babet Brafman,
15. Birthplace Germany.

16 (a) Informant Miss. Ida Brafman
(b) Address Marlborough & Eutaw

17 (a) Burial (b) Date thereof 7/8/46.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or crematory~~ Ohel Shalom
Location Balto. Md.

18 (a) Funeral director David Sonnheim - Son
(b) Address 1902 Eutaw Place

19 JUL 8 1946 (b) Huntington Williams, M.D.
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1946, at 12 Noon M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3rd 1946 to July 6th 1946, and that I last saw him alive on July 6th 1946.

Immediate cause of death	Duration
Chr. Myocarditis	
Due to Hypertensive Cardio-Vascular disease	4 Mo.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harris Freeman M.D.
Address 1816 W. North Date signed 7/6/46.

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41841 BC# G 36/12 BALTIMORE CITY HEALTH DEPARTMENT ✓ G41841

CERTIFICATE OF DEATH 1578 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1442 N. Bond Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1442 N. Bond Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Gertrude Elizabeth Maler

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	None	Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10th., 1945

8. AGE: Years	Months	Days	If less than one day
0	7	27	##### Hr. ### min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joel E. Maler
13. Birthplace Oklahoma

MOTHER
14. Maiden Name Thelma M. Sadler
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Joel E. Maler
(b) Address 1442 N. Bond Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/46 (month) (day) (year)
(c) Cemetery or crematory Orems Cemetery
Location Phila Road

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) JUL 8 1946 (Date rec'd by Local Registrar) (b) [illegible] Registrar, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7th., 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 10 1945 to July 7, 1946, and that I last saw h[illegible] alive on July 6, 1946.

Immediate cause of death: Spina Bifida — Duration True 2 days
Due to Congenital Malformation
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward B. McLe M. D.
Address 1331 Hartdale Date signed 7-7-46

Attending Physician, with CAUTION IN. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

58 B

Registered No. G41842

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Parkville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5503 Arabia Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Shirley M. Rynoch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-11-30

8. AGE: Years	Months	Days	If less than one day
15	11	25	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Clarance Rynch
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Mann
15. Birthplace Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 7/8/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Parkville

18 (a) Funeral director Wm Cook Inc
(b) Address 1217 St Paul St.

19 Filed 7/8 1946 Registrar Wilmington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1946, at 2.37 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1946 to July 6 1946, and that I last saw h[illegible] alive on July 6 1946

Immediate cause of death: Acute Myocardial Infarction — Duration

Due to: Subacute Bacterial Endocarditis — Duration

Due to: Rheumatic Heart Disease, Active — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. B. Speed III M.D.
Address Johns Hopkins Hosp. Date signed 7/6/46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41843

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

G41843 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1418 Woodall St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1418 Woodall St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Hepfding
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband Ferdinand L. Hepfding
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 8th 1865

8. AGE: Years	Months	Days	If less than one day
80	9	27	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business Self

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mamie Wieland
(b) Address 1467 Woodall St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/46 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Hamburg a. a. Co. Md.
18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St
19 (a) JUL 8 1946 (b) Registrar's signature Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5th 1946, at 5 45/60 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1946 to July 5 1946, and that I last saw him alive on July 5 1946.

Immediate cause of death: Acute dilatation of heart — Duration 3 hrs.
Due to Arteriosclerosis — Duration Indef.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. E. Campbell M.D.
Address 414 Hanover St Date signed 7/8/46

VS 150

PRINTED WHITE PAPER, WHITE WRAPPING INK. Every item of information found to be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

41844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51B

Registered No. G41844

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. Valley & Preston Sts (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Jos. Will

3 (b) If veteran, name war no

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W.

6 (b) Name of husband or wife Bridget M Will
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/23/1875

8. AGE: Years	Months	Days	If less than one day
71	2	13	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Watchman retired
11. Industry or business

FATHER
12. Name Adolph Will
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant John F. Will
(b) Address 923 N. Calvert ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director Williams Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) JUL 8 1946 (Delivered to by registrar) Covington for Williams Co

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1946, at 9.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1946 to July 6 1946 and that I last saw him alive on July 6 1946.

Immediate cause of death	Duration
Respiratory Failure	
Due to Pneumonia	
Due to Carcinoma of Prostate	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James V. Mercer, Jr. M.D.
Address Date signed

VS 150

X

PRINTING WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

641845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

641845 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 509 Ridgewood Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 509 Ridgewood Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Edward Metzbower Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Sallie Metzbower

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14 1866

8. AGE: Years	Months	Days	If less than one day
80	4	22	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Inspector

11. Industry or business City of Balto

FATHER 12. Name John Edward Metzbower

13. Birthplace Holland

MOTHER 14. Maiden Name Emma Shipley

15. Birthplace Frederick Md.

16 (a) Informant J. Edward Metzbower Jr.

(b) Address 509 Richwood Ave

17 (a) Burial (b) Date thereof 7/9/46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Balto.

Location Balto. Md.

18 (a) Funeral director Williams Cook Inc.

(b) Address 1217 St. Paul st.

JUL 8 1946 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 1946, at 7-10 A.M

21. I certify that I took charge of the remains described above, held an Inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Hypertensive cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature Howard J. Thrasher M.D.
Medical Examiner.

Date signed 7-6-46

VS 151

1846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170C

Registered No. 61846

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2236 Wilkens Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie B. Watts

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced?
Female	White	Widowed

6 (b) Name of husband or wife John Moncure Watts

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 14th 1871

8. AGE: Years	Months	Days	If less than one day
74	10	22	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Walter Raley
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Lisette Everyman
15. Birthplace Balto. Md.

16 (a) Informant Lisette W. Blankner
(b) Address 1250 Graystone Rd. Arbutus

17 (a) Burial (b) Date thereof 7/9/46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Meadow Ridge
Location Dorsey Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (Date received by registrar) JUL 8 1946 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 1946 at 7 A. M.

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑ suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Shock, Subarachnoid hemorrhage Ventricular hemorrhage

Due to

Other Conditions Compound comminuted fracture of leg bones, Fractured tibias (Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following: 20/5

(a) Date of injury 7/2/46 at 9:45 A. M.

(b) Where did injury occur? Wilkens Ave. near Pentalon Street

(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No

(d) Means of injury Ran Struck by auto.

23. Signature Howard J. Weldeis M.D.
Medical Examiner.

Date signed 6-6-46

VS 151

G41847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

G41847 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1421 Washington Blvd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1421 Washington Blvd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Charles W. Hinks Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-05-4092.

4. Sex: Male. 5. Color or race: White 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary V. Hinks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 15-1878

8. AGE: Years 68 | Months 3 4 | Days 21 | If less than one day: hr. min.

9. Birthplace Anne Arundel Co. Md
(Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Henry Hinks
13. Birthplace Wilmington Del.

MOTHER
14. Maiden Name Mary C. Helwig
15. Birthplace Ellicott City Howard Co. Md

16 (a) Informant Mrs. Chas. W. Hinks Jr
(b) Address 1421 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9-1946 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md.

18 (a) Funeral director Jamie Cook Sykes
(b) Address 1606 W. North Ave.

JUL 8 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1946, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1946 to July 6 1946, and that I last saw h alive on July 6 1946.

Immediate cause of death: Carcinoma of Prostate — Duration 1 yr.

Due to:

Due to:

Other Conditions: Chronic Nephritis — 3 yrs.
Cardiac
(Include pregnancy within 3 months of death)

Date of operation: —

Major findings of operation:

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John P. Uhlenh, Jr. M. D.
Address 1227 Wash. Blvd Date signed July 8 1946

VS 180

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1848 TN. 102651 V 112 Registration No. G41848

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1346 Shetcoat St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Simms

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1908

8. AGE: Years 38 | Months 1 | Days 19 | If less than one day: hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name James Turner
13. Birthplace Virginia

MOTHER
14. Maiden Name ?
15. Birthplace Virginia

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Halsted
(b) Address 918 Druid Hill Ave

19 JUL 8 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5th 1946 19 , at 9.50 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5th 1946 to July 5 1946, and that I last saw h sz alive on July 5th 1946

Immediate cause of death: Status Asthmaticus — Duration: 1 day

Due to: Bronchial Asthma — Duration: 1

Due to — Duration:

Other Conditions — Duration:

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Status Asthmaticus

of autopsy: Cor Pulmonale

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund A Beaslow

Address Balto City Hosp Date signed 6/Jul/46

VS 150

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1210

Registered No. G-11849

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 703 W. Lexington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 703 W. Lexington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lucille Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Female

5 Color or race: Colored

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1894

8. AGE: Years 52 | Months 3 | Days 18 | If less than one day: hr. min.

9. Birthplace Montgomery, Ala.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Greene ?
13. Birthplace

MOTHER
14. Maiden Name Eliza
15. Birthplace Alabama

16 (a) Informant Babie Young
(b) Address 703 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-46 (month) (day) (year)
(c) Cemetery or crematory Montgomery
Location Alabama

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.
(c) Date rec'd by local registrar (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5, 1946 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1946 to July 5 1946, and that I last saw h alive on July 5 1946.

Immediate cause of death: Cerebral hemorrhage

Due to: complications

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration
7
1

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Stewart M. D.
Address 632 Troubled (Date signed) July 7 1946

VS 150

X

64 1850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

Registered No. 64850

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 440 N. Fremont Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 440 N. Fremont Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Joseph Jackson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lurina Jackson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4 1873

8. AGE: Years 72 | Months 10 | Days 3 | If less than one day hr. min.

9. Birthplace Cambridge Md. (City, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Jackson
13. Birthplace Cambridge Md.

MOTHER
14. Maiden Name Anne Summers
15. Birthplace Cambridge Md.

16 (a) Informant Lurina Jackson
(b) Address 440 N. Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N Schroeder St

JUL 8 1946 (Date rec'd by local registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1946 at 9P M

21. I certify that death occurred on the date above stated, that I attended deceased from June 23 1946 to 7/4 1946 and that I last saw h alive on 19 and

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. G. Fletcher
Address 1725 Parker Date signed 7/6/46 M.D.

VS 150

X

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HAAS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 18851

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2509 Pinewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2509 Pinewood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert T. Stumpf

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife (YANSEN) Margaret Yensch 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1890

8. AGE: Years	Months	Days	If less than one day
56	1	1	hr. min.

9. Birthplace Brooklyn N. Y.
(town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Theodore Stumpf
13. Birthplace N. Y.

MOTHER
14. Maiden Name Matilda —
15. Birthplace Conn.

16 (a) Informant Margaret Stumpf
(b) Address 2509 Pinewood Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9, 1946 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor ave Baltimore
18 (a) Funeral director Leonard J. Kuck
(b) Address 2105 Harford Rd.
19 (a) 8 1946 (Date rec'd by registrar) (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1946 at 4:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1946 to July 6 1946, and that I last saw h[illegible] alive on July 5 1946.

Immediate cause of death Acute Coronary Occlusion — Duration 10 Min.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry Haas M. D.
Address 526 Eldridge Ave. Date signed July 6 1946

VS 150

X

Please write plainly with unfading ink. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41852 amer

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

80B

G41852 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Redwood Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Cor. Paca & Greene Sts.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Gloria Jean Jones

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age / years

7. Birth date of deceased (mo., day, yr.) 4/23/45

8. AGE: Years	Months	Days	If less than one day
1	2	12	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Infant.
11. Industry or business

FATHER
12. Name Douglas Jones
13. Birthplace Penn Alabama

MOTHER
14. Maiden Name Retta Porter Stegall
15. Birthplace Penn.

16 (a) Informant Douglas Jones
(b) Address 10 Paca & Greene Sts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1946 (month) (day) (year)
(c) Cemetery or crematory Most Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Chas. H. Zachariades
(b) Address 703 McCulloh St.

JUL 8 1946 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1946, at 4:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1946, to July 6 1946, and that I last saw her alive on July 6 1946.

Immediate cause of death Respiratory failure — Duration 29 days

Due to Overwhelming Toxemia

Due to Virus encephalitis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard J. Cron M. D.
Address University Hosp. Date signed 7/6/46

VS 3

G41853 paid

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G41853
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Balt. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3904 Norman Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby boy Feit

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/4/46

8. AGE: Years	Months	Days	If less than one day
		4/	hr. min.

9. Birthplace University Hosp Balt, Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Hyman Feit
13. Birthplace Balt. Md.

MOTHER
14. Maiden Name Lillian Zimmerman
15. Birthplace Balt. Md.

16 (a) Informant Mother
(b) Address 3904.5 Norman Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location
18 (a) Funeral director Jos. Levin Inc
(b) Address 143 E Baltimore St

19 JUL 8 1946 (Date received) Huntington Williams (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/8/46 1946, at 3:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/4/46 19..., to 7/8/ 1946
and that I last saw him alive on 7/8 1946

Immediate cause of death	Duration
Atelectasis	
Due to Pneumatocele	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Elizabeth Collotta, M.D.
Address Marine Hosp Balt. Md. Date signed 7/8/46

Please answer all questions. Physicians: please write the causes of death clearly and legibly. Exact age is especially important.

G41854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a

G41854
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 237 W 73rd St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Moses Koch
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Hayette Koch
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1879
8. AGE: Years 67 Months Days If less than one day hr. min.
9. Birthplace Balto Md. (town, county, and state)
10. Usual Occupation Mfg.
11. Industry or business
FATHER 12. Name Moritz
13. Birthplace Germany
MOTHER 14. Maiden Name Eva
15. Birthplace Germany
16 (a) Informant Wife
(b) Address
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-46 (month) (day) (year)
(c) Cemetery or crematory Oheb Shalom
Location O'Donnel St.
18 (a) Funeral director Jack Levin Inc
(b) Address 2200 Eutaw Place
19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/7 1946, at 1:00 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 7/6 1946 to 7/7 1946 and that I last saw h/ alive on 7/7 1946.

Immediate cause of death	Duration
Cerebral Thrombosis	
Cardiac failure	
Due to Toxemia	
Due to Pyelonephritis	
Other Conditions Pulmonary edema	

(Include pregnancy within 3 months of death)
Date of operation 7/2/46
Major findings of operation: Benign Prostatic Hypertrophy
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Louis H Jaffe M. D.
Address Sinai Hospital Date signed 7/9/46

8 1946
VS 156

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 cert G41855 G41855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 Ashland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leroy Scott

3 (b) If veteran, name war —

3 (c) Social Security Account No. 220-12-6116

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married

6 (b) Name of husband or wife Lucell Scott

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jul 1921

8. AGE: Years	Months	Days	If less than one day
25	5		hr. min.

9. Birthplace Balto. City
(Town, county, and state)

10. Usual Occupation Saloon

11. Industry or business

FATHER
12. Name Geo. Scott
13. Birthplace Balto. City

MOTHER
14. Maiden Name Suvinia Karnes
15. Birthplace St Mary's Co. Md

16 (a) Informant Surinia Scott
(b) Address 1516 Ashland Ave

17 (a) Burial (b) Date thereof July 9/946
(Burial, cremation, or removal) month day year
(c) Cemetery or crematory Mt Calvary Cemetery
Location A.A. Co. Md.

18 (a) Funeral director Robert Dillon
(b) Address 1515 McElderry

JUL 8 1946
(a) Date received by registrar (b) Registrar

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MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 1946 at 12 15 A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Bullet wound of chest involving the lung followed by internal hemorrhage

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-5-46 at 10:45 P.M.
(b) Where did injury occur? near 1804 Ashland Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? NO
(d) Means of injury Firearms - Revolver

23. Signature Howard J. Kenagy M.D.
Medical Examiner.
Date signed 7-6-46

Huntington Williams

G41856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 90B

G41856 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address **Monument & Rutland St.**
(c) Hospital or institution:
Sinai Hospital 6-3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Md** (b) County **Baltimore**
(c) City or town **Baltimore**
(If outside city or town limits, write RURAL and give town)
(d) Street No. **124 N. Motford Ave**
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Montford

3 (a) FULL NAME **Vincenzo Rossi**

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	216-03-5595	Male	White	Married

6 (b) Name of husband wife **Josephine Rossi**
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) **April 9 1903**

8. AGE: Years	Months	Days	If less than one day
43	3	4	hr. min.

9. Birthplace **Arnara (Frosinone) Italy**
(Town, county, and state)
10. Usual Occupation **Forman**
11. Industry or business **Marocco Constr. Co.**

FATHER
12. Name **Domenico Rossi**
13. Birthplace **Italy**

MOTHER
14. Maiden Name **Guglielma Grande**
15. Birthplace **Italy**

16 (a) Informant **Josephine Rossi (Wife)**
(b) Address **124 N. Motford Ave**

17 (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **July 10 1946** (month) (day) (year)
(c) Cemetery or crematory **Holy Redeemer**
Location **Belair Rd. Baltimore Md.**

18 (a) Funeral director **Frank Della Rose**
(b) Address **52 N. Morley St.**

19 (a) Date **JUL 8 1946** (Registrar) **Huntington Williams, M.D.** Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **7-7** 19**46**, at **11 30** A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from **6-27** 19**46** to **7-7** 19**46**, and that I last saw h.him alive on **7-7** 19**46**.

Immediate cause of death **Pericarditis** — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy **Pericarditis**

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature **Nathan B. Hyman** M. D.
Address **Sinai Hospital** Date signed **7-7-46**

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

X

38829 G41857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 116

Registered No. G41857

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 91

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 530 E. 38th St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Paul Konig

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-19-1884

8. AGE: Years	Months	Days	If less than one day
62	1	19	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation brace work
11. Industry or business

FATHER
12. Name Brenhard Konig
13. Birthplace Germany

MOTHER
14. Maiden Name Gerstend ?
15. Birthplace Germany

16 (a) Informant records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/46 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto. Md.

18 (a) Funeral director E. J. Lannon & Son
(b) Address 1938 E. Lafayette Ave. (Lexington or Hollins 0400) Balto. Md.

19 (a) 1946 (Date received) (b) 8 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July - 7 - 1946 at 1 02 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-11 1946 to 7-7-1946 and that I last saw h[illegible] alive on 7-7- 1946.

Immediate cause of death	Duration
Peripheral circulatory failure due to	1 day
Due to infection. gangrene of bowel	3 days
Due to Acute mechanical obstruction.	3 days.
Other Conditions Mesenteric thrombosis	

(Include pregnancy within 3 months of death)

Date of operation 7-5-46

Major findings of operation: obstruction of sigmoid by carcinoma esophagus

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. L. Sheaman M. D.
Address Baltimore Md. Date signed 7-7-46
Johns Hopkins Hosp X

VS 150

Subject age is especially important. Physicians: please write the causes of death clearly and legibly.

G41858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. G41858

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3205 Orlando Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3205 Orlando Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward F. Klein

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-2798

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Emily A. Klein

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24-1898

8. AGE: Years	Months	Days	If less than one day
47	9	15 13	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Manager

11. Industry or business Owens Ill. Can. Co.

FATHER
12. Name August Klein
13. Birthplace Germany

MOTHER
14. Maiden Name Augusta Schneider
15. Birthplace Germany

16 (a) Informant Emily A. Klein
(b) Address 3205 Orlando Ave

17 (a) Burial (b) Date thereof July 8/46
(Burial, cremation, or removal) (month) (day) (year)
Balto.
(c) Cemetery or crematory
Location North Ave. & Gay St.

18 (a) Funeral director John F. Miller
(b) Address 2334 Jefferson St.

18 (a) 8 1946 (Date received by registrar) Lexington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July #5 1946 at 4:52 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from January 1946, to July 5 1946, and that I last saw h.i.m. alive on July 1 1946.

Immediate cause of death Carcinoma of Sigmoid colon — Duration 3 yrs.

Due to

Due to

Other Conditions Extensive cachexia

(Include pregnancy within 3 months of death)

Date of operation about Jan - 1946

Major findings of operation: Ca Sigm

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Hamer M. D.
Address 515 St Washington Date signed July 6 1946

Please write plainly, with unfading ink. Entry item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

(OVER)

G41859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G41859 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3013 Northway Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3013 Northway Drive
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest J. Baumann

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Amalia M. Leuterbach
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 25, 1897

8. AGE: Years	Months	Days	If less than one day
48	8	11	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Manager - Store
11. Industry or business A & P

FATHER
12. Name Paul Baumann
13. Birthplace Europe

MOTHER
14. Maiden Name Margaret Seibold
15. Birthplace Md.

16 (a) Informant Family
(b) Address 3013 Northway Drive

17 (a) Burial (b) Date thereof 7/10/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Edmondson Ave.

18 (a) Funeral director James L. McCauley
(b) Address 730 E. Fort Ave.

19 1946 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

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MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1946 at 1:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1946 to July 6 1946 and that I last saw him alive on July 5 1946.

Immediate cause of death: Coronary thrombosis — Duration 4 hours

Due to

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. V. Harlold M.D.
Address 4706 Harford Road Date signed 7/8/46

94a

Physicians: please write the causes of death clearly and legibly. Be sure that all items are correctly and completely answered. Do not use abbreviations or symbols. Any unnecessary repetition of words in the statement of causes of death is especially important.

G41860 RASHNECK G41860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1029 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Stoney Creek
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Rashneck
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Geo C.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 16, 1878
8. AGE: Years 67 | Months 7 | Days 20 | If less than one day hr. min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At home

FATHER
12. Name Peter Berg
13. Birthplace Poland

MOTHER
14. Maiden Name Agnes Bori
15. Birthplace Poland

16 (a) Informant Mr. Geo. C. Rashneck
(b) Address Stoney Creek, Md
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd
18 (a) Funeral director John F. Graul Sons
(b) Address 1600 E. Baltimore St
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1946, at 1:45 P M
21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1946, to July 6 1946 and that I last saw h[illegible] alive on July 6 1946.

Immediate cause of death
Coronary Occlusion — Duration 2 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature John H Graband
Address 1029 Edmondson Ave Date signed 7/8/46

JUL 8 1946 Huntington Williams, MD

Please write plainly, with unfading ink. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1314

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 304 Kendall Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 304 Kendall Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Francis King

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-0150

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Sophia Mary King
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 28-1868

8. AGE: Years 77 | Months 9 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Carpenter and
11. Industry or business Interior Decorator

FATHER
12. Name Francis King.
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Eleanor Fiber
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Mary J. C. Classen
(b) Address 304 Kendall Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10-1946 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Md.

18 (a) Funeral director Manro Cook-Lyfer
(b) Address 1600 W. North Ave.

19 (a) 1946 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7, 1946, at 5:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1946 to July 7 1946, and that I last saw h[illegible] alive on 7-6 1946.

Immediate cause of death: Cardio-vascular-renal disease.

Duration:

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. L. Ewell M. D.
Address 36 York Court Date signed 7-8-46

VS 150

X

G41862

495914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54a

G41862

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla. (b) County
(c) City or town Belle Glade
(If outside city or town limits, write RURAL and give town)
(d) Street No. Box 146 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thelma R. Bender.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Hezekiah.
6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) 4-13-18

8. AGE: Years	Months	Days	If less than one day
28	2	25	hr. min.

9. Birthplace Florida (Town, county, and state)
10. Usual Occupation Home-wife
11. Industry or business

FATHER
12. Name Amos F. Cheshire
13. Birthplace Fla

MOTHER
14. Maiden Name Jessie B. Schmidt
15. Birthplace Texas

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/8/46 (month) (day) (year)
(c) Cemetery or crematory Ft Lauderdale Fla
Location Broward Co.

18 (a) Funeral director Wm Cook Inc
(b) Address 1217 S.W. 2nd St

8 (a) 1946 (b) [illegible] Williamson Mortuary
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July - 8 - 1946, at 5. M

21. I certify that death occurred on the date above stated; that I attended deceased from June - 24 1946 to July - 8 1946, and that I last saw her alive on July - 8 1946.

Immediate cause of death Uraemia — Duration 12 days

Due to Acute Nephritis

Due to Transfusion Reaction

Other Conditions Brain Tumor

(Include pregnancy within 3 months of death)

Date of operation 25 June 1946

Major findings of operation: Brain Tumor (Astrocytoma)

of autopsy Nephritis; Brain Tumor

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur H. Laing M.D.
Address Johns Hopkins Hosp Date signed 8 July 46

VS 150

Copy age is especially important. Physicians: please write the causes of death clearly and legibly.

G41863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G41863
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 Fleet Street
(c) Hospital or institution:
City Morgue
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 631 B. Delaware Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Isaiah Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Dorothy Lewis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 25, 1917

8. AGE: Years	Months	Days	If less than one day
28	9	13	hr. min.

9. Birthplace Wilmington, N.C.
(Town, county, and state)

10. Usual Occupation
11. Industry or business Coast Guard

FATHER
12. Name Thomas S. Lewis, Sr.
13. Birthplace Unknown

MOTHER
14. Maiden Name Maud Glasgow
15. Birthplace Unknown

16 (a) Informant A. D. Peacock
(b) Address Chadbourn, N.C.

17 (a) Removal (b) Date thereof July 8, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Green Lawn
Location Chadbourn, North Carolina

18 (a) Funeral director Wm. Cook Co.
(b) Address 127 St. Paul St.

19 (a) 8 1946 (b) Huntington Williams, Md.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1946, at 11 A. M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-6-46 at 5:54 P. M.
(b) Where did injury occur? Harbor - Ft. of Clinton St
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Fell overboard

23. Signature Thomas S. Mueller M.D.
Medical Examiner.
Date signed 7-9-46

VS 151

1864 BABBINGTON S-H 1864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 1864

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balt. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1817 Raynor Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Babbington

3 (b) If veteran, name war

3 (c) Social Security Account No. 579-03-5242

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 30 - 1903

8. AGE Years	Months	Days	If less than one day
42.	9	9	hr. min.

9. Birthplace Washington D. C. (Town, county, and state)

10. Usual Occupation Brick Layer

11. Industry or business own Miller

FATHER 12. Name Mr A. Babbington

13. Birthplace Washington D. C.

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Mrs R. Sattins

(b) Address 1817 Raynor Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11 - 46 (day) (year)

(c) Cemetery or crematory [illegible] National

Location [illegible] Baltimore

18 (a) Funeral director Chas P Powell

(b) Address 2427 Edmondson Ave

JUL 9 1946 (Date rec'd by Registrar) (b) Huntington Nottingham M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1946, at 12 45 PM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature [illegible] M.D. (Medical Examiner.)

Date signed 7/8/46

G41865

AB-102646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G41865

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2068 Orleans St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Isaac Evans John I Evans

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25- 1869

8. AGE: Years	Months	Days	If less than one day
77	2	12	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ? Mayberry Evans
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 7 10 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore

18 (a) Funeral director Philip Herzig Sons
(b) Address 2024 Orleans St

19 (a) JUL 9 1946 (b) Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7- 1946, at 5.50 AM M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-6- 1946 to 7-7- 1946
and that I last saw h im alive on 7-7- 1946

Immediate cause of death	Duration
Cerebral hemorrhage	2 days
Due to Hypertension	years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Russell Huff M.D.
Address Baltimore City Hosp Date signed July 9 46

VS 150

41866

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

Registered No. G41866

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 -

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3043 Huntington Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Carroll Haines

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	(M)

6 (b) Name of husband or wife Olive M. Haines
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1886

8. AGE: Years	Months	Days	If less than one day
59	9	28	hr. min.

9. Birthplace Baltimore, Md (Town, county, or country)
10. Usual Occupation Retired Draftsman
11. Industry or business U.S. Govt

FATHER
12. Name Oakley F. Haines
13. Birthplace Virginia

MOTHER
14. Maiden Name Anna Hopkins
15. Birthplace Va

16 (a) Informant Mrs Olive Haines
(b) Address 3043 Huntingdon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/46 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto. Co. Md.

18 (a) Funeral director Williams Cook Inc
(b) Address 1217 St Paul St

19 Filed 7/9/1946 Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 — 1946, at 10.P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jun. 26 1946 to July 6 1946, and that I last saw h[illegible] alive on July 6 1946.

Immediate cause of death Acute heart failure and vascular collapse — Duration 10 days

Due to

Due to Acute gangrenous appendicitis

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation June 26 46

Major findings of operations Gangrenous appendicitis.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John F. Noguera M.D.
Address Maryland Gen Hosp Date signed 7/6/46

X

1867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51B

Registered No. G41867

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 109 Pope ave.
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 109 Pope ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. David William Radcliff

3 (b) If veteran, name war: NA

3 (c) Social Security Account No.:

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband~~ or wife: Sara ann Radcliff

6 (c) If alive, give age 83 years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1861

8. AGE: Years 84 Months 8 Days 4 If less than one day hr. min.

9. Birthplace Lubec, Penna. (town, county, and state)

10. Usual Occupation Retired Salesman

11. Industry or business

FATHER
12. Name John Radcliff
13. Birthplace Shamokin, Penna.

MOTHER
14. Maiden Name Cynthia Lodge
15. Birthplace Massachusetts

16 (a) Informant Son.
(b) Address same as above.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/11/46 (month) (day) (year)
(c) Cemetery or ~~crematory~~ London Park
Location Balto Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul St

JUL 9 1946 (Date rec'd by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/7/46 19 , at 7 25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/18 1946 to 7/7 1946 and that I last saw him alive on 7/7 1946

Immediate cause of death Heart Failure — Duration 19 days

Due to Gangrene from prolonged ischemia due to — 18 months

Due to Arteriosclerosis of Brachial

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph D Whitehead M. D.
Address Church Home & Hosp. Date signed 7/7/46

VS 150

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1868 — G4 1868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 12 B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fillmore & Caton Aves
(c) Hospital or institution: St. Agnes Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2031 St. Paul St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Clay Joyce

3 (b) If veteran, name war: W
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5, 1877

8. AGE: Years	Months	Days	If less than one day
69	6	0	hr. min.

9. Birthplace Md. (Town, county, or state)
10. Usual Occupation School Teacher
11. Industry or business Retired

FATHER
12. Name John Joyce
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Jennie Rouble
15. Birthplace Balto. Co. Md.

16 (a) Informant Mrs. Nan C. Reed
(b) Address 2031 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director William Cook Inc.
(b) Address 217 St. Paul St.

19 (a) Date rec'd by local reg. 7/9/1946 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/8 1946, at 12:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/30 1946, to 7/8 1946, and that I last saw h.i. alive on 7/8 1946.

Immediate cause of death: respiratory failure — Duration:
Due to uremia
Due to chronic nephritis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature K. Stylianopoulos
Address St. Agnes Hosp. Date signed 7/8/46

VS 150

G41869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 61

Registered No. G41869

PRINT OR WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 - 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1803 Barclay St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Glover

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced:
Female	White	Widowed

6 (b) Name of husband or wife George Glover
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22nd 1854

8. AGE: Years	Months	Days	If less than one day
87	5	15	hr. min.

9. Birthplace Prairieburg Iowa
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business Ag Work

FATHER
12. Name ? Turner
13. Birthplace Holland

MOTHER
14. Maiden Name Katherine ?
15. Birthplace Wales England

16 (a) Informant A. W. Bishop
(b) Address 1803 Barclay St

17 (a) Removal (b) Date thereof 7/10/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Marion, Iowa
Location Marion Iowa

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St

19 JUL 9 1946 (Date rec'd by Local Reg.) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7th 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb v 1946 to July 7 1946, and that I last saw him alive on July 6 1946.

Immediate cause of death	Duration
MYOCARDIAL INSUFFICIENCY	3 MO.
Due to DIABETES MELLITUS.	10 YRS.
Due to	
Other Conditions HYPERTENSIVE. CARDIO-VASCULAR DISEASE (Include pregnancy within 3 months of death)	5 YRS.

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas R. Kleiman M.D.
Address 2803 Edmondson Ave Date signed 7/9/46

VS 150

G41870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 44B

Registered No. G41870

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution:
US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 70 days
(e) Length of stay in Baltimore (yrs., mos., or days) 70 days

2. USUAL RESIDENCE OF DECEASED:
(a) State NY (b) County
(c) City or town Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2985 W. 27th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Greenberg, David

3 (b) If veteran, name war

3 (c) Social Security Account No. 546-18-4084

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1905

8. AGE: Years	Months	Days	If less than one day
40	6	18	hr. min.

9. Birthplace ? Rumania
(Town, county, and state)
10. Usual Occupation AB seaman
11. Industry or business Seafarer

FATHER
12. Name Louis Greenberg
13. Birthplace Rumania

MOTHER
14. Maiden Name Sophie ?
15. Birthplace Rumania

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11-46 (month) (day) (year)
(c) Cemetery or crematory United Hebrew
Location Staten Island, New York

18 (a) Funeral director Oder Funeral Home Inc
(b) Address 4644 York Rd. #12

19 (Date) JUL 9 1946 (Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1946, at 6.10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 29 1946, to July 8 1946, and that I last saw h... alive on July 8 1946.

Immediate cause of death Hodgkin's disease — Duration Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John L. Wilson
John L. Wilson, Sr. Surgeon M. D.
Address Clinical Director Date signed 7/9/46

VS 180

X

GREEN WHITE LETTERS, WITH OVERPRINTING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G4187.1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G4187.1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians—please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 31st & Wyman Park Drive
(c) Hospital or institution:
U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ala (b) County none
(c) City or town Mobile
(If outside city or town limits, write RURAL and give town)
(d) Street No. 107 Cana l St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME John J. Bohlin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30, 1871

8. AGE: Years	Months	Days	If less than one day
74	10	7	hr. min.

9. Birthplace Sweden unknown
(Town, county, and state)
10. Usual Occupation merchant seaman
11. Industry or business

FATHER
12. Name John Bohlin
13. Birthplace Sweden

MOTHER
14. Maiden Name Mary Kjuberg
15. Birthplace Sweden

16 (a) Informant Hospital records
(b) Address Marine Hospt.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/9/46 (month) (day) (year)
(c) Cemetery or crematory
Location Mobile, Ala.

18 (a) Funeral director A. R. Slade
(b) Address 4907 York Rd.

JUL 9 1946 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7, 1946 19 46, at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 19 46, to July 7 19 46, and that I last saw h alive on July 7 19 46.

Immediate cause of death Arteriosclerotic Heart Disease
Exfoliative Dermatitis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sylvan C. Goodman M. D.
Address U.S. Marine Hospital Baltimore Md Date signed 7/7/46

X

G11872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G11872

PRINT WITH PEN AND INK, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1834 Westwood ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1834 Westwood ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ovania B. Bentley

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Wm Bentley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years 73 | Months | Days | If less than one day: hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Maid

11. Industry or business

FATHER
12. Name Josiah O. B. Williams
13. Birthplace md

MOTHER
14. Maiden Name Mary E. Forsette
15. Birthplace md

16 (a) Informant Pearline Williams
(b) Address 1632 Division St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-46 (month) (day) (year)
(c) Cemetery or crematory Laurel Cem
Location

18 (a) Funeral director James A Hayes
(b) Address 942 W. Mtd St
(c) JUL 9 1946 Huntington Williams, M.D. (Date rec'd) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-5- 1946, at 24 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-4 1946 to 7-5-1946, and that I last saw h[illegible] alive on 7-5- 1946

Immediate cause of death: Cerebral Apoplexy — Duration

Due to: Pneumonia

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lewis Klotz M.D.
Address 2139 Druid Hill Ave Date signed 7/8/46

VS 150

G41873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G41873

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1836 W North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1836 W North Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Yetta Schreiber

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Abraham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1853 Abraham

8. AGE: Years	Months	Days	If less than one day
93			hr. min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation
11. Industry or business None

FATHER
12. Name Morris Schreiber
13. Birthplace Russia

MOTHER
14. Maiden Name Unkown
15. Birthplace Russia

16 (a) Informant Mrs Ben Chatkin
(b) Address 1836 W North Ave

17 (a) Burial (b) Date thereof July 9, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Washington Road
Location Washington Blvd

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 JUL 9 1946 Washington Williams M.D.
(Date) rec'd by Registrar (Signature of Registrar)

VS 180

MEDICAL CERTIFICATION 10.47

20. DATE OF DEATH July 8 1946, at A. M

21. I certify that death occurred on the date above stated: that I attended deceased from 1946, to July 8 1946
and that I last saw her alive on July 8 1946
My opinion cause of death was:

Duration

Chronic Myocarditis
Senility
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Louis T. Levy
Address 1844 W. North Ave Date signed 7/8/46

G41874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 467

Registered No. G41874

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2618 N Calvert St. #19
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30d
(e) Length of stay in Baltimore (yrs., mos., or days) 5yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County Pittsburg
(c) City or town Pittsburg (If outside city or town limits, write RURAL and give town)
(d) Street No. ? (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frederick H. Stern

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	S

6 (b) Name of husband or wife ---------
6 (c) If alive, give age --years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1898

8. AGE: Years	Months	Days	If less than one day
49	7 8	2 28	--hr. --min.

9. Birthplace Kansas (Town, county, and state)
10. Usual Occupation Pullman Conductor
11. Industry or business Railroad

FATHER
12. Name E. J. Stern
13. Birthplace Kansas

MOTHER
14. Maiden Name Sally Dunnigan
15. Birthplace Kansas

16 (a) Informant Frederick H. Stern
(b) Address 2618 N. Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Meads and Son
(b) Address 805 N. Calvert Street

19 (a) JUL 9 1946 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1946, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jun 8 1946, to July 4 1946, and that I last saw him alive on July 4 1946.

Immediate cause of death Respiratory Failure

Due to Postoperative Peritonitis

Due to Abdominal Perineal Resection for Carcinoma of Rectum

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation June 14, 1946
Major findings of operation: Carcinoma of Rectum
of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James V. Minor, Jr. M.D.
Address Mercy Hosp Date signed 7-5-46

VS 150

G41875 AB-102868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G41875

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 3-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 1668 S. Wright St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Hearn

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Rodney (d
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5- 1867

8. AGE: Years	Months	Days	If less than one day
79	6	2	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business —

FATHER
12. Name Isaac Hearn
13. Birthplace Del.

MOTHER
14. Maiden Name Mary Hayman
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 9 46 (month) (day) (year)
(c) Cemetery or crematory Immanuel
Location Guyon Lane

18 (a) Funeral director L. Hemmann Son
(b) Address 32 S Broadway

19 (a) JUL 9 1946 (Date rec'd by Registrar) (b) Huntington-Williams, Md

VS 150

MEDICAL CERTIFICATION PM

20. DATE OF DEATH July 7- 1946 at 5.40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-6 1946 to 7-7- 1946, and that I last saw h in alive on 7-7- 1946.

Immediate cause of death Uremia — Duration

Due to Generalized arteriosclerosis + Arteriosclerosis of Heart Disease.

Due to

Other Conditions Bronchiectasis Cystitis, Severe.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation —

of autopsy Yes above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert A. Falba M.D.
Address Balto City Hosps Date signed 7-9-46

G41876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓170c

G41876 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 817 St Paul Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter Ellis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
White	Male	Married

6 (b) Name of husband or wife Blanche R. Ellis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 14 - 1880

8. AGE: Years	Months	Days	If less than one day
65	10	23	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Apt Hotel

FATHER
12. Name Robert Ellis
13. Birthplace Md

MOTHER
14. Maiden Name Mary Shockells
15. Birthplace Md

16 (a) Informant Mrs Blanche R Ellis
(b) Address 817 St Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Geo L Breyer Jr
(b) Address 1512 Hollins St

JUL 9 1946 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 19 46 at 11 40 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured skull
Laceration of brain
Due to

Other Conditions Fractured ribs
Multiple bruises & contusions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-2-46 at 10 30 A M 11/2
(b) Where did injury occur? Charles & Read Sts
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? No
(d) Means of injury Pedestrian struck by auto

23. Signature Howard A. Mueller M.D. Medical Examiner.
Date signed 7-8-46

VS 151

G41877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G41877
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5400 Carter Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5400 Carter Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Pohlman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Helen Pohlman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/28/1885

8. AGE: Years	Months	Days	If less than one day
61	4	10	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Shipping Dept.
11. Industry or business Store

FATHER
12. Name John Pohlman
13. Birthplace Balto

MOTHER
14. Maiden Name Mary Ruff
15. Birthplace Md

16 (a) Informant Mrs Helen Pohlman
(b) Address 5400 Carter Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10/46 (month) (day) (year)
(c) Cemetery or crematory Moreland Memo Park
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Arlington St

19 (a) JUL 9 1946 Huntington Williams, M.D. Registrar
(Delivered by reg.)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8th 1946, at 10 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/26 1946 to 7/8 1946, and that I last saw him alive on 7/2 1946.

Immediate cause of death
Cerebral Hemorrhage
Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
2 days
2 years
2 Yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph Tinneman M. D.
Address 1206 E Preston St Date signed

VS 130

G41878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 136

Registered No. G41878

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3419 E Fairmount
(c) Hospital or institution: 26
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3419 E. Fairmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Trentzock

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 28 1925

8. AGE: Years	Months	Days	If less than one day
21	3	10	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Stenographer
11. Industry or business

FATHER
12. Name Frank Trentzock
13. Birthplace Germany

MOTHER
14. Maiden Name Mollie Frei
15. Birthplace Germany

16 (a) Informant Frank Trentzock
(b) Address 3419 E Fairmount

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-46 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Rural

18 (a) Funeral director Leeleigh Funeral Home
(b) Address 210 S Arlington Av

19 Filed JUL 9 1946 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8th 1946, at 5:15 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-2-46 19 , to 7-5-46 19 , and that I last saw her alive on 7-5-46 19 .

Immediate cause of death	Duration
(a) Lobar Pneumonia	3 yrs.
Due to (b) Pulmonary Tuberculosis	
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Costantino M.D. M.D.
Address 237 S Conkling St Date signed 7-5-46

G41879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 83a

Registered No. G41879

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St
(c) Hospital or institution: Bon Secours Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County —
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4708 DUNKIRK AVE
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA G TAYLOR

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Edw. M. Taylor

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 8/29/1890

8. AGE: Years 55 | Months 10 | Days 10 | If less than one day ___ hr. ___ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name John J. Delaney
13. Birthplace Baltimore

MOTHER
14. Maiden Name Annie C. Kelly
15. Birthplace Baltimore

16 (a) Informant Edward M. Taylor
(b) Address 4708 Dunkirk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10 '46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Road

18 (a) Funeral director Chas. F. Evans & Son
(b) Address 118 W Mt Royal Ave

19 (a) ___ (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JUL 9 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1946, at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1946 to July 7 1946 and that I last saw h[illegible] alive on July 7 1946.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Arteriosclerosis
Congestion of Lungs

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at ___ M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature S. S. Solomon M. D.
Address Bon Secours Hosp. Date signed 7-7-46

X

Fourteen weeks is minimum; write day, week or month if information is available. Use Calendar supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G41880

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline St.
(c) Hospital or institution: St Joseph's 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 6
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 18
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3312 W. Lanvale Alley
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John B. Porta

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 220-14-7290

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Giovannina C. Porta

6 (c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.) July 21, 1867

8. AGE: Years 78 | Months 11 | Days 16 | If less than one day: hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Not Emp'y

11. Industry or business

FATHER
12. Name - C. Francesco J. Porta
13. Birthplace Italy

MOTHER
14. Maiden Name Eugenia Griner
15. Birthplace Italy

16 (a) Informant Mr. Frank V. Porta
(b) Address 3301 Glen Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19. 7 1946 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-7-46 19 at 12:00 Midn.

21. I certify that death occurred on the date above stated, that I attended deceased from July 1st 1946 to July 7th 1946 and that I last saw h[illegible] alive on July 7th 1946

Immediate cause of death	Duration
Cardiac failure	
Due to Pulmonary Oedema	
Due to Coronary Thrombosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Jamison M.D.
Address 1x Preston Apts Date signed 7/9/46

VS 150

G41881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G41881

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3142 Elmora Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3142 Elmora Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LILLIE VIRGINIA STIEG

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	no	Female	White	Widow

6 (b) Name of husband or wife Wm. Daniel Stieg, Sr. 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4, 1861

8. AGE: Years	Months	Days	If less than one day
85	6	3	hr. min.

9. Birthplace Penna. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Bowman
13. Birthplace Unknown

MOTHER
14. Maiden Name Rebecca Hutton
15. Birthplace Penna.

16 (a) Informant Miss La May Stieg, daughter
(b) Address 3142 Elmora Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUL 11 1946 (Date rec'd by registrar) (b) Huntington Milligan M.D. (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7, 1946 at 8:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 12-6- 1944 to 7-7- 1946 and that I last saw her alive on 7-7- 1946.

Immediate cause of death	Duration
Cardio-vascular-renal Disease	1944
Due to Generalised arterio-sclerosis	2
Due to Senility	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Melton C. Lang M. D.
Address 2117 Belair Rd Date signed 7-8-46

VS 180

X

1882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

Registered No. 641882

PLEASE WRITE PLAINLY, with UNFADING INK. Every item of information should be carefully supplied, as correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2938 Clifton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2938 Clifton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME RUTH A. CHALK

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William A. Chalk
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1861

8. AGE: Years	Months	Days	If less than one day
84	11	26	hr. min.

9. Birthplace Frederick Co., Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Christian Miller
13. Birthplace Md.

MOTHER
14. Maiden Name Martha Gosnell
15. Birthplace Md.

16 (a) Informant Mr. Wilbur Chalk
(b) Address 20 Burkshire Rd., Towson, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address Balto., Md.

19 JUL 9 1946 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7, 1946, at 8:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 7, 1946 to July 7, 1946 and that I last saw her alive on July 7, 1946

Immediate cause of death	Duration
Acute dilitation of heart	1 day
Due to Advanced arterio-sclerosis & hypertension	?
Due to:	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Stubbs
Address 2220 Garrison Blvd. Date signed 7/8/46

Howard J. Mullen, M.D.

641883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13

Registered No. 641883

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1632 E Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 -
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1636 E. Preston St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Pearl Gilmore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 21, 1899

8. AGE: Years 47 | Months 6 | Days 14 | If less than one day: hr. min.

9. Birthplace Cecil Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Coleman
13. Birthplace Rhode Island

MOTHER
14. Maiden Name Ellen Thomas
15. Birthplace Md.

16 (a) Informant Henry Gilmore
(b) Address 1636 E Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9/46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A.A. County Md.

18 (a) Funeral director Wm. P. H. Elliott & Son
(b) Address 1129 N. Caroline St.

19 (a) JUL 9 1946 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1946, at 5 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1946 to Jul 5 1946, and that I last saw h alive on Jul 5 1946

Immediate cause of death

Cerebral Hemorrhage — Duration: 1 day

Due to

Due to

Other Conditions Cardio-Renal ? — Duration: ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address 1207 N Caroline Date July 8 1946

VS 150

83a

G41884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 44a

Registered No. G41884

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla. (b) County
(c) City or town Miami
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1607 - Northwest 3rd ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Jackson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-10-97

8. AGE: Years	Months	Days	If less than one day
48	10	27	hr. min.

9. Birthplace Fla. —
(Town, county, and state)

10. Usual Occupation
11. Industry or business Auto Mechanic

FATHER
12. Name Rolla Jackson
13. Birthplace S.C.

MOTHER
14. Maiden Name Birda Clem
15. Birthplace Fla.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof July 9, 1946 (month) (day) (year)
(c) Cemetery or crematory Miami Florida
Location

18 (a) Funeral director Mrs. Katie P. Williams
(b) Address 392 N. Lemon St.

JUL 9 1946 (Date rec'd by registrar) (b) Huntington, W. Va.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-7-1946 at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-25 1946 to 7-7 1946 and that I last saw h.. alive on 7-7 1946

Immediate cause of death: Coronary occlusion.

Due to

Due to

Other Conditions: Granuloma inguinale
(Including pregnancy within 3 months of death)

Date of operation July 1, 1946

Major findings of operation: Granuloma inguinale

of autopsy: None

Duration 8 hrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. S. Tanner M. D.
Address Johns Hopkins Hospital Date signed 7 July 1946

X

G41885

BALTIMORE CITY HEALTH DEPARTMENT ✓ G41885 Registered No.

CERTIFICATE OF DEATH 50

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1703 W. Lafayette Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-3
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1703 W. Lafayette Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Regina May

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Albert May

6 (c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): May 2, 1898

8. AGE: Years: 48 | Months: 2 | Days: 5 | If less than one day: hr. min.

9. Birthplace: Washington, D.C.
(Town, county, and state)

10. Usual Occupation: House wife

11. Industry or business

FATHER 12. Name: William Swann

13. Birthplace: Washington D.C.

MOTHER 14. Maiden Name: Laureta Swann

15. Birthplace: Washington, D.C.

16 (a) Informant: Albert May

(b) Address: 1703 W. Lafayette ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) 7 (day) 10 (year) 46

(c) Cemetery or crematory: Mt Auburn

Location

18 (a) Funeral director: Elroy O. Wilson

(b) Address: 1000 Brantly ave

19 (a) (Date rec'd by registrar) (b) Registrar: Huntington Williams

JUL 9 1946

OS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/7 1946 at 4 15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/31 1946 to 7.7 1946 and that I last saw h.e alive on 7.7 1946

Immediate cause of death: Carcinomatosis

Due to carcinoma of right breast

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 1938

Major findings of operation: carcinoma (

of autopsy:

Duration: 8 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
Signature L. Rayner Browne M.D.
Address 1500 E. Madison St Date signed 7/8/46

L. Rayner Browne X

a4425-10 G41886 ✓ G41886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 78 B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2231 Pennsylvania, Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Charles Young Elliott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-23-43

8. AGE: Years	Months	Days	If less than one day
2	10	13	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Henry Young Elliott
13. Birthplace Md.

MOTHER
14. Maiden Name Beatrice Waters
15. Birthplace Md.

16 (a) Informant records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Chas. O. Wilson
(b) Address 1600 Pratt St. and

19 (a) JUL 9 1946 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July - 6 - 1946 at 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-5- 1946 to 7-6- 1946 and that I last saw him alive on 7-6- 1946

Immediate cause of death LEAD POISONING — Duration 2 wks.

Due to —

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence about 6/14 at 2 M
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Chewed Paint from wall

23. Signature Paul H. Hanby M. D.
Address Date signed

Howard J. Andrews M.D. X

VS 150

G41887

BALTIMORE CITY HEALTH DEPARTMENT ✓ 120a

CERTIFICATE OF DEATH

Registered No. G41887

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1517 Pine St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-3
(e) Length of stay in Baltimore (yrs., mos., or days) 75 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 517 Pine St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Octavia Curtis ✓

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widowed

6 (b) Name of husband or wife Ilya Curtis
6 (c) If alive, give age years

7. Birthdate of deceased (mo., day, yr.) 8-4-87

8. AGE Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Va
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Morgan Brownell
13. Birthplace Va

MOTHER
14. Maiden Name Susan Scott
15. Birthplace Va

16 (a) Informant Velma Brownell
(b) Address 907 Mosher

17 (a) (Burial, cremation, or removal) (b) Date thereof July 12 1946 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cy
Location

18 (a) Funeral director Charles Alexander
(b) Address 1200 McCulloh St

19 (a) (Date rec'd) JUL 9 1946 (b) (Registrar) Huntington Williams, Reg. M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/8/46 19 3 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 6/29/46 to 7/8/46 19 .
and that I last saw h alive on 7/8/46 19 .

Immediate cause of death Toxic-entritis
Due to Indigestion
Due to Heart Disease
Other Conditions

Duration
10 Days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Lee Ellis M. D.
Address 907 Mosher Date signed 7/9/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41888

BALTIMORE CITY HEALTH DEPARTMENT ✓ G41888
Registered No.

CERTIFICATE OF DEATH 131a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 705- Bruce St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-5
(e) Length of stay in Baltimore (yrs., mos., or days) 25yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 705- Bruce St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Matthews

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: col | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William Matthews | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1897

8. AGE: Years 49 | Months 1 | Days | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Gilbert Dawson
13. Birthplace Va

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant William H. Matthews
(b) Address 705 N. Bruce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Wes. D. Nelson
(b) Address 1303 Pearlman Pl

19 (a) (Date received by registrar) JUL 9 1946 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-8- 1946 at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-16- 1946 to 7-8- 1946 and that I last saw her alive on 7-7- 1946.

Immediate cause of death: Hypertensive Cardio Vascular Renal Disease — Duration 6 mos.
Due to
Due to
Other Conditions Arthritis.
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Matthews M.D. 600 N Arlington Ave Date signed 7/9/46

VS 150

G41889 over

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

Registered No. G41889

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balt Gen'l. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2921 Ross Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Diana Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/4/46

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Balto - Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Robert F. Lewis Jr
13. Birthplace Balt Md

MOTHER
14. Maiden Name Ollie Betty Bernard
15. Birthplace Alexandria La

16 (a) Informant Robert F. Lewis
(b) Address 2921 Ross Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/46 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location Washington Blvd

18 (a) Funeral director Lilly + Zeller
(b) Address 603 N. Rolfe

19 (a) (Date) JUL 9 1946 by registrar (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1946, at 2 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1946, to July 7 1946, and that I last saw h[illegible] alive on July 7 1946

Immediate cause of death
Atelectasis Resp.
Due to Aspiration Failure
Due to Congenital Heart Dis
Other Conditions Tetralogy of Fallot
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman
Address 2231 Eutaw Place Date signed 7/7/46

VS 150

G41890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121A

Registered No. G41890

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6606 Harford Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6606 Harford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Gertrude Becker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Conrad Becker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 22 1866

8. AGE: Years	Months	Days	If less than one day
80	3	16	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Nicholas Mueller
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Maria Ritzen
15. Birthplace Germany

16 (a) Informant Mary Heidemann
(b) Address 6606 Harford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 - 11 - 46 (month) (day) (year)
(c) Cemetery or crematory Emanuel Cem.
Location Hamilton Ave

18 (a) Funeral director Wm. J. Mellody Inc.
(b) Address 2435 E. Oliver St.

19 (a) (Date rec'd by registrar) (b)

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 - 8 - 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1, 1946 to July 8 1946 and that I last saw her alive on July 8 1946.

Immediate cause of death Cardiac Fibrosis
Hyper tension.
Due to Mitral valvular insufficiency.
Due to
Other Conditions

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Allen S. Beasham M. D.
Address 3139 E. Baltimore St. Date signed July 9 1946

G41891 BC# B47096 ✓ G41891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107-

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1417 Bell St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 Bell St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Agnes M. Clark

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29-1945

8. AGE: Years	Months	Days	If less than one day
	7	9	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER 12. Name William J. Clark
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Victoria A. Wisniewska
15. Birthplace Baltimore Md.

16 (a) Informant William J. Clark
(b) Address 1417 Bell St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-1946 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore Md.

18 (a) Funeral director Fleming & Fleming
(b) Address 1476 Light St.

19 (a) (Date received by registrar) JUL 9 1946 (b) Registrar's signature for Wilmington, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8- 1946 at 9:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1946 to July 8 1946 and that I last saw h alive on July 8 1946

Immediate cause of death Bronchial Pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy None

Duration 2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. W. Mettle M.D.
Address 1279 Fulton Ave Date signed 7/9/46

VS 150

G41892 BC# ✓ G41892

BALTIMORE CITY HEALTH DEPARTMENT

F30926 CERTIFICATE OF DEATH 80B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 535 Johnson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Pearl Bailey ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29 41

8. AGE: Years	Months	Days	If less than one day
5	0	9	hr. min.

9. Birthplace Baltimore Md (Town, county, and state) ✓
10. Usual Occupation
11. Industry or business ✓

FATHER
12. Name Paul Bailey
13. Birthplace [illegible] Md

MOTHER
14. Maiden Name Fannie Brown
15. Birthplace Md

16 (a) Informant Fanny Brown
(b) Address 535 Johnson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12 46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A A Co. Md

18 (a) Funeral director Isaiah D Brown-Son
(b) Address

19 (a) JUL 9 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-8 1946, at 9:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-4 1946 to 7-8 1946, and that I last saw her alive on 7-8 1946.

Immediate cause of death	Duration
Cardio-respiratory failure	
Due to Post measles Encephalitis	
Due to	
Other Conditions Bronchopneumonia (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter L. Couch M. D.
Address University Hospital Date signed 7-9-46

VS 3

G41893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

G41893 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution:
US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 81 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

21-1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 812 Fremont Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Washington, Walter

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1889

8. AGE: Years	Months	Days	If less than one day
57	0	3	hr. min.

9. Birthplace Denton, Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Adam Washington
13. Birthplace Eastern Shore, Md.

MOTHER
14. Maiden Name Laura Honer
15. Birthplace Denton, Md.

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11 46 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Baltimore Md

18 (a) Funeral director Isaac L. Browndorf
(b) Address 1108 W Montgomery St

19 (a) 1946 (Date rec'd by registrar)

Washington Baltimore Md

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1946, at 7:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 13 1946, to July 7 1946, and that I last saw him alive on July 7 1946.

Immediate cause of death	Duration
Peritonitis	6 days
Due to Carcinoma of stomach	UNKNOWN
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 7/2/46
Major findings of operation: Carcinoma of stomach
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John L. Wilson
John L. Wilson, Sr. Surgeon M.D.
Address Clinical Director Date signed 7/8/46

VS 150

G41894

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 162B

Registered No. G41894

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6028 Old Harford Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 20
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5902 York Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna M. Scarborough

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1870

8. AGE: Years	Months	Days	If less than one day
76	1	23	hr. min.

9. Birthplace Snow Hill, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Wm. J. Scarborough
13. Birthplace Md.

MOTHER
14. Maiden Name Leah Washington Hudson
15. Birthplace Md.

16 (a) Informant Miss Mary H. Scarborough
(b) Address 5902 York Rd.

17 (a) Removal (b) Date thereof 7/9/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory All Hallows Cem.
Location Snow Hill, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUL 9 1946
(Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6th 1946 at 8:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1939 to July 8 1946.
and that I last saw h alive on July 6 1946.

Immediate cause of death
Senility.
Due to
Due to
Other Conditions Fracture R. femur
Sept. 14, 1944.
(Include pregnancy within 3 months of death)
Date of operation July 1945
Major findings of operation
of autopsy

Duration
6 hrs.
2 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following 13-00
(a) Accident, ~~suicide, or homicide~~ Fracture R. femur
(b) Date of occurrence Sept 14 1944 M
(c) Where did injury occur? Baltimore City Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Hotel While at work? No.
(Specify type of place)
(e) Means of injury Tripped on carpet.
23. Signature A. F. Chaltas M.D.
Address 6710 York Rd Date signed July 7 1946
Howard J. Masden, M.D.

VS 150

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64-1895 Twin

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

160 ✓ Registered No. 64-1895

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1311 Shellbanks Rd ✓ 25'
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1311 Shellbanks Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Henderson Twin #1.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1946

8. AGE: Years	Months	Days	If less than one day
			2 hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Wm Leonard Henderson
13. Birthplace Northumberland Co., Va

MOTHER
14. Maiden Name Elsie Lee
15. Birthplace Baltimore, Md

16 (a) Informant Mrs Elsie Henderson
(b) Address 1311 Shellbank Rd

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery [illegible] Medical School JUL 3 1946
Location
Commissioner of Health
18 (a) Funeral director
(b) Address

19 JUL 9 1946 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2, 1946, at 2 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1946 to July 2 1946 and that I last saw it alive on July 2 1946

Immediate cause of death	Duration
Atelectasis	
Due to Ruptured Cord	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John E. J. Camper M. D.
Address 639 N. Carey St Date signed July 2, 1946

VS 150

3615

G41896 BALTIMORE CITY HEALTH DEPARTMENT ✓ G41896

CERTIFICATE OF DEATH

Registered No. 110B

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution: US Marine Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 73 days
(e) Length of stay in Baltimore (yrs., mos., or days) 73 days

2. USUAL RESIDENCE OF DECEASED: GREECE
(a) State Idra (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Greece

3 (a) FULL NAME Diecarandes, Antonio

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) July 2, 1908

8. AGE: Years	Months	Days	If less than one day
37	11	25	hr. min.

9. Birthplace ? Greece (Town, county, and state)
10. Usual Occupation Deckhand
11. Industry or business Seafarer

FATHER
12. Name DeMitro Diecarandes
13. Birthplace Greece

MOTHER
14. Maiden Name Meisoula ?
15. Birthplace Greece

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-46 (month) (day) (year)
(c) Cemetery or crematory Greek Cemetery
Location Hendon, Mill Rd.

18 (a) Funeral director Lambros Bros. Funeral Home
(b) Address 440 E. North ave

JUL 9 1946 (a) (Date received by Registrar) (b) Huntington Millington Mott (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 1946 at 2:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 15 1946 to June 27 1946, and that I last saw him alive on June 27 1946.

Immediate cause of death ~~Bread and butter~~ pericarditis — Duration Unknown

Due to ?

Other conditions: ~~Due to~~ Hydrothorax bilateral — Unknown

Other Conditions Bilateral broncho-pneumonia, terminal — Unknown
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Wilson
John L. Wilson, Sr. Surgeon M. D.
Address Clinical Director Date signed 6/28/46
US Marine Hospital, Balto, Md.

903

G41897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 443

G41897
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The data are especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2600 Kirk Ave
(c) Hospital or institution: Balt. Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt.
(c) City or town Balt. Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2600 Kirk Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Constantine Gus Cocoros

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 14, 1933

8. AGE: Years	Months	Days	If less than one day
13	1	12	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation School boy

11. Industry or business

FATHER
12. Name James Constantine Cocoras
13. Birthplace Greece

MOTHER
14. Maiden Name Mary Calcane
15. Birthplace Greece

16 (a) Informant
(b) Address

17 (a) Burial (b) Date thereof 6-29-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greek Cemetery
Location Windsor mill Rd.

18 (a) Funeral director Lambros Funeral Home
(b) Address 440. E. Northaven

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1946, at 7:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 1946, to June 4 1946, and that I last saw him alive on June 17 1946.

Immediate cause of death Hodgkins Disease — Duration 2 yrs

Due to

Due to

Other Conditions Anemia, Splenomegaly, hepatomegaly — 2 yrs
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eugene Wright M.D.
Address Johns Hopkins Hosp Date signed June 26 1946

VS 150

1898 per

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 ✓ Registered 6 1898

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) H 15
(d) Street No. 4414 Groveland Ave (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Baby Girl Anthony

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Baby

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-26-46

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Henry Charles Anthony
13. Birthplace Portsmouth R.I.

MOTHER
14. Maiden Name Gertrude Lee Clark
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Gertrude Anthony
(b) Address 4414 Groveland Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School JUL 3 1946
18 (a) Funeral director Commissioner of Health
(b) Address

19 JUL 9 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 28 1946 at 5:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1946 to June 28 1946, and that I last saw her alive on June 28 1946.

Immediate cause of death	Duration
Erythroblastosis Foetalis	
Due to anti Rh	
Due to	
Other Conditions Prematurity (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. A. Shallenberger Jr. M. D.
Address University Hospital Date signed 6-28-46

VS 150

3618

641899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

x 159

Registered No. 641899

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ~~Baltimore~~ Balto.
(c) City or town ~~Baltimore~~ Pikesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Rogers

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-24-46

8. AGE: Years	Months	Days	If less than one day
		4	hr. min.

9. Birthplace Pikesville, Maryland
(Town, county and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name Dorcas
15. Birthplace ?

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School JUL 3 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUL 9 1946 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28 1946, at 4:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-24 1946 to 6-28 1946, and that I last saw her alive on 6-28 1946.

Immediate cause of death	Duration
Resp Coma	
Due to atelectasis	
Due to Aspiration	
Other Conditions Prematurity	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: atelectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter L. Crouch M. D.
Address University Hosp. Date signed 6-29-46

VS 3

3615

1900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 X

Registered No. C41900

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Cecil Co.
(c) City or town Chesapeake City
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Hrabee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-26-46

8. AGE: Years	Months	Days	If less than one day
		4 5	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Michael Hrabee
13. Birthplace ?

MOTHER
14. Maiden Name Mary ?
15. Birthplace ?

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School JUL 3 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUL 9 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1946 at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1946 to July 1 1946 and that I last saw him alive on July 1 1946

Immediate cause of death prematurity — Duration 4 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Hempson M.D.
Address JHH Date signed 7/11/46

VS 100

3617

G41901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95C

G41901 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4913 Powell Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Reather

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Florence A. Reather
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-1-74.

8. AGE: Years	Months	Days	If less than one day
71	9	7	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Paper Cutter
11. Industry or business A. Hoen & Co.

FATHER
12. Name Charles. Reather
13. Birthplace Wash. D.C.

MOTHER
14. Maiden Name Annie E. McCafferty
15. Birthplace Frederick Co., Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) burial (b) Date thereof 7/11/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto., Md.

18 (a) Funeral director Loveless Funeral Home
(b) Address 7401 Belair Road

19 (a) [illegible] 9 1946 (b) Registrar
(Date received)
Huntington Mallonee, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1946 at 10.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1946 to July 8 1946, and that I last saw him alive on July 5 1946.

Immediate cause of death: Cardiac failure (decompensation) — Duration 4 mos.

Due to Coronary myocardial sclerosis

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Philip J. Wagley M. D.
Address Johns Hopkins H. Date signed 7-9-46

G41902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83A

G41902 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 212 Stoney Run Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3703 Mohawk Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida J. Donovan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband Michael Donovan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 12th 1861

8. AGE: Years	Months	Days	If less than one day hr.	min.
84	10	26		

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name James H. Parker
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Jane Williams
15. Birthplace Balto. Md.

16 (a) Informant Stanley P. Donovan
(b) Address 3313 Egerton Rd.

17 (a) Burial (b) Date thereof 7/12/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director Williams Cook Inc.
(b) Address 1217 St. Paul St.

JUL 9 1946 (Date received) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8th 1946, at 8 13 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3, 1946 to July 7 1946 and that I last saw h[illegible] alive on July 7 1946.

Immediate cause of death Cerebral Hemorrhage Duration

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John H. Drucker
Address 1025 N. Calvert St. Date signed 7/9/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G41903

BALTIMORE CITY HEALTH DEPARTMENT 63A

CERTIFICATE OF DEATH

G41903 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1300 E. Chase st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1300 E. Chase st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William R. Simms

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lena Simms
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15th 1873

8. AGE: Years	Months	Days	If less than one day
73	0	23	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Wm R. Simms
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. Mary Dirgelman
(b) Address 326 Whitridge Ave

17 (a) Burial (b) Date thereof 7/17/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul st.

19 (a) 1946 (b) [illegible] Registrar
(Date rec'd by reg.)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8th 1946, at 2.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-30 1946 to 7-8 1946 and that I last saw h[illegible] alive on 7-8 1946.

Immediate cause of death Cerebral Hemorrhage — Duration: unknown

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. Karl Trampert M. D.
Address 1623 E. N. Avenue Date signed July 9th 46

VS 150

G41904

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92D

G41904 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1827 N. Mount St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1827 N. Mount St. (If rural give location)

(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Mary Gray Baynor

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem.	Col.	W.

6 (b) Name of husband or wife James Baynor 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1869

8. AGE: Years	Months	Days	If less than one day
77	0	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER 12. Name Daniel Thompson

13. Birthplace Va.

MOTHER 14. Maiden Name Amelia Boyer

15. Birthplace Md.

16 (a) Informant Amelia Morgan

(b) Address 1827 N. Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10, 1946 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Pk.

Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Lucy A. Hyland

(b) Address 1631 Druid Hill Ave.

19 (a) 1946 (Date rec'd by registrar) (b) Livingston Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 1946 at 6:05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2, 1946 to July 6, 1946 and that I last saw h alive on 7-6-46.

Immediate cause of death	Duration
Chronic Valvular Heart disease	4 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature George C. Boyer

Address 1816 N. Mount St (47) Date signed 7-8-46 M. D.

VS 150

G41905 G11 7664 BALTIMORE CITY HEALTH DEPARTMENT G41905

CERTIFICATE OF DEATH 131B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Dunsan St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2341 Madison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harris David Harrison

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	N	W

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Prince George Co. Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business
FATHER 12. Name Paul Harris
13. Birthplace Prince Geo. Co. Va
MOTHER 14. Maiden Name Minerva Selden
15. Birthplace Prince Geo. Co. Va
16 (a) Informant Mrs. Robinson
(b) Address 1709 Druid Hill Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9 1946 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore, Md.
18 (a) Funeral director Wm. George H. Holland
(b) Address 1631 Druid Hill Ave.
19 (a) 9 1946 (Registrar's signature) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28 1946, at 5 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 6-28 1946 to 6-28 1946, and that I last saw h[illegible] alive on 6-28 1946

Immediate cause of death Uremia — Duration
Due to Acute urinary retention
Due to Chronic Prostatic hypertrophy
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. C. Carter M.D.
Address 1600 Washington Blvd Date signed 7/2/46

G41906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83A

G41906
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1501 Edmondson Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1501 Edmondson Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rebecca Wade

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Moses
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1895

8. AGE: Years 50 | Months 8 | Days 2 | If less than one day: hr. min.

9. Birthplace Hampton, S.C. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Harry Polite
13. Birthplace Hampton Co. S.C.

MOTHER
14. Maiden Name Isabelle Stevens
15. Birthplace Hampton Co. S.C.

16 (a) Informant: Mrs. Frances Watson
(b) Address 1501 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/1946 (month) (day) (year)
(c) Cemetery or crematory Family lot.
Location Garnet S.C.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) 1946 (Date filed by registrar) (b) Livingston Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5, 1946 at 5 54 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/4/1946 to 7/5/1946 and that I last saw h alive on 7/5/1946

Immediate cause of death: Cerebral Hemorrhage (a) — Duration: 1 day

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. D. Taylor
Address 1522 Harlem Ave. Date signed 7/9/46

VS 150

G4.1.907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G4.1.907 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 606 Pontiac Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 Pontiac Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Broseker

3 (b) If veteran, name war: None
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elizabeth C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14, 1886

8. AGE: Years	Months	Days	If less than one day
60	2	22	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Stagehand
11. Industry or business Theatre

FATHER
12. Name Charles Broseker
13. Birthplace Md.

MOTHER
14. Maiden Name Anne Batchler
15. Birthplace Md.

16 (a) Informant Family
(b) Address 606 Pontiac Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/46 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn

18 (a) Funeral director James L. McCarty
Address 1730 E. Fort Ave.

JUL 10 1946

19 (a) (Date rec'd by registrar) (b) Huntington Williams Mort

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 1946 at 11:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1946 to July 6 1946, and that I last saw h[illegible] alive on July 5 1946.

Immediate cause of death: Coronary Occlusion — Duration 3 Hrs

Due to Arteriosclerotic Cardiovascular Disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Luban, M.D.
Address 320 Cathedral Date signed 7/9/46

X

G41908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163H

Registered No. G41908

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto Genl Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2805 Mosher St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Esther F. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Wadey R

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch 12 1906

8. AGE: Years	Months	Days	If less than one day
40	3	25	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Nurse

11. Industry or business

FATHER
12. Name Vockenreyder
13. Birthplace Switzerland

MOTHER
14. Maiden Name Mrs Brown
15. Birthplace " "

16 (a) Informant Wadey R Brown
(b) Address 2500 Pk. Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-46 (month) (day) (year)

(c) Cemetery or crematory Loraine Park
Location Md

18 (a) Funeral director Geo A Shipley
(b) Address Sutton Ave & Sanford

19 (a) [illegible] Washington Williams M.D. Registrar

JUL 10 1946

VS Y57

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 July 1946 at 10 15 AM

21. I certify that I took charge of the remains described above, held an Autopsy & Insp thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐ and that the causes of death were:

Autopsy, Inspection or Inquiry

IMMEDIATE CAUSE OF DEATH
Asphyxiation due to Illuminating gas poisoning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7 July at 10 PM
(b) Where did injury occur? 2805 Mosher St
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Burner on gas stove open end

23. Signature Wallace J Kilpatrick M.D.
Medical Examiner

Date signed 8 July 46

G41909 CHK pwd

BALTIMORE CITY HEALTH DEPARTMENT ✓ G41909

CERTIFICATE OF DEATH 161a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals 5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 43 Min.
(e) Length of stay in Baltimore (yrs., mos., or days) 43 Min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1206 H. St. Sunset Project
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Herris- (Mildred)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1-1946

8. AGE: Years	Months	Days	If less than one day
			hr. 43 min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Bramlow
13. Birthplace Maryland

MOTHER
14. Maiden Name Mildred Cough
15. Birthplace Maryland

16 (a) Informant Records-Balto. City Hospitals
(b) Address 4940 Eastern Avenue

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof July 3-1946 (month) (day) (year)
(c) Cemetery or crematory Crematory
Location 4940 Eastern Avenue

18 (a) Funeral director
(b) Address

19 (a) July 10 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 July 1946, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1 July 1946 to 1 July 1946, and that I last saw h.[illegible] alive on 1 July 1946

Immediate cause of death
atelectasis, pulmonary bilateral
Due to aspiration of mucus
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 43 min

Date of operation
Major findings of operation
of autopsy Pulmonary atelectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balt. City Hosp. Date signed 5 July 46 M. D.

VS 150

G41910
AB-102393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E

G41910
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 327 S. Washington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Hardesty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27-1946

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Welter
13. Birthplace ?

MOTHER
14. Maiden Name Elizebeth Hardesty
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals Record
(b) Address 4940 Eastern Ave.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof July 3-1946 (month) (day) (year)
(c) Cemetery or crematory Crematory
Location 4940 Eastern Avenue

18 (a) Funeral director
(b) Address

19 (a) Filed 7-10-1946 (b) Received by Local Registrar 7-10-1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1946, at 11.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-27 1946, to 6-28- 1946, and that I last saw h er alive on 6-28 1946

Immediate cause of death: Congenital cardiac defect — Duration 1 day

Due to

Due to

Other Conditions ? Congenital heart disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wilson E. Hughes M.D.
Address Balto City Hosp. signed 7/6/46

VS 180

G41911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G41911 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 564 E. 35th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. Md.
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 564 E. 35th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Christian Juerss

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Grace H. Juerss.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8 1878

8. AGE: Years	Months	Days	If less than one day
67	8	1	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Lithographer Pressman
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Grace Juerss
(b) Address 564 E. 35th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/46 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md

18 (a) Funeral director Milton Pratt Co
(b) Address 1214 St Paul St

19 JUL 10 1946 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1946, at 11:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1945 to July 9 1946, and that I last saw him alive on July 9 1946

Immediate cause of death	Duration
Coronary embolism	2 days
Due to Myocarditis	2 years
Due to Hypertension	2 or 3 yrs.
Other Conditions Pleuritis	2 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Carlos L. Baggott M.D.
Address 3812 Greenmount Date signed 7/9/46

X

Please write plainly, with pen and ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41912

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

171a

Registered No. G41912

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Baltimore Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3017 Westwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emily Dunbar

3 (b) If veteran, name war: N
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Clement A Dunbar
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1871

8. AGE: Years	Months	Days	If less than one day
75	1	21	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Thomas Morgan
13. Birthplace England

MOTHER
14. Maiden Name Robinson
15. Birthplace England

16 (a) Informant Mrs. Clement A Dunbar
(b) Address 2103 Homewood Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/46 (month) (day) (year)
(c) Cemetery or crematory Woodland Cem
Location Baltimore Co Md
18 (a) Funeral director Tilton & Hayes
(b) Address 1217 E Fort Ave
19 (a) JUL 10 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-8-1946 at 2 P. M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture base of skull.

Due to

Other Conditions Multiple lacerations & bruised burns.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-8-46 at 15-6 P. M.
(b) Where did injury occur? North Ave & Roadside
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Struck by Street Car

23. Signature Howard J. Meeker M.D. Medical Examiner.
Date signed 7-9-46

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G41913 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 534 Richmond Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 534 Richmond Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes Cecilia Roe

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	None	Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 20 1869

8. AGE: Years	Months	Days	If less than one day
77	5	18	hr. 1 min.

9. Birthplace Sykesville Md
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name	Baltimore
13. Birthplace	
MOTHER 14. Maiden Name	Mary Wolshlager
15. Birthplace	Sykesville Md

16 (a) Informant A L Reynolds
(b) Address 534 Richmond Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/46 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md
18 (a) Funeral director Gilbert (Colored)
(b) Address 1217 Pont St
19 JUL 10 1948 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19
and that I last saw h alive on 19

Immediate cause of death	Duration
Congestive Heart Failure	
Due to (a) Hypertensive Heart Disease	
Due to (b) arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Manuel Sodaro M. D.
Address 4624 York Road Date signed July 9 46

VS 150

G41914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G41914

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1008 Broadway
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Allegany
(c) City or town Cumberland.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 532 Washington St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Miss Mary Muncaster

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed.

6 (b) Name of husband or wife Walter J. Muncaster.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/19/1875

8. AGE: Years	Months	Days	If less than one day
71	0	20	hr. min.

9. Birthplace Ohio
(Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business Housework.

FATHER
12. Name James Sylas.
13. Birthplace Ohio

MOTHER
14. Maiden Name Margery Johnson
15. Birthplace Ohio

16 (a) Informant Miss Helen Gassaway.
(b) Address 124 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12/1946 (month) (day) (year)
(c) Cemetery or crematory Rose Hill
Location Cumberland Md.

18 (a) Funeral director Harry P. Annacker
(b) Address 420 Ridgewood Ave

19 (a) JUL 10 1946 (Date received by registrar)
Registrar Huntington Hollins, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1946, at 11:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 26, 1946 to July 9 1946, and that I last saw her alive on July 9 1946.

Immediate cause of death: Cardiac failure — Duration 14 days

Due to Arteriosclerotic heart disease — Duration 20 yrs.

Due to —

Other Conditions Anasarca, — Duration 5 days

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature David Bachrach M.D.
Address Church Home Hospital Date signed July 9 46

VS 180

G41915 pelle

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. G41915

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Edgemere
(If outside city or town limits, write RURAL and give town)
(d) Street No. Branan Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/3/46

8. AGE: Years	Months	Days	If less than one day
			12 hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Thomas
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School JUL 3 1946

18 (a) Funeral director Commissioner of Health
(b) Address

JUL 10 1946 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1946 at 2:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from am 7/3/46 19 to pm 7/3 19 46.
and that I last saw h[illegible] alive on 7/3 19 46.

Immediate cause of death prematurity — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert J. Sheldon M.D.

Address 9 1414 Date signed 7/3/46

VS 150

3620

X

G41916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

G41916 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1820 E. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1820 E. North Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grace E. Hale.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John S. Hale.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 16, 1881

8. AGE: Years	Months	Days	If less than one day
64	9	23	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Phillip Justice
13. Birthplace Maryland.

MOTHER
14. Maiden Name Mary Keyes.
15. Birthplace Maryland.

16 (a) Informant John S. Hale
(b) Address 1820 E. North Ave

17 (a) Burial (b) Date thereof July 12/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or ~~crematory~~ Poplar
Location Balto Co. Md.

18 (a) Funeral director Ebenowitz-Donovan
(b) Address 3615-17 Chestnut Ave

19 (a) 7/11/46 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9, 1946 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1946 to July 9 1946. and that I last saw he alive on July 9 1946.

Immediate cause of death	Duration
Myocardial Insufficiency	5 days
Due to Arteriosclerosis	5 years.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury DAVIES
23. Signature Arthur J Davies M. D.
Address 800 W 33rd St Date signed 7-9-46

VS 150

641917

BC# 50192

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159

Registered No. 641917

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 Ashland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Saunders

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-28-46

8. AGE: Years	Months	Days	If less than one day
		5	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Marie Saunders
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Johns Hopkins Medical School JUL 3 1946
Location

18 (a) Funeral director Commissioner of Health
(b) Address

JUL 10 1946 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1946 at 5 15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1946 to July 3 1946 and that I last saw [illegible] alive on July 3 1946.

Immediate cause of death Prematurity

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert J. Sheldon M.D.
Address Johns Hopkins Date signed 7/3/46

VS 150

3619

G41918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48a

Registered No. G41918

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave.
(c) Hospital or institution Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2053 Druid Park Drive
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Madeline Jenkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband Lewis S. Jenkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11 | 8 | 02

8. AGE: Years	Months	Days	If less than one day
43	8	1	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation House wife
11. Industry or business Home

FATHER
12. Name George Otto
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Maude Thomas
15. Birthplace Baltimore, Md

16 (a) Informant: Husband
(b) Address 2053 Druid Park Drive

17 (a) Burial (b) Date thereof July 12/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Roosevelt & Donovan
(b) Address 3615-17 Chestnut Ave

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1946, at 12:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 5, 1946 to July 9 1946 and that I last saw her alive on July 9 1946

Immediate cause of death Terminal Uremia

Due to Carcinoma of the cervix.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Martin W. Kreps Jr. M.D.
Address Md. Gen. Hosp. Date signed 7/9/46

VS 150

Dr. Akehurst
4012 Park Heights Ave

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 186a

Registered No. 64.1919

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1642 N. Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4310 Hayward Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha J. McCauley.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widow.

6 (b) Name of husband or wife Wm. H. McCauley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 18, 1858

8. AGE: Years	Months	Days	If less than one day
87 88	10	20	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None.
11. Industry or business

FATHER
12. Name Columbus Mister.
13. Birthplace Maryland.

MOTHER
14. Maiden Name Harriet Lindgmore
15. Birthplace Maryland.

16 (a) Informant Harry P. McCauley.
(b) Address 4310 Hayward Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10/46 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden

18 (a) Funeral director Thanhouser & Donovan
(b) Address 3615-17 Chestnut Ave

19 (a) (Date rec'd by registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1946, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-16 1946 to 7-8-1946 and that I last saw h[er] alive on July 8 1946.

Immediate cause of death: Coronary Thrombosis — Duration: 6 mo
Due to: General arteriosclerosis — yrs.
Due to: Senility
Other Conditions: Fracture of femur at hip June 16-'46 — 3wks.
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 28/1
(a) Accident, suicide, or homicide Contributory
(b) Date of occurrence June 16 at P.M.
(c) Where did injury occur? 1642 N. Fulton Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? From (Specify type of place) While at work?
(e) Means of injury Fell in her room

23. Signature James S. Akehurst M. D.
Address 4012 Park Heights Ave Date signed 7-9-46

Howard J. Malecio, M.D.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

TB. G41920 102368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126

Registered No. G41920

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED: Baltimore
(a) State Maryland (b) County Sparrows Pt
(c) City or town ~~Baltimore~~
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2913 Sparrows Point (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Tuckson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1st 1890

8. AGE: Years	Months	Days	If less than one day
56	1 6	7	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Tuckson
13. Birthplace Va.

MOTHER
14. Maiden Name Fannie Richardson
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. County
18 (a) Funeral director Laymen Snyder
(b) Address 1412 E. Preston Street

19 (a) (Date rec'd by registrar) (b) Huntington Ave. Registrar

JUL 10 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8th 1946 19 , at 11.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 19 46 to July 8th 19 46 and that I last saw h. 18 alive on July 8 19 46

Immediate cause of death
Fat Embolism to Kidneys, Lungs,
Due to Cholelithiasis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
minutes
unknown

Date of operation July 5 1946
Major findings of operation: Cholelithiasis
of autopsy: See above

PHYSICIAN
(Underline the clause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry L. Ryder
Address B.C.H. Date signed 7/12/46 M. D.

G41921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G41921

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1602 Mt. Royal Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1602 Mt. Royal Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARTHA ANN DAVIS LEDERER

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: William H. Lederer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1864

8. AGE: Years 81 | Months 11 | Days 9 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation --

11. Industry or business --

FATHER
12. Name William H. Davis
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Georgianna Duhay
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Cora E. Firoved
(b) Address 2501 Poplar Drive, Larchmont

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/10/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

JUL 10 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7, 1946, at 11:00 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1946, to July 7 1946, and that I last saw h alive on July 6 1946

Immediate cause of death: Cardiac infarction — Duration: 6 mos +

Due to

Due to

Other Conditions Nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jno. Sidney Thomas, M. D.
Address 715 Med. Arts Bldg. Date signed 7/9/46

G41922

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

G41922
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1913 Eutaw Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 906 Calwell Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY BAUSCH

3 (b) If veteran, name war: No
3 (c) Social Security Account No. no

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Henry Bausch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1870

8. AGE: Years 76 | Months 4 | Days 23 | If less than one day: hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Keilbar
13. Birthplace Balto.,

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mr. Charles H. Bausch
(b) Address 906 Calwell Rd.

17 (a) Burial (b) Date thereof 7/11/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (b)
(Date rec'd by registrar) JUL 10 1946 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1946, at 10:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1946 to July 8 1946 and that I last saw her alive on July 8 1946.

Immediate cause of death	Duration
Gangrene of foot	1 mon
Due to Arteriosclerosis	6 yrs
Due to Diabetes Mellitus	15 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Homer H. Todd M. D.
Address 2108 St Paul St Date signed 7/9/46

VS 180

ULBRICH

G41923 — BALTIMORE CITY HEALTH DEPARTMENT — G41923

CERTIFICATE OF DEATH

95B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 902 S. Binney St
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 902 S. Binney St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna B. Ulbrich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife Henry

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) March 14 1874

8. AGE: Years	Months	Days	If less than one day
72	3	23	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Conrad Bauernschmidt
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Barbara Whitenack
15. Birthplace Germany

16 (a) Informant Henry Ulbrich
(b) Address 902 S Binney St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/46 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem
Location German Hill Rd.

18 (a) Funeral director John J. Duda
(b) Address 2829 Aldon St.

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

VS Form 1951 JUL 10 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1946, at 11 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1944 to July 7 1946, and that I last saw h[illegible] alive on July 6 1946.

Immediate cause of death: Osteitis Deformans
Due to Chronic Rheumatoid Pancarditis
Due to Myocardial Failure
Due to
Other Conditions None
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: None

Duration	
1939	
1-3-44	
1-3-44	
6-29-46	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. A. Schimunek M. D.
Address 842 S Ext Ave Date signed 7-8-46

G41924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G41924 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3024 Iona Terrace - 14
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Catherine Gudenius

3 (b) If veteran, name war —

3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband Mr F.W. Gudenius
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Sept 9, 1875

8. AGE: Years	Months	Days	If less than one day
70	10	0	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name Lewis Hufferbert
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Benkt
15. Birthplace Germany

16 (a) Informant Mrs Aug Wiemeke
(b) Address 3027 Iona Terrace

17 (a) Burial (b) Date thereof July 12
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2005 Orleans St

19 (a) (Date received) (b) Huntington Williams, M.D.

JUL 10 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-9- 1946, at 5:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-2- 1946, to 7-9- 1946, and that I last saw h alive on 7-8- 1946.

Immediate cause of death. Heart failure

Due to Arteriosclerotic cardiovascular disease.

Due to Hypertrophied heart

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
7 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph D Whitmore M.D.
Address Eldridge Road Hwy Date signed 7/9/46

X

G41925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48B

Registered No. G41925

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 500 E. 34 th St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 500 E. 34 th St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Pauline Waters

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Atrhur T.G. Waters
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 20 th 1871

8. AGE: Years	Months	Days	If less than one day
75	2	18	hr. min.

9. Birthplace Philadelphia
(City, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Endress
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant Mrs Fred Fischer
(b) Address 3403 Gough St

17 (a) Removal (b) Date thereof July 10th
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Laurel Cem
Location Philadelphia

18 (a) Funeral director Elliott Funeral Home
(b) Address 2008 Orleans St

19 (a) [illegible] (b) July 10 1946
Date received by local registrar Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 th 1946, at 11,40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1946 to July 8 1946 and that I last saw h[illegible] alive on May 7 46

Immediate cause of death Congestive Heart Failure — Duration

Due to Carcinomatosis

Due to Carcinoma of Uterus

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. H. Glassman M.D.
Address 407 Fallsway Date signed 7/8/46

VS 180

G41926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G41926

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7½ hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 102 S. High St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Anselmi

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	? ?

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location University Medical School JUL 9 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUL 10 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 29, 1946, at 1:30 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Cerebral hemorrhage.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mullins M.D.
Medical Examiner.
Date signed 6-29-46

8838

X

64L927 Grave #50 ✓ 64L927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address D.I.A.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 767 W. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Frazier

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	?

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1910

8. AGE: Years	Months	Days	If less than one day
36			hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) 7/9/46

(c) Cemetery or crematory PUBLIC CEMETERY

Location Baltimore JUL 9 1946

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) JUL 10 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/26 19 46 at 11:00 P.M.

21. I certify that I took charge of the remains described above, held an Inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Asphyxiation by self-strangulation

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/26/46 about 10:30 P.M.
(b) Where did injury occur? Western Police Station
(c) Did injury occur at home, on farm, industrial place, in public place? Police Station at work? No
(d) Means of injury Hung with belt

23. Signature C. P. Snyder M.D. Medical Examiner.

Date signed 6/27/46

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

64 1928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

64 1928 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1121 Argyle Ave (If no No., give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Dorsey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	?

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1909

8. AGE: Years	Months	Days	If less than one day
37			hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location University Medical School JUL 9 1946

18 (a) Funeral director
(b) Address Commissioner of Health

19 JUL 10 1946 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1946, at 11 P. M.

21. I certify that I took charge of the remains described above, held an autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Stab wound chest
puncturing the aorta, pulmonary
Due to artery + lungs

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/25/46 at 5:30 P. M.
(b) Where did injury occur? 1121 Argyle ave
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Sharp instrument

23. Signature Howard J. Braccini M.D. Medical Examiner.
Date signed 6/26/46

3626

G41929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No. G41929

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dea.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Unknown (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jerome Phillips

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	?

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1918

8. AGE: Years	Months	Days	If less than one day
28			hr. min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name
13. Birthplace Unknown

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location University Medical School JUL 9 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUL 10 1946 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24, 1946 at 10 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bullet wound of heart (also involved pulmonary artery within the pericardial cavity).

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6-24-46 at 9:30 P.M.
(b) Where did injury occur? Pool room, 1418 Pennsylvania Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? public While at work? No
(d) Means of injury Firearms

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 6-25-46

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-1930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1648

Registered No. G-1930

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1121 Whitecond St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	?

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
48?			hr. min.

9. Birthplace Unknown
(Town, county, and state)

10. Usual Occupation ?
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant ?
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUL 9 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUN 10 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16, 1946, at 2.10 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Drowning

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 6/16/46 at 1 20 2-3 a. M.
(b) Where did injury occur? East side - Recreation Pier
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Found drowned

23. Signature Howard J. Mallory M.D.
Medical Examiner.
Date signed 6/17/46

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G4.1931 X ✓ G4.1931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) doa
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Florida (b) County
(c) City or town Bell Grade (If outside city or town limits, write RURAL and give town)
(d) Street No. ? (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Burke Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	?

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1906

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace Unknown (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location University Medical School JUL 9 1946

18 (a) Funeral director Commissioner of Health

(b) Address

19 JUL 10 1946 (Date rec'd by registrar) (Signature) Williams, M.D. Registrar

3693

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/30th 1946 at 6 3/4 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy / Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Electrocution

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 6/30/46 12-7 4:50 A.M.

(b) Where did injury occur? Dixon & 26th Sts

(c) Did injury occur at home, on farm, industrial place, in public place? RR. Property While at work? no

(d) Means of injury Stepped on 3rd rail

23. Signature Howard J. Madeira M.D. Medical Examiner.

Date signed 7/1/46

X

G4L932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G4L932

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette and Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1502 Lime St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Willie Crawley

3 (b) If veteran, name war: unknown
3 (c) Social Security Account No. unknown

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: unknown

6 (b) Name of husband or wife: unknown
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years: 51 | Months | Days | If less than one day: hr. ____ min.

9. Birthplace Lunenburg Co., Va. (Town, county, and state)
10. Usual Occupation unknown
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant J-W Police
(b) Address

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUL 9 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUL 10 1946 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH June 10 1946, at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1946, to June 10 1946, and that I last saw him alive on June 10 1946.

Immediate cause of death: Terminal pneumonia — Duration:

Due to Hypertensive cardio-vascular disease with left ventricular hypertrophy

Due to Subarachnoid hemorrhage, Brain not ext. To be fixed and ext.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Im. cause of death

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. B. Forsyth M. D.

Address ____ Date signed ____

X

G41933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

G41933 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2-W. Head St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2-W Head St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leonard Bartline

3 (b) If veteran, name war —
3 (c) Social Security Account No. 212-05-4512

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Emma E Bartline (nee Laube)
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Feb 17, 1884
8. AGE: Years 62 | Months 4 | Days 20 | If less than one day: hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Steam & Crane Operator
11. Industry or business Penn Electric Co.

FATHER
12. Name Henry Bartline
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Matilda Rose Vettara
15. Birthplace Baltimore, Md.

16 (a) Informant Norbert F. Bartline (Son)
(b) Address 221 Warwick Road, Dalto 29 Md.

17 (a) Burial (burial, cremation, or removal) (b) Date thereof July 10, 1946 (month) (day) (year)
(c) Cemetery or crematory London Park Cem.
Location Baltimore, Md.

18 (a) Funeral director Richard Leonard Feramo
(b) Address 1405 Chanda Rd. Dalto.

19 (a) [illegible] 10 1946 (Date received by Registrar) Waiting for Affidavit

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1946, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 46 to July 7 1946 and that I last saw h[illegible] alive on July 7 46.

Immediate cause of death: Coronary thrombosis — Duration 1 Days
Due to Coronary Sclerosis — 6 mos
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
Signature H. J. Van Lenn
Address 1 E Read St Date signed 7/9/46 M. D.

VS 150

G41934

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

Registered No. G41934

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Mt. Washington
(b) Street address 1532 Jackson St.
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. Co.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1532 Jackson St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME [redacted] Maud E. Craig

3 (b) If veteran, name war	3 (c) Social Security Account No.
No.	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Mr. Robert B. Craig
6 (c) If alive, give age 57 years
7. Birth date of deceased (mo., day, yr.) January 9, 1891

8. AGE: Years	Months	Days	If less than one day
55	6	0	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Housemaker.

FATHER
12. Name John P. England
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Matilda Phelan
15. Birthplace Balto. Md.

16 (a) Informant Mr. Robert B. Craig (Husband)
(b) Address 1532 Jackson St. Balto. 26 Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12, 1946 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem. Location Baltimore Md.
18 (a) Funeral director J. Edward Evans
(b) Address 1400 N. Charles St., Balto. 2 Md.
19 (a) (Date rec'd by registrar) (b) Registrar

VS 150 JUL 10 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1946, at 11:4 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1946, to July 9 1946, and that I last saw him alive on July 9 1946.

Immediate cause of death Cardiac failure — Duration 10 days

Due to Arteriosclerotic heart disease — 10 yrs.

Due to

Other Conditions Bilateral bronchial pneumonia. Obesity. Anasarca.
(Include pregnancy within 3 months of death)

Date of operation None.
Major findings of operation: None.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
(f) Signature David Bachrach M.D.
Address Church Home & Hosp. Date signed 7/9/46

X

G41935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

§3a

G41935
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2510 N. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 82 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2510 N. Charles St.
(If rural give location)
(e) Citizen of foreign country? ------ (Yes or No)
If yes, name country ------

3 (a) FULL NAME Emma Nugent

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John M. Nugent
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1863

8. AGE: Years	Months	Days	If less than one day
82	7	25	--hr. --min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business ------

FATHER
12. Name Maurice Hartigan
13. Birthplace Ireland

MOTHER
14. Maiden Name Julia Aylward
15. Birthplace Ireland

16 (a) Informant Miss Alice Nugent
(b) Address 2510 N. Charles St.

17 (a) Burial (b) Date thereof 7/11/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) (b)
(Date received by registrar) (Registrar)

JUL 10 1946

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9th 1946, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1st 1946, to July 9th 1946, and that I last saw her alive on July 4th 1946.

Immediate cause of death	Duration
Cardiac Arrest, Nephritis and Pneumonia	10 days
Due to Cerebral Hemorrhage	7 days
Due to Chronic Nephritis	long
Other Conditions ---	

(Include pregnancy within 3 months of death)
Date of operation ---
Major findings of operation: ---
of autopsy: ---

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. A. Cleveland M. D.
Address 800 N. Calvert St Date signed July 9th 1946

Attended

G41936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1132

G41936 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline + Oliver Sts.
(c) Hospital or institution: St. Josephs
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2717 E. Monument St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Francis Lee Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Anna Coleman (nee Young) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/15/81

8. AGE: Years 65 | Months 5 | Days 22 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Railroad

11. Industry or business

FATHER
12. Name Patrick Coleman
13. Birthplace Ireland

MOTHER
14. Maiden Name Brigid Shelley
15. Birthplace Virginia.

16 (a) Informant Wilbur J. Coleman - son
(b) Address 2919 McElderry Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Balto. Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) Filed JUL 10 1946 by [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1946 at 11.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1946 to July 7 1946 and that I last saw h[illegible] alive on July 7 1946

Immediate cause of death: Cardio-respiratory Failure — Duration

Due to Pulmonary Edema

Due to Congestive Heart Failure

Other Conditions Renal Disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Coroner
Address 11 S. Joseph Street Date signed 7/7/46

VS 150

Huntington Hollins, M.D.

936

G41937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 F

G41937 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 632 S. Montford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 632 S. Montford Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Lukowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Janina

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Baker

11. Industry or business

FATHER
12. Name Peter Lukowski
13. Birthplace Poland

MOTHER
14. Maiden Name Bogumila Bojanowska
15. Birthplace Poland

16 (a) Informant Janina Lukowska
(b) Address 632 S. Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12-46 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Balto Co.

18 (a) Funeral director Wm. J. Fialkowski
(b) Address 2007 Eastern ave

19 (a) (Date received by registrar) JUL 10 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1946, at 4:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1946 to July 8 1946 and that I last saw h[illegible] alive on July 8 46

Immediate cause of death
Hypertrophic Cirrhosis 7/8/46

Due to

Due to Cirrhosis of Liver 12-15 %

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Bozarth D

Address 901 Kenilworth Date signed 7/8/46

VS 150

Hunting for Williams, Md

X

G11938 JL-90016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G11938

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1- 9 - 11
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2106 Jefferson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alexander Creel

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Sep.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16, 1887

8. AGE: Years	Months	Days	If less than one day
58	6	24	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Joseph Creel
13. Birthplace Va.

MOTHER
14. Maiden Name Rosean Ball
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 7 11 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4300 Beloit Rd
18 (a) Funeral director Mount Olivet Diggers
(b) Address 378 Aisquith St
19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

JUL 10 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1946, at 2:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 29 1945 to July 9 1946, and that I last saw him alive on July 9 1946

Immediate cause of death	Duration
Pulmonary Tbc	Yrs
Due to	
Due to	
Other Conditions Diabetes mellitus	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. A. Hartz M. D.
Address Balto City Hosp Date signed 7-10-46

G11939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √164E

Registered No. G11939

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3700 Belvedere Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ambrose R. Leiber Leiben

3 (b) If veteran, name war: World War 2

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife ~~Oct 4 1907~~

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 4 1907

8. AGE: Years 38 3/12 | Months 9 | Days 4 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Tabulating Machine Opt.

11. Industry or business Social Security

FATHER
12. Name William L. Leiben
13. Birthplace Balto

MOTHER
14. Maiden Name Anna M. Beck
15. Birthplace Balto

16 (a) Informant Anna M. Beck (Mother)
(b) Address 2675 S. Robinson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 12 46 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Frederick Rd.

18 (a) Funeral director Martin K. Dugal
(b) Address 375 S. Arlington Ave

19 (a) (Date received by Local Registrar) JUL 10 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1946, at 3 P.M.

21. I certify that I took charge of the remains described above, held an Partial autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑ homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured Skull; Crushed Chest; Multiple Fractures; Due to Abrasions + Contusions + Broad burns.

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/8/46 at 3 P.M.
(b) Where did injury occur? Candler Bldg., Market Place
(c) Did injury occur at home, on farm, industrial place or in public place? Public While at work? No.
(d) Means of injury Jumped from window

Signature Howard J. Adkins M.D. Medical Examiner.
Date signed 7-9-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G11940

496594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

G11940

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 800 William St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nina Daniel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-16-44.

8. AGE: Years	Months	Days	If less than one day
1	22	23	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Anthony Daniel
FATHER 13. Birthplace Md.

MOTHER 14. Maiden Name Marie Price
MOTHER 15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/12/46 (month) (day) (year)
(c) Cemetery or crematory GLEN HAVEN
Location RITCHIE HIGHWAY

18 (a) Funeral director JOHN F. DENNY, INC.
(b) Address 715 LIGHT ST.

19 (a) July 10 1946 (b) Huntington, West Virginia

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1946 at 3.35 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1946 to July 9 1946, and that I last saw him alive on July 9 1946.

Immediate cause of death: Encephalitis — Duration: 2 days
Due to: Lead Poisoning
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Over period of 6 mos. at M
(c) Where did injury occur? Baltimore (City or town), Baltimore (County), Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? Still
(e) Means of injury Ingestion of paint from windows
23. Signature Dorothy B. Jaeger M.D.
Address Johns Hopkins Hospital Date signed 7/9/46

VS 150

Howard S. Mackie, M.D.

G41941 G41941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1325 Woodyear Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1325 Woodyear Av
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thelma Baskerville Carr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife George A Baskerville
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4, 1915

8. AGE: Years	Months	Days	If less than one day
31	2	5	hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant George Alton Carr
(b) Address 1325 Woodyear Av

17 (a) Burial (b) Date thereof 9/12/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md.

18 (a) Funeral director Geo. A. Kelson
(b) Address 1303 Preastman St

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 10 1946

VS 18 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1946, at 9.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1946, to July 9 1946 and that I last saw her alive on July 5 1946

Immediate cause of death Tuberculosis of Lungs. — Duration 6 mo.?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Williams Frey M. D.

Address 1928 Cema Ave Date signed 7/11/46

G11942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √164a

G11942 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1825 N. Patterson Park
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1825 North Patterson Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EUGENE SWEGLAR (EUGENE IGNATIUS SWEGLAR)

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 218-10-0114

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mabel R. Sweglar

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) March 13, 1877

8. AGE: Years 69 | Months 3 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Free State Brewery

11. Industry or business retired

FATHER
12. Name Peter J. Sweglar
13. Birthplace New York

MOTHER
14. Maiden Name Anne Murphy
15. Birthplace New York

16 (a) Informant Mrs. Mabel R. Sweglar
(b) Address 1825 N. Patterson Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/46 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cemetery
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) 10 1946 (b) Washington Williams, Registrar
(Date rec'd by)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/9/46 19 ____, at 3:20 P.M.

21. I certify that I took charge of the remains described above, held an Inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ____ death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
(a) Asphyxiation

Due to: Hung himself by rope

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/9/46 at 3:00 P. M.
(b) Where did injury occur? Home
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? no
(d) Means of injury Self inflicted

23. Signature John R Dawn M.D.
Medical Examiner.
Date signed 7/9/46

VS 151

X

G 1923 JL - 102693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G 1923 / 1218

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2625 Robb St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John McLean

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary Ellen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 25, 1909

8. AGE: Years	Months	Days	If less than one day
37	2	15	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James (D)
13. Birthplace Ireland

MOTHER
14. Maiden Name Susan Kelly (D)
15. Birthplace Ireland

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12-46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Road

18 (a) Funeral director John F. Connolly
(b) Address 418 Eastern Ave. Co. Courts

19 (a) JUL 10 1946 Registrar Huntington Williams, MD

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1946, at 5:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1946 to July 9 1946, and that I last saw h. alive on July 9 1946.

	Duration
Immediate cause of death: Uremia	1 mo
Due to: Chr. glom. Nephritis	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward G. Bankam
Address Balto City Hosp Date signed July 10 1946

G11944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

139a

Registered No. G11944

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(b) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1623 McElderry (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dorothy Nutter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30 1930

8. AGE: Years 16 | Months | Days 8 | If less than one day hr. min.

9. Birthplace Nanticoke Md. (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER 12. Name Westley Thomas Nutter

13. Birthplace Nanticoke Md

MOTHER 14. Maiden Name Ida Peters

15. Birthplace Nanticoke Md.

16 (a) Informant Mildred Holland

(b) Address 1623 McElderry st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-46 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Brooklyn Md.

18 (a) Funeral director Mrs Ida Bailey

(b) Address 1421 E. Jefferson st

19 JUL 10 1946 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/8/46 19 at 2:30 AM

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Septicemia

Due to Pelvic Inflammatory Disease

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature John R Davis M.D. Medical Examiner

Date signed 7/8/46

VS 151

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G11945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1157

G11945 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 13 N Monroe st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 13 N Monroe st (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary F Swail

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 5 1876

8. AGE: Years	Months	Days	If less than one day
70	6	6	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Daniel Swail
13. Birthplace Balt Md

MOTHER
14. Maiden Name Margaret A Hasson
15. Birthplace Emma

16 (a) Informant Mrs Edith C Fenel
(b) Address 13 N Monroe st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director Geo C Shirley
(b) Address Fulton & Fayette

19 (a) (Date rec'd by registrar) (b) Registrar

VS 158 JUL 10 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1946 at 4:30 P M

21. I certify that death occurred on the date above stated, that I attended deceased from July 6 1946 to July 8 1946 and that I last saw h[illegible] alive on July 8 1946

Immediate cause of death: Senility

Due to Neglected Abrasion later Gangrene

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

Was autopsy: None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edna L. Engelhardt MD

Address 1219 Eutaw Place Date signed 7/10/46

Transcription for Maryland, M.E.

G41946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G41946 Registered No. 13B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & St Agnes Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Ampe Arneydell
(a) State Md (b) County Laurel
(c) City or town Barbaris Villa
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Viola Walker

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex F
5. Color or race N
6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1873

8. AGE: Years 73 Months 1 Days 27 If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Emanuel Alger
13. Birthplace Stanley Va.

MOTHER
14. Maiden Name Angeline Houson
15. Birthplace Virginia

16 (a) Informant John C. Walker
(b) Address Rolling & Gun Rd. Relay

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11 19 46 (month) (day) (year)
(c) Cemetery or crematory St Johns Lutheran
Location Hollofield Rd. Howard Co.

18 (a) Funeral director Easton Home
(b) Address Ellicott City, Md.

19 (a) Registered (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/8 1946, at 6:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/27 1946 to 7/8 1946.
and that I last saw her alive on 7/8 1946.

Immediate cause of death Cardiac Failure

Due to Bronchopneumonia

Due to

Other conditions? Pulmonary Tuberculosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry West Hollies
Address St. Agnes Hosp Date signed 7/8/46

VS 150

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G41947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (93)

G41947 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 712 N. Bond St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 712 N. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Roger Nolan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife Daisy Nolan
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Feb 15, 1890

8. AGE: Years	Months	Days	If less than one day
56	4	19	hr. min.

9. Birthplace Glenco, Baltimore Co., Md (Town, county, and state)
10. Usual Occupation Tree Dealer
11. Industry or business

FATHER
12. Name James Reinhardt
13. Birthplace Md.

MOTHER
14. Maiden Name Un Known
15. Birthplace

16 (a) Informant Daisy Nolan
(b) Address 712 N. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/46 (month) (day) (year)
(c) Cemetery or crematory Union Chapel
Location Glen. Balto. Co. Md

18 (a) Funeral director Elroy O. Wilson
(b) Address 1020 Bentley ave Huntington Williams, Registrar

19 (a) 7 10 1946 (Registered by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1946; at 1:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1946 to July 7 1946, and that I last saw him alive on July 7 1946.

Immediate cause of death Cardiac failure

Due to Hypertensive Cardio-Vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 7

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R B Lighthizer M. D.
Address 501 Cherry Hill Rd Date signed 7/9/46

G41948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45E

G41948

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts.
(c) Hospital or institution: St. Josephs. Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 834 W. Pratt (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William H. Collins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Elizabeth V. Collins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 6, 1860

8. AGE: Years 85? Months 7 Days 4 If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired-Motorman

11. Industry or business United Railways

FATHER
12. Name John H. Collins
13. Birthplace Loudon Co., Va.

MOTHER
14. Maiden Name Mary M. Trimbo
15. Birthplace United States

16 (a) Informant Mrs. Laura E. Moran
(b) Address 834 W. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12, 1946 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director Miles Lawrence
(b) Address 1005 W. Baltimore St.

19 (a) Washington Williams, M.D. (Deputy of city registrar)
(b) JUL 10 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1946, at 10:37 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10, 1946. to July 10, 1946. and that I last saw him alive on July 10, 1946.

Immediate cause of death: Cardio-respiratory failure — Duration
Due to: Hemorrhage
Due to: Carcinoma of buccal area (left)
Other Conditions: Malnutrition

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard A. Young, M.D.
Address St. Josephs. Hosp. Date signed 7/10/46

X

G41949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 18-6a

G41949 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2806 Mosher St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2806 Mosher St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME HUGH FITZPATRICK

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Mary Fitzpatrick
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): April 8, 1847
8. AGE: Years 99 | Months 3 | Days 0 | If less than one day hr. min.
9. Birthplace: Penna. (Town, county, and state)
10. Usual Occupation: Retired
11. Industry or business

FATHER
12. Name: Not Known
13. Birthplace: " "

MOTHER
14. Maiden Name: Not Known
15. Birthplace: " "

16 (a) Informant: Mrs. Genevieve Carr, daughter
(b) Address: 2806 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/46 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) Filed July 11 1946 (b) [illegible] for Williams, M.D. Registrar

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MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1- 1946 to July 8 1946 and that I last saw h[illegible] alive on July 5 1946

Immediate cause of death Sat Embolism
Coronary Kidneys.
Due to Senility & Coma
Due to
Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration July 1-8 8 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 16/6
(a) Accident, suicide or homicide Accident.
(b) Date of occurrence July 1 - 46 at 2 P M
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell & Sprained hip (left)
23. Signature Howard J. Mackey M.D.
Address Med Arts. Bldg. Date signed July 10 1946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 631950

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Iowa (b) County
(c) City or town Waterloo (If outside city or town limits, write RURAL and give town)
(d) Street No. 421 Fowler St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Loren Rose

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-26-38

8. AGE: Years	Months	Days	If less than one day
8	1	15	hr. min.

9. Birthplace Iowa (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Otto Rose
13. Birthplace Germany

MOTHER
14. Maiden Name Esther Zeltske
15. Birthplace Iowa

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/46 (month) (day) (year)
(c) Cemetery or crematory Powell Cem.
Location Waterloo Iowa

18 (a) Funeral director John A. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) JUL 11 1946 (Date rec'd by local registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1946 at 3 22/60 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1946 to July 10 1946 and that I last saw him alive on July 10 1946

Immediate cause of death	Duration
Congenital Heart Disease Truncus Arteriosus	
Due to Acute Cardiac Failure	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 7/6/46
Major findings of operation: Truncus Arteriosus
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Scott, Jr.
Address Johns Hopkins Hospital Date signed 7/10/46

G41951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G41951

Registered No.

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3522 Lucille Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-1
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3522 Lucille Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jennie Land

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Louis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) R&R

8. AGE: Years 78 Months Days If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Louis
13. Birthplace Russia

MOTHER
14. Maiden Name Baila
15. Birthplace Russia

16 (a) Informant Jennie Berman
(b) Address 86 Dundalk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-46 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philadelphia Rd & Hamilton Ave

18 (a) Funeral director Jack Levin Inc
(b) Address 1429 E Balto St

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 11 1946

VS 190

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-10- 1946 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1946 to 7-10 1946 and that I last saw h[illegible] alive on July 8th 1946.

Immediate cause of death: Arterio-Sclerotic Cardio Vascular Disease, Hypertension

Due to: Senile Dementia

Due to: Hemiplegia

Other Conditions: Cerebral Hemorrhage

(Operation pertaining within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
1-2 yrs
3-4 years
4 weeks
[illegible]

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alex A Weinstock M. D.
Address 4603 Park Heights Ave Date signed 7-10-46

64 1952

TH. 101139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 12B

Registration No. 64 1952

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 24-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1- 28 day
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1814 Lawrence St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Allen Gray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4th 1910

8. AGE: Years 35 Months 7 Days 2 If less than one day hr. min.

9. Birthplace Washington D. C (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Rubin Gray
13. Birthplace ?

MOTHER
14. Maiden Name Mary ?
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/11/46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Jos. L. Kelson
(b) Address 1303 Pennsylvania Ave

19 JUL 11 1946 (Date received by Local Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6th 1946, at 5.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8th 19 46 to July 6 19 , and that I last saw him alive on July 6 19 46

Immediate cause of death: Pulmonary Tuberculosis — Duration: yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. J. Hartz
Address Balto City Hosp Date signed 7/10/46

VS 150

G41953 (1) BALTIMORE CITY HEALTH DEPARTMENT G41953

CERTIFICATE OF DEATH 937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Lexington Sts.
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 743 N. Patterson Pk. Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME George Stansbury

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife Sarah Stansbury
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 15 June 1878

8. AGE: Years	Months	Days	If less than one day
67	—	20	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Mason
11. Industry or business

FATHER
12. Name George W. Stansbury
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Chester
15. Birthplace Maryland

16 (a) Informant Mrs Sarah Stansbury
(b) Address 743 N. Patterson Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13/1946 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Ulbyt Funeral Home
(b) Address 2004 Orleans St

19 (a) (Date received by registrar) (b) Registrar Huntington Williams, M.D.

JUL 11 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 July 1946, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2 July 1946 to 10 July 1946 and that I last saw him alive on 10 July 1946

Immediate cause of death Cardiac — Respiratory failure

Due to Bronchopneumonia

Due to Arteriosclerosis

Other Conditions Myocardial failure

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration
BRONCHIECTASIS

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James A. Lane M. D.
Address 1 Mercy Hosp. Date signed 10 July

107

G41954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G41954

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1332 James Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1332 James Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lillie Carney

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	None	Female	White	Widowed

6 (b) Name of husband or wife George W. Carney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1874

8. AGE: Years	Months	Days	If less than one day
71	11	12	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Russell
13. Birthplace Germany

MOTHER
14. Maiden Name Louisa Bishop
15. Birthplace Baltimore, Md.

16 (a) Informant William H. Carney
(b) Address 2200 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location 3801 Frederick Avenue

18 (a) Funeral director John J. Cowan & Son
(b) Address 901-03 Hollins Street

19 (a) [illegible] (registrar) (b) Huntington Williams, M.D. Registrar

JUL 11 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1946, at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3, 1944 to July 10, 1946, and that I last saw her alive on July 9, 1946.

Immediate cause of death	Duration
Cardiac Insufficiency	2 mon.
Due to Generalized Arteriosclerosis	3 yrs.
Due to	
Other Conditions Cerebral hemorrhage	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George H. Kemp M. D.
Address 3030 Edmondson Ave. Date signed 7/10/46

95c

G41955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓13B

Registered No. G41955

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Hospital 28
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 7 (If outside city or town limits, write RURAL and give town)
(d) Street No. 2433 Pentwick Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. John D. Armstrong, Jr.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	married

6 (b) Name of husband or wife Mrs. Annette M. Armstrong
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27, 1901

8. AGE: Years	Months	Days	If less than one day
44	7	13	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation General Manager
11. Industry or business Pierce & Hebner

FATHER
12. Name J. Henry Armstrong
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Agnes Tolson
15. Birthplace Baltimore, Md.

16 (a) Informant American record.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/46 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received by registrar) JUL 11 1946 Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1946, at 1:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1946, to July 10 1946, and that I last saw him alive on July 10 1946.

Immediate cause of death Terminal Bilateral Renal tuberculosis — Duration 10 yrs.
Due to
Due to
Other Conditions Pulmonary tbc, old
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Kit F. Jordan M. D.
Address Church Home & Hospital Date signed July 10, 1946

G41956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G41956 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 715 Woodbourne Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Woodbourne Ave.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 715 Woodbourne Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adele Hynson Robertson

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Wm. George Robertson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1879

8. AGE: Years 66 | Months 11 | Days 4 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Frank Tucker
13. Birthplace Md.

MOTHER
14. Maiden Name Blanche O'Hara
15. Birthplace Md.

16 (a) Informant Mr. William G. Robertson, Jr.
(b) Address 715 Woodbourne Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received by registrar) JUL 11 1946 (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1946, at 3 05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1946 to July 10 1946 and that I last saw him alive on July 10 1946

Immediate cause of death: Carcinoma of Colon — Duration: 2½ yrs.
Due to
Due to
Other Conditions
(If operation preceded death by within 3 months of death)
Date of operation July August 1944
Major findings of operation Carcinoma of colon
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. L. Chalfant M. D.
Address 6210 York Rd. Date signed July 10 1946

VS 150

641957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. 641957

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2705 Hamilton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 6
(d) Street No. 2705 Hamilton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John K. Ryan

3 (b) If veteran, name war --

3 (c) Social Security Account No. 218-09-4400A

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Agnes M. Ryan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21, 1871

8. AGE: Years	Months	Days	If less than one day
75	2	18	hr. min.

9. Birthplace St. Michaels, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Koppers Co-Bartlett-Hayward

FATHER
12. Name Michael Ryan
13. Birthplace

MOTHER
14. Maiden Name Margaret Keithley
15. Birthplace St. Michael's, Md.

16 (a) Informant Mrs. Agnes Ryan
(b) Address 2705 Hamilton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/46 (month) (day) (year)
(c) Cemetery or crematory Olivet Cemetery
Location St. Michael's, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Baltimore, Md.

19 (a) JUL 11 1946 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1946, at 7:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1946, to July 9 1946 and that I last saw h i m alive on July 7 1946.

Immediate cause of death Uremia — Duration

Due to Generalized arteriosclerosis and

Due to gangrene of rt. foot.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas J Brennan M. D.
Address 5217 Harford Rd Date signed 7-11-46

X

VS 100

G41958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 61

Registered No. G41958

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Near 33rd + Calvert Sts
(c) Hospital or institution:
Union Memorial Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) About 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore # 16
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3401 Fairmount Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MAUDE RICHARDSON EARP

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
no	no	F	W	Married

6 (b) Name of husband or wife Henry Shelton Earp
6 (c) If alive, give age 81 (?) years

7. Birth date of deceased (mo., day, yr.) June 27, 1884

8. AGE: Years	Months	Days	If less than one day
62	0	12	hr. ... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name John S. Richardson
13. Birthplace Maryland

MOTHER 14. Maiden Name Elizabeth Asparin
15. Birthplace Maryland

16 (a) Informant Mrs Edward Pruett
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/46 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) ... (Date rec'd by registrar) (b) ... Registrar

VS USE JUL 11 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1946, at 2:22 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1946 to July 9 1946 and that I last saw he alive on July 9 1946

Immediate cause of death Cardiac failure
Due to Myocardial infarction
Due to Coronary thrombosis
Other Conditions Diabetes mellitus
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy Myocardial infarction

Duration: 9 days

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Winston Kimbel, Jr. M. D.
Address Union Mem. Hospital Date signed July 9, 1946

94a

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

File No. G41959 100609 — Registered No. G41959 — 12B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days): 2- 24 7-
(e) Length of stay in Baltimore (yrs., mos., or days): Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
4
(d) Street No.: 1736 Ashland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME: Dorothy Elizabeth Scott

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	C	Sept.

6 (b) Name of husband or wife: John
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 3rd 1920

8. AGE: Years	Months	Days	If less than one day
25	7	5	hr. min.

9. Birthplace: Pa.
(Town, county, and state)

10. Usual Occupation:
11. Industry or business:

FATHER
12. Name: Cleveland Williams
13. Birthplace: Va.

MOTHER
14. Maiden Name: Lizzie Bolden
15. Birthplace: Va.

16 (a) Informant: Baltimore City Hospitals
(b) Address: 4940 Eastern Ave (Records

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7/11/46 (month) (day) (year)
(c) Cemetery or crematory
Location: Farmville, Va.

18 (a) Funeral director: Joseph E. Locke, Jr.
(b) Address: 1304 N. Central Ave

19 (a) (Date received by registrar) (b) Registrar

JUL 11 1946

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

A

20. DATE OF DEATH: July 8th 1946 19 , at 8.25 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 19 46 to July 8th 19 46 and that I last saw h or alive on July 8th 19 46

Immediate cause of death: Resp. failure.

Duration

Due to: Pulmonary & Extra-abd. Tbc.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: 7-2-46

Major findings of operation: See above

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: Herbert R. Farber M. D.

Address: Balto. City Hosps. Date signed 7-8-46

X

G41960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓170c

G41960 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 24 N. Broadway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Basile

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Cath. Basile

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 27. 1881

8. AGE: Years	Months	Days	If less than one day
64	6	12	hr. min.

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Baltimore
13. Birthplace Italy

MOTHER 14. Maiden Name Unknown
15. Birthplace Italy

16 (a) Informant M. Cpl Basile
(b) Address 24 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/46 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn
Location Baltimore Md

18 (a) Funeral director L. HEEMANN & SON
(b) Address 32 S BROADWAY.

19 JUL 11 1946 (b) Huntington Williams M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9, 1946 at 9 P. M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractured Skull
Intracranial Hemorrhage
Due to Multiple fractures

Other Conditions Multiple lacerations, bruises and brain burns
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-9-46 at 9 P. 6/5 M.
(b) Where did injury occur? Fairmount Ave. & Howard St.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury "Hit & Run"

23. Signature Howard J. Malecio M.D.
Medical Examiner.
Date signed 7-10-46

G41961 G41961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

TH. 102687 Registered No. 13B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Unknown) Sisters Address (If not in a house) 1837 E. Franklin St
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mack Wallace

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Sept.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17th 1896

8. AGE: Years	Months	Days	If less than one day
49	7	21	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation ?
11. Industry or business ?

FATHER
12. Name Mack Wallace
13. Birthplace Maryland

MOTHER
14. Maiden Name Anna Wheatley
15. Birthplace Maryland

16 (a) Informant: Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Cedar Hill Rd.

18 (a) Funeral director G. Y. Gaylord
(b) Address 918 Druid Hill Ave.

19 (a) Jul 11 1946 (Date rec'd) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8th 1946 19 , at 9.25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 7th 19 46 July 8 19 46 and that I last saw him alive on July 8th 19 46

Immediate cause of death Resp. failure.

Due to Pulmonary Tbc. ? Pneumonia.

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert A. Farber M. D.
Address Balto. City Hosps. Date signed 7-9-46

X

G11962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G11962

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 552 W. Lanvale St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Jacob Simpson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1909

8. AGE: Years 37 | Months | Days | If less than one day hr. min.

9. Birthplace North Carolina (Town, county and state)

10. Usual Occupation Mechanic

11. Industry or business

FATHER 12. Name Unobtainable

13. Birthplace

MOTHER 14. Maiden Name Unobtainable

15. Birthplace

16 (a) Informant John Edwards

(b) Address 1919 Division St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/46 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Md.

18 (a) Funeral director Geo. C. Roberts

(b) Address 1303 Pennsylvania Ave

19 (a) (Date received by registrar) JUL 11 1946 Huddington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1946, at 12:20 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Lobar pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Manner of injury

23. Signature Thomas J. Lawrence M.D. Medical Examiner.

Date signed 7/8/46

VS 151

G41963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47c

G41963 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 512 W Montgomery St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 512 W. Montgomery St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Myrtle Jennings
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Femal
5. Color or race Col.
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 18, 1906
8. AGE: Years 39 Months 8 Days 20 If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Samuel Jennings
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Cora Smith
15. Birthplace Balto Md.

16 (a) Informant Lillian Smith
(b) Address 1885 W. Lanvale St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11 (month) (day) 1946 (year)
(c) Cemetery or crematory Mt. Calvary
Location
18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St
JUL 11 1946 (Date received by local registrar) Registrar Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1946, at 11:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1946 to July 8 1946 and that I last saw [illegible] alive on July 8 1946.

Immediate cause of death Broncho Pneumonia — Duration 9
Due to Carcinoma
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [signature] M. D.
Address 60 Hanlon St Date signed 7-9-46

VS 150

G-11964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓50

Registered No. G-11964

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2210 Seven St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Augustus

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
Female	Colored	Widowed	Charles P. Augustus (Dec'd)	years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1887

8. AGE: Years	Months	Days	If less than one day
59 58	5	21	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Odd Housework - Store
11. Industry or business

FATHER
12. Name William Walker
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie Hampton
15. Birthplace Maryland

16 (a) Informant Patient
(b) Address (Same)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) JUL 11 1946 (Date filed by Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1946, at 9:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1946, to July 9 1946, and that I last saw her alive on July 9 1946.

Immediate cause of death: Pulmonary Embolism - pulmonary Possible Coronary

Due to

Due to

Other Conditions: Radical Mastectomy - rt.
(Include pregnancy within 3 months of death)

Date of operation July 5, 1946

Major findings of operation:

of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Clarence E. McWilliams M. D.
Address Mercy Hospital Date signed 7-9-46

VS 150

X

G41965

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G41965

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2226 E. Eager Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-3
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2226 E. Eager Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME MATTHEW OUREDNIK

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Barbara (nee Whitte)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1879

8. AGE: Years	Months	Days	If less than one day
67 yrs.	5	7	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation Baker --- retired
11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant William Ourednik - son
(b) Address 2226 E. Eager Street

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 7/11/46 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Horner's Lane, Balto. Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

(a) Date received JUL 11 1946 (Registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1946 to July 9 1946, and that I last saw him alive on July 7 1946

Immediate cause of death: Acute Coronary Occlusion — Duration 10 min.
Due to: Hypertensive Cardio-vascular Disease 4 yrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Israel Rosen M. D.
Address 2413 E. Monument St
Date signed 7/9/46

Howard J. Mullen, M.D.

G41966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164E

Registered No. G41966

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 340 - E. 22nd St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Phyllis Valentine Brzozowski (Also known as Phyllis Morgan)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 14, 1915

8. AGE: Years	Months	Days	If less than one day
(34)31			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Pete Brzozowski
13. Birthplace Russia

MOTHER
14. Maiden Name Nellen?
15. Birthplace Poland

16 (a) Informant: Louis Brzozowski
(b) Address Newhall, W. Va.

17 (a) Remove (Burial, cremation, or removal) (b) Date thereof July 11 46 (month) (day) (year)
(c) Cemetery or crematory
Location Welch West Va

18 (a) Funeral director Joseph Farace Inc
(b) Address 201½ Greenmount Ave
(c) (Date rec'd by registrar) JUL 11 1946 Huntington Williamson W.Va

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1946, at 8:10 a.M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑ homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractured skull
multiple fractures
Due to
Other Conditions Lacerations & bruises
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-10- at 8 a.M.
(b) Where did injury occur? 340 E. 22 St: 3rd floor
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Jumped from 3rd fl. window to ground

23. Signature Howard J. Wheeler M.D.
Medical Examiner.
Date signed 7-10-46

VS 151

G41967 BC# G47761 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH √119a Registered No. G41967

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: S. Balto Gen Hosp 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 wks.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3433 Hanover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alfred Herget

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1946

8. AGE: Years	Months	Days	If less than one day
	1	21	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Robert Herget
FATHER 13. Birthplace Md.

MOTHER 14. Maiden Name Nora Larsen
MOTHER 15. Birthplace Md.

16 (a) Informant Mrs Nora Herget
(b) Address 3433 S. Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11-46 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Cem
Location Glenburnie Md.

18 (a) Funeral director Walter Schilling
(b) Address 3914 S. Hanover St.

JUL 11 1946 (Date rec'd by local registrar) Washington-Baltimore Md. (Registration district)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1946 at 9 15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1946 to July 10 1946, and that I last saw him alive on July 10 1946.

Immediate cause of death Respiratory Failure — Duration

Due to Shock

Due to Malignant Neurosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Vincent A Bareham Jr.
Address S Balto Gen Hosp Date signed 7/11/46

VS 150

G41968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

G41968
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3628 Hinelin Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Earl L. Mather = EARL L. MATHER =

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Single

6 (b) Name of husband or wife "

6 (c) If alive, give age " years

7. Birth date of deceased (mo., day, yr.) 10 Jan. 1939

8. AGE: Years	Months	Days	If less than one day
7	6	—	— hr. — min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation At School

11. Industry or business

FATHER
12. Name Elwood E. Mather
13. Birthplace Md.

MOTHER
14. Maiden Name Edna M. Crouse
15. Birthplace Md.

16 (a) Informant Mr. Elwood E. Mather
(b) Address 3628 Hinelina Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 July 46 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore Md.

18 (a) Funeral director J. B. Kilpatrick & Son
(b) Address 1300 Eutaw Place

19 (a) JUL 11 1946 (b) Registrar Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-10 1946 at 5:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-9 1946 to 7/10 1946.
and that I last saw h[illegible] alive on 7/10 1946

Immediate cause of death
BURNS - 1ST & 2ND DEGREE ENTIRE BODY — Duration 13 hrs

Due to

Due to

Other Conditions

Date of operation 7/9/46 (Include pregnancy within 3 months of death)

Major findings of operation: 1ST - 2nd degree Extensive BURNS ENTIRE BODY

of autopsy: NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? ACCIDENT
(b) Date of occurrence 7/9/46 at 4:45 P.M.
(c) Where did injury occur? Balt. Balt. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Burned by gasoline flame

23. Signature M. Martin Hintz
Address Glen Arm Md. Date signed 7/10/46

Howard J. Mascio, M.D.

G41969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 50

G41969 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4 S. Gilmor St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4 S. Gilmor St
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Mae M. Haigley

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 23-1884

8. AGE: Years	Months	Days	If less than one day
62	1	16	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Beautician
11. Industry or business Beauty Shoppe

FATHER
12. Name Alphonse Haigley
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Reis
15. Birthplace Md

16 (a) Informant M. Elsie Haigley
(b) Address Old Orchard Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md

18 (a) Funeral director Geo. L. Berger Jr
(b) Address 1512 Hollins St

19 (a) (Date received by registrar) JUL 11 1946 Registrar, Maryland, M

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1946, at 5:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1946 to July 9 1946, and that I last saw her alive on July 8 1946

Immediate cause of death: Acute Cardiac dilatation — Duration: 1/2 hr.
Due to: Chronic myocarditis — 1 year
Due to: Carcinoma of right breast, metastasis to the lungs — 1 yr.
Other Conditions: —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of Place) While at work?
(e) Means of injury —

23. Signature H. Wales M. D.
Address 47 S. Fulton Date signed

G41970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 54 B

Registered No. G41970

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1424 Hanover St
(c) Hospital or institution: ~ 23
(d) Length of stay in hospital or inst. (yrs., mos., or days) ~
(e) Length of stay in Baltimore (yrs., mos., or days) Life ~

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ~
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1424 Hanover Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country ~

3 (a) FULL NAME Grace M. Ballard

3 (b) If veteran, name war ~ | 3 (c) Social Security Account No. 214-01-4802

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife George P. Ballard
6 (c) If alive, give age ~ years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1903

8. AGE: Years	Months	Days	If less than one day
42	9	20	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation At Home due to
11. Industry or business disability

FATHER
12. Name William Scherer
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Sophia Siffrin
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Sophia Lettau (mother)
(b) Address 1424 Hanover St. Balto. 30, Md.

17 (a) Burial ~ (b) Date thereof July 13, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedon Hill Cem.
Location Anne Arundel Co. Md.

18 (a) Funeral director A. Howard Evans
(b) Address 1400 St. Paul St.

19 (a) 30 11 19 (b) Huntington, W. Va.
(Date of birth) (Place of birth)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1946, at 1 35 A M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Cerebral Sarcoma.

Due to

Other Conditions Diagnosis by autopsy.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following: Was not due to an accident - M.E.M. 7/11
(a) Date of injury 12-24-45 at 1 30 A M.
(b) Where did injury occur? Hanover & Ostend Sts.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian struck by tractor

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 7-10-46

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

No. 41971 — 102668 CERTIFICATE OF DEATH √122 — Registered No. 41971

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 19-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5- days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 439 S. Parrish St
(If rural give location)
(c) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eleanor Eilene Thomas (ELEANOR IONE THOMAS) √

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	Married

6 (b) Name of husband or wife William H. Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30th 1875

8. AGE: Years	Months	Days	If less than one day
71	0	10	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Richard Farley (Fogleigh)
13. Birthplace Maryland

MOTHER
14. Maiden Name Eleanor Durbar
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17. 1946 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director P. B. M. Walter
(b) Address Pratt & Stricker 846

19 (a) JUL 1 1946 (Date received by Registrar) (b) Huntington Hill, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10th 1946 19 , at 1.50 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 6th 19 46 to July 10th 19 46 and that I last saw her alive on July 9th 19 46-10th

Immediate cause of death: Lobar Pneumonia, Right Lower Lobe — Duration 24 hrs.
Due to Arteriosclerosis & Mitral Insufficiency — 2 months
Due to Colon, Abd. Diverticulitis R. Sigmoid with Perforation — 3 mths
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation July 7, 1946
Major findings of operation: See above
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rachel E. Nettenville M. D.
Address Balt. City Hosp. Date signed 7-10-46

X

G41972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G41972

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison Ave
(c) Hospital or institution: Maryland G. Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(b) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3008 Oak Crest Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sophie B Carroll

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Walter L. Carroll
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Nov 5, 1888

8. AGE: Years	Months	Days	If less than one day
57 8 6	8	5	hr. min.

9. Birthplace At Home
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas F Seipp
13. Birthplace Baltimore

MOTHER
14. Maiden Name Adeline Simmons
15. Birthplace Baltimore Md

16 (a) Informant Mr Walter L Carroll
(b) Address 3008 Oak crest

17 (a) Buried (b) Date thereof 7-13-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director H. D. Ruck
(b) Address 5205 Harford Rd

19 (Date received by registrar) JUL 11 1946 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10th 1946, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/25/ 1946 to 7/10/ 1946 and that I last saw her alive on 7/10/ 1946

Immediate cause of death: Respiratory failure
Due to Subarachnoid hemorrhage
Due to H. C. V. D.
Other Conditions Left hemiplegia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 15 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. E. Loughlin M.D.
Address Maryland G. Hosp. Date signed 7/10/46

VS 150

G41973 BCH B 30108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54B

Registered No. G41973

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AREAS RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and Saratoga St
(c) Hospital or institution: Mercy Hospital 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 505 Dennison St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nora J. Hallameyer
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-10-46 1946

8. AGE: Years	Months	Days	If less than one day
	11	1	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name August F Hallameyer
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anna Heine
15. Birthplace Germany

16 (a) Informant Mr August F. Hallameyer
(b) Address 505 Dennison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director
(b) Address 5305 Harford Rd

19 (a) JUL 11 1946 (Date received by registrar) (b) Hamilton Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 July 1946, at 2:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9 July 1946, to 11 July 1946, and that I last saw h er alive on 11 July 1946.

Immediate cause of death Hyperpyrexia — Duration
Temp 109°
Due to
Due to
Other Conditions Tumor - probably Neuro-blastoma removed from L.L.Q.
(Include pregnancy within 3 months of death)
Date of operation 10 July 1946
Major findings of operation: Large Retro peritoneal tumor - left - Probable Neuroblastoma
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward A Smith Jr M.D. M. D.
Address Mercy Hospital Date signed 7-11-46

X

G41974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G41974

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Washington
(c) City or town Smithsburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Ellwood Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1929

8. AGE: Years: 16 | Months: 9 | Days: 5 | If less than one day: hr. min.

9. Birthplace Wash Co., Md. (Town, county, and state)

10. Usual Occupation School Boy.

11. Industry or business

FATHER
12. Name Stanley W. Brown
13. Birthplace Wash Co., Md.

MOTHER
14. Maiden Name Gladys C. Kline
15. Birthplace Washington Co., Md.

16 (a) Informant Mr. Stanley Brown
(b) Address Smithsburg Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17, 1946 (month) (day) (year)
(c) Cemetery or crematory Smithsburg Cemetery
Location Smithsburg Md.

18 (a) Funeral director Walter Y. Grove
(b) Address Waynesboro Pa.

19 (a) JUL 11 1946 (Date received by Registrar) Washington Co. Health Dept. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 - 1946 at 12 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH Fractures Skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/10/46 at Carroll Co. M.
(b) Where did injury occur? 1 mi West of Westminster
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Passenger in Auto struck pole.

23. Signature Howard J. Mueller M.D. Medical Examiner.
Date signed 7-11-46

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G41975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G41975

TH. 75649

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-11-12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 E. Camden St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Beughman

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced?
Male	W	Sept.

6 (b) Name of husband or wife: Sallie M. Baughman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 27th 1882

8. AGE: Years	Months	Days	If less than one day
64	4	12	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Home
11. Industry or business —

FATHER
12. Name Samuel Beughman
13. Birthplace Maryland

MOTHER
14. Maiden Name Christina Sanderson
15. Birthplace Ireland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 JUL 12 1946 (Date rec'd by Registrar) (b) Huntington for Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9th. 1946 19 , at 1.50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 19 42 to July 9th 19 46, and that I last saw him alive on July 9th 19 46.

Immediate cause of death	Duration
Cerebral hemorrhage	1 day
Due to Hypertension and arterial disease	10 years
Due to	
Other Conditions Latent pneumonia & poly cystic kidney disease (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operations
of autopsy: on glance

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Samuel Huffman M. D.
Address Baltimore City Hosp Date signed 11 July 46

92D

G41976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G41976

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12-7
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) dod.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2619 Hampden Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Owen Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced:
Male	White	Married

6 (b) Name of husband or wife Wilda Robinson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. [illegible] 1902

8. AGE: Years	Months	Days	If less than one day: hr.	min.
43	9	19		

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Electrician

11. Industry or business L. C. Loftis (Contractor)

FATHER
12. Name Henry O. Robinson
13. Birthplace Towson Md.

MOTHER
14. Maiden Name Mary T. Barron
15. Birthplace Balto. Co. Md.

16 (a) Informant Wilda Robinson
(b) Address 2619 Hampden Ave.

17 (a) Burial (b) Date thereof 7/13/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director Williams Bok Inc.
(b) Address 1217 St. Paul St.

19 (a) JUL 12 1946 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-10- 1946 at 7:50 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Acute Alcoholism

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 7-11-46

G-1977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 132

G-1977

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard + Madison
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 13 (If outside city or town limits, write RURAL and give town)
(d) Street No. 1911 No. Collington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3 (a) FULL NAME Mrs Annie L. Heiner

3 (b) If veteran, name war — W

3 (c) Social Security Account No. NAP

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife John J. Heiner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12th 1870

8. AGE: Years	Months	Days	If less than one day
76	9	29	hr. min.

9. Birthplace Conerton Balto. Co. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Thomas Sandlin
13. Birthplace Maryland

MOTHER
14. Maiden Name Andie Harrison
15. Birthplace Maryland.

16 (a) Informant John J. Heiner
(b) Address 1911 Collington Ave

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 7/13/46 (Month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Extd

18 (a) Funeral director William Cook Inc.
(b) Address 127 St. Paul St.

19 (a) (b)
JUL 12 1946
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1946, at 1:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/9 1946 to 7/11 1946 and that I last saw h alive on 7/10 1946.

Immediate cause of death Respiratory failure — Duration

Due to Uremic Coma.

Due to Uremia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. J. Mitchell
Address Md. Gen. Hosp Date signed 7/11/46

X

G41978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51B

G41978 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3403 Liberty Heights Ave.
(c) Hospital or institution: 15-8
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3403 Liberty Heights Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Louis Tormey

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 150-09-7656-B

4. Sex: M | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Ada May Tormey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 24 1874

8. AGE: Years 71 | Months 10 | Days 16 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Paper hanger Carpenter
11. Industry or business (Unemployed)

FATHER
12. Name James Edward Tormey
13. Birthplace Frederick Md.

MOTHER
14. Maiden Name Mary Agnes Mason
15. Birthplace Virginia

16 (a) Informant Mrs. Ada May Tormey
(b) Address 3403 Liberty Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director Williams Cook Inc.
(b) Address 127 St. Paul St.

19. (a) Date received JUL 12 1946 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1946 at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 1945, to July 10 1946, and that I last saw h[illegible] alive on July 6 1946.

Immediate cause of death

Due to Carcinoma of Prostate 1943

Due to Chr. Valvular Heart disease 1943

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Apr. 1943

Major findings of operation: Carcinoma of prostate

of autopsy:

Duration
1943
1943

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Grove M.D.
Address 1663 W. North Ave. Date signed 7/10/46

X

64979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 64979

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 40th St & Druid Pk
(c) Hospital or institution: Union Park Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 40th St & Druid Pk (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Winnette Macgill

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1877

8. AGE: Years 69 | Months 4 | Days | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER — 12. Name Richard G. Macgill
13. Birthplace Howard Co. Md

MOTHER — 14. Maiden Name Sarah Rosalie Caine
15. Birthplace Baltimore Md

16 (a) Informant Mrs Emerson Nock
(b) Address Elkwood Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore Md

18 (a) Funeral director Wilson & Lane
(b) Address 1210 Park Ave

19 (a) JUL 12 1946 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1939 to July 9 1946 and that I last saw h.. alive on July 9 1946.

Immediate cause of death: Coronary Thrombosis — Duration

Due to Coronary occlusion

Due to

Other Conditions Obesity

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jay Martin M. D.
Address 1201 Calvert St. Date signed 7/10/46

VS 150

X

G41980

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH ✓186a

G41980

Reg. Dist. No. .....

1. PLACE OF DEATH:
County BALTIMORE
City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 days
Hospital, institution, or street address where death occurred:
District of Brooklyn-while enroute in amb.
How long in hospital or institution? - - - - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State TEXAS County UNKNOWN
City or town Hondo
(If outside city or town limits, write RURAL and give nearest town)
Street No. General Delivery
(If rural, give LOCATION)
2.(a) If veteran, name war World War II

3.(a) FULL NAME O'NEILL, Virgil Early

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W-US	Single

6.(b) Name of husband or wife Single
6.(c) If wife, give age ..... years
7. Birth date of deceased (mo., day, yr.) 4-20-28

8. AGE: Years 18 | Months 1 | Days 27 | If less than one day ..... hrs. ..... min.

9. Birthplace DEVINE (UNKNOWN) TEXAS (Town, county, and state)
10. Usual occupation F. 2c., U.S.NAVY
11. Industry or business U.S. NAVY

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden name Present name:Mrs. Lucy "N" CRAIG.
15. Birthplace Unknown

16. Informant JOHN H. FLYNN, Lt.(jg)(MC)USNR
Address U.S.S. TEXAS (BB-35)

17. Remains (Burial, cremation, or removal. Which?) Date thereof June 26/46 (month) (day) (year)
Cemetery or crematory .....
Location San Antonio Texas
18. Funeral director B. F. Hopkins.

JUL 12 1946

19. June 26, 46 (Date rec'd by registrar) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 24 1946, at 3 20 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 23 1946 to June 24 1946 and that I last saw h.i.m. alive on June 24 1946

Immediate cause of death Diphtheroid Purpura - Subdermal Hematoma

DURATION: 8 hours.

Due to accidental fall on a Steel Deck -

Due to .....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results Not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: 25-5 1

Accident, suicide, or homicide accident Date of injury June 23, 46

Where did injury occur? USS Texas, Hampton Roads, Va. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) On board ship. Injured at work?

Means of injury fell on deck

23a. SIGNATURE John H. Flynn Jr. Lt. (jg) MC-USNR M. D., other

Address U.S.S. Texas Hampton Roads, Va. Date signed June 25, 46

Baltimore, Md.

G41981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 916

Registered No. G41981

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 706 Vine Street

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 706 Vine Street
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPHINE NICHOLS WILSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER

12. Name Luck Diggs

13. Birthplace Md.

MOTHER

14. Maiden Name Ruth Thompson

15. Birthplace Md.

16 (a) Informant Mrs. Emily Mitchell

(b) Address 1201 Argyle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-46 (month) (day) (year)

(c) Cemetery or crematory Piney Grove Cem.

Location Baltimore Co., Md.

18 (a) Funeral director Mrs. Frances A. Hemsley

(b) Address 578 W. Biddle St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1946, at 5A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1, 1946 to July 10 1946, and that I last saw h.. alive on July 9 1946

Immediate cause of death: Acute pericarditis
† Endocarditis — Duration: 4 Months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature John B Stewart M. D.

Address 32 W Franklin St Date signed July 11, 46

JUL 12 1946 Huntington Williams, M.D.

G41982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V94a

Registered No. G41982

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5717 Narcissus Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5717 Narcissus Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) FULL NAME Samuel J Rosenberg

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-18-6821

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Hannah C
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation
11. Industry or business Salesman

FATHER
12. Name David Rosenberg
13. Birthplace Austria

MOTHER
14. Maiden Name Schindel Wallach
15. Birthplace Austria

16 (a) Informant Hannah C Rosenberg
(b) Address 5717 Narcissus Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12, 1946 (month) (day) (year)
(c) Cemetery or crematory Bnai Israel Cemetery
Location Southern Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 (a) (Date rec'd by registrar) (b) Registrar

VS 160

MEDICAL CERTIFICATION 3.15

20. DATE OF DEATH July 11 1946 at P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1946 to July 11 1946 and that I last saw him alive on July 11 1946.

Immediate cause of death: Coronary Thrombosis — Duration: 3 days.
Due to
Due to
Other Conditions: Verified by E. K. B.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hester H. Kolman M. D.
Address 3700 Park Heights Ave, signed July 14 1946

Filed JUL 17 1946 Huntington Williams, Registrar

G41983 new

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 78B

Registered No. G41983

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1041 Aisquith St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine Davis

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-30-44

8. AGE: Years	Months	Days	If less than one day
2	-	9	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Clarin Davis
13. Birthplace Md.

MOTHER
14. Maiden Name Helen Banks
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12-46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Ar. A. Co. Md.

18 (a) Funeral director Bafford Mamie H. Wright
(b) Address 725 Aisquith St

19 (a) Filed (b) JUL 10 1946 Huntington Nitzberg, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1946 at 7 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1946 to July 9 1946, and that I last saw her alive on July 9 1946.

Immediate cause of death	Duration
LEAD ENCEPHALITIS	4 days
Due to LEAD POISONING	4 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ACCIDENT
(b) Date of occurrence June - July 1946 at — M
(c) Where did injury occur? BALTIMORE MD (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? HOME (Specify type of place) While at work?
(e) Means of injury LEAD INGESTION - EATING PAINT

23. Signature Paul H Harding
Address Johns Hopkins Hosp Date signed 8/9/46 M. D.

Howard J. Mueller M.D.

G41984 G41984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1312a

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 39 N. Kresson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 39 N. Kresson St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Chester Arthur Kentworth

3 (b) If veteran, name war —
3 (c) Social Security Account No. 717-07-8768

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Vivian Cain Kentworth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 26-1886

8. AGE: Years 59 | Months 9 | Days 13 | If less than one day: hr. min.

9. Birthplace Baltimore Maryland (Town, county, or state)
10. Usual Occupation Engineer P. R. R.
11. Industry or business Retired 1941

FATHER
12. Name John Fra Kentworth
13. Birthplace Maine

MOTHER
14. Maiden Name Mary Frances Wilson
15. Birthplace Maryland

16 (a) Informant Mrs. Vivian C. Kentworth
(b) Address 39 N. Kresson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12-1946 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore Co. Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Falls Road

19 (a) JUL 12 1946 (Date received by Registrar) (b) [signature] Registrar Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9- 1946 at 10 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 8 1941 to July 9 1946 that I last saw h alive on July 9 1946

Immediate Cause of death — Duration
(a) Chronic Myocarditis — 4 yrs
Due to
Due to
Other Conditions Arteriosclerosis — 4 yrs
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature [signature]
Address 117 W. 25th St. Date signed July 12 1946

VS 150

937

G41985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 8 3a

G41985 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St. 26-10
(c) Hospital or institution:
UNION MEMORIAL HOSPITAL.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3219 EAST MONUMENT ST. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME PAUL COPPOLINO

3 (b) If veteran, name war	3 (c) Social Security Account No. 219-03-4155

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	M.

6 (b) Name of husband or wife MAMIE.
6 (c) If alive, give age 60? years

7. Birth date of deceased (mo., day, yr.) DEC. 24, 1882.

8. AGE: Years	Months	Days	If less than one day
63	6	16	hr. min.

9. Birthplace ITALY (Town, county, and state)
10. Usual Occupation LABORER
11. Industry or business

FATHER
12. Name CHARLES COPPOLINO.
13. Birthplace ITALY.

MOTHER
14. Maiden Name FANNIE ?
15. Birthplace ITALY.

16 (a) Informant MAMIE COPPOLINO
(b) Address 3219 E. MONUMENT ST. BALTO.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13-1946 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Redeemer
Location Belair Rd & Ballimore

18 (a) Funeral director Frank Bellahoe
(b) Address 52 N. Marley St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, MD

JUL 12 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1946, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1946 to July 10 1946, and that I last saw him alive on July 10 1946.

Immediate cause of death — Duration

CEREBRAL HEMORRHAGE — 2 days.

Due to

Due to

Other Conditions
GENERALIZED ARTERIOSCLEROSIS
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh N. Coffman
Address 10 E. 33rd St. Date signed 7/10/46.

X

G41986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

G41986 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1933 Christian ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-3
(e) Length of stay in Baltimore (yrs., mos., or days) 27 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1933 Christian ST (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME EULAH MAE DICKERSON

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.F.	MARRIED

6 (b) Name of husband or wife: Lloyd B.
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Feb 13, 1894

8. AGE: Years	Months	Days	If less than one day
52	5	27	hr. min.

9. Birthplace Ackermac Virginia (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name John Wessells
13. Birthplace Ackermac Virginia

MOTHER
14. Maiden Name ?
15. Birthplace Ackermac Virginia

16 (a) Informant Husband (Lloyd B.
(b) Address 1933 Dickerson ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13, 1946 (month) (day) (year)
(c) Cemetery or crematory Stockton
Location Stockton Md.

18 (a) Funeral director Dill Bros.
(b) Address 3109 Fredk. Ave.

19 (a) JUL 12 1946 Registrar
Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12, 1946, at 2. A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 3, 1946 to July 12 1946, and that I last saw her alive on July 11, 1946.

Immediate cause of death: Bronchopneumonia

Due to: Carcinomatosis

Due to: Carcinoma of Cervix

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
4 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin H. Sloss Jr. M. D.
Address 2317 Maryland Ave Date signed 7/12/46

X

G41987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

27c

Registered No. G41987

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1932 N. Fallsway Park Av
(c) Hospital or institution: 8-V
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1932 N. Fallsway Park Av
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Augusta B. Stallman ✓

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Henry J. Stallman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 31 1875

8. AGE: Years 71 | Months 3 | Days 11 10 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Ferdinand Woldeck
13. Birthplace Germany

MOTHER
14. Maiden Name Bertha Eriggs
15. Birthplace Germany.

16 (a) Informant Anna Zeiser (Sister)
(b) Address 1932 N Fallsway Park Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/12/46 (month) (day) (year)
(c) Cemetery or crematory Mount Carmel
Location O'Donnell St

18 (a) Funeral director John C. Malloy Jr
(b) Address 2435 E. Oliver St.

19 (a) JUL 12 1946 (Date received by local registrar) (b) Huntington Williams

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1946 at 8 am M

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1946 to July 10 1946 and that I last saw her alive on July 9 1946.

Immediate cause of death	Duration
Broncho Pneumonia	2 d.
Due to Acute Dystentary (Two causes)	18 d.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos F.A. Stevens M. D.
Address 2898 Hayford Av Date signed 7-10-46

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G4.1988 — 95c — G4.1988

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1814 Maryland Ave
(c) Hospital or institution: 5

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1816 Maryland Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martha Robinson

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	widow

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24 1885

8. AGE: Years	Months	Days	If less than one day
60	6	16	hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name Johnston
13. Birthplace Md

MOTHER — 14. Maiden Name Mary Whittaker
15. Birthplace Va

16 (a) Informant Miss Mary Sullivan
(b) Address 1729 N. Calvert St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/12/46 (month) (day) (year)
(c) Cemetery or crematory Glaster Court House Va.
Location

18 (a) Funeral director Harry H Wilgis
(b) Address 410 Edmondson Ave

JUL 12 1946 (Date filed by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1946, at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1946, to July 10 1946, and that I last saw him alive on June 27 1946.

Immediate cause of death: Organic Heart Disease — Duration 4 days

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Gordon Schmidt
Address 1534 Druid Hill Ave Date signed July 10

VS 150

G41989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122a

Registered No. G41989

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 1400 N. Caroline St
(b) Street address ~~1445 Decatur Street~~
(c) Hospital or institution: St. Joseph's Hospital 24
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1445 Decatur Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph John Schmidt

3 (b) If veteran, name war
3 (c) Social Security Account No. 276-03-9835

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Helen Schmidt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/4/01

8. AGE: Years	Months	Days	If less than one day
44	9	8	hr. min.

9. Birthplace Europe
(Town, county, and state)
10. Usual Occupation Longshoreman
11. Industry or business

FATHER
12. Name Joseph Schmidt
13. Birthplace Hungary

MOTHER
14. Maiden Name Katherine Muth
15. Birthplace Hungary

16 (a) Informant Mrs. H. Schmidt
(b) Address 1445 Decatur St.

17 (a) Burial (b) Date thereof 7-13-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Annapolis Blvd.

18 (a) Funeral director Geo. F. Dill
(b) Address 1501 E. Fort Ave.

19 JUL 12 1946 Huntington Williams M.D.
(Date received) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10th 1946, at 11:25 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/9/ 1946 to 7/10/ 1946, and that I last saw h/m alive on 7/10 1946.

Immediate cause of death: Respiratory failure — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 7/10/46

Major findings of operation: left inguinal hernia

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John S. Stivings M. D.
Address St. Joseph's Hospital Date signed 7/10/46

VS 180

641990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

Registered No. 641990

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Hoffman
(c) Hospital or institution: St. Joseph's Hospital 9-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1641 Spring St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Jeanette MAY Callender

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife John W. Callender
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) 3-26-1916

8. AGE: Years	Months	Days	If less than one day
30	4 3	13 14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Chas. W. Monroe
13. Birthplace Md.

MOTHER
14. Maiden Name Anna R. Evans
15. Birthplace Md.

16 (a) Informant John W. Callender (Husband)
(b) Address 1641 Spring St. - City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-46 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Balto. City, Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (R. F. WOOGER SUC.) 100 W. NORTH AVENUE

19 JUL 12 1946 (b) Huntington Williams, Mgr
(Date file'd in City Registrar's)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1946 at 10:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1946 to July 11 1946 and that I last saw h[illegible] alive on July 11 1946

Immediate cause of death Cardio - Respiratory failure
Due to Uremia
Due to Carcinoma of cervix
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 7/11/46

VS 150

G41991

496514.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52B

G41991 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 26-8
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3700 E. Rombard.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Repp.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male.	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-30-76

8. AGE: Years	Months	Days	If less than one day
69.	7	11	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Welfare.

11. Industry or business

FATHER
12. Name John Repp.
13. Birthplace Germany.

MOTHER
14. Maiden Name Elizabeth Semler
15. Birthplace Germany.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13/46 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore

18 (a) Funeral director Philip Sterling Sons
(b) Address 2324 Eutaw St

JUL 12 1946 (Date rec'd by registrar) (b) Huntington Nelligan Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1946, at 1.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1946, to July 11 1946, and that I last saw him alive on July 11 1946.

Immediate cause of death ? Cerebral embolism accident — Duration years

Due to generalized arterial sclerosis

Due to Hypertension

Other Conditions Carcinoma of bladder Benign Prostatic Hypertrophy
(Include pregnancy within 3 months of death)

Date of operation 7-8-46 and 7-10-46

Major findings of operation: Carcinoma of bladder (papillary) and Benign Prostatic Hypertrophy

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: none
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H S Donaldson M. D.
Address NH Date signed 7-12-46

VS 150

64992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186B

Registered No. 64992

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) dea
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1633 N. Milton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles W. Ehrhart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Eva M. Ehrhart

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/29/1915

8. AGE: Years	Months	Days	If less than one day
30	11	11	hr. min.

9. Birthplace Shrewsbury Penna. (Town, county, and state)

10. Usual Occupation Truck driver

11. Industry or business

FATHER
12. Name Daniel T. Ehrhart
13. Birthplace Penna

MOTHER
14. Maiden Name Beulah Klinefelter
15. Birthplace Penna

16 (a) Informant Eva. M. Ehrhart
(b) Address 1633 N. Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 13 46 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location "

18 (a) Funeral director Philip Herwig Sons
(b) Address 202 Albemarle St.

19 (a) JUL 12 1946 (Date rec'd by registrar) (b) Huntington Indiana, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-10- 19 46, at 7-0 P. M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry: thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Crushed Head, avulsion of brain, crushed face.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/10/46 at 7 P. 8/2 M.
(b) Where did injury occur? Alley Behind above residence
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? no
(d) Means of injury Vehicle Fell on Him.

23. Signature Howard L. Weaver M.D. Medical Examiner.
Date signed 7-11-46

VS 151

G41993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G41993

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2510 Greenmount Ave.
(c) Hospital or institution: Southern Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2510 Greenmount Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY LOUISE JOHNSON

3 (b) If veteran, name war: --
3 (c) Social Security Account No.: --

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Richard B. Johnson
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 29, 1873

8. AGE: Years 72 | Months 9 | Days 12 | If less than one day: hr. min.

9. Birthplace: Alberton, Md.
(Town, county, and state)

10. Usual Occupation: --
11. Industry or business

FATHER
12. Name: Wm. Lewis Long
13. Birthplace: Carroll Co., Md.

MOTHER
14. Maiden Name: Ann Rebecca Orem
15. Birthplace: Howard Co., Md.

16 (a) Informant: Mrs. Catherine Lilly
(b) Address: 310 N. Hilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7.14.46 (month) (day) (year)
(c) Cemetery or crematory: Mt. Zion
Location: Highland, Md.

18 (a) Funeral director: Wm. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) JUL 12 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar (b) Address

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 11, 1946, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/7/46 to July 11th. 1946, and that I last saw her alive on July 9th. 1946.

Immediate cause of death	Duration
Uremia	2 days
Due to Chronic Interstitial Nephritis	unknown
Due to Arteriosclerosis	unknown
Other Conditions none	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury MURGATROYD

23. Signature Jas. W. Murgatroyd M.D.
Address 401 E. 25th. St. Date signed 7/12/46.

VS 190

X

G4.1994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G4.1994 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1216 Southview Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 805 Park Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LOUISE ADELE BODINE

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife: Joel Goode Bodine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 25, 1871

8. AGE: Years	Months	Days	If less than one day
75	0	15	hr. min.

9. Birthplace: Boonsboro, Md. (Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: Henry Beatty Wilson
13. Birthplace: Winchester, Va.

MOTHER
14. Maiden Name: E. Ellen Kennedy
15. Birthplace: Boonsboro, Md.

16 (a) Informant: Mr. S. K. Bodine
(b) Address: 1216 Southview Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/46 (month) (day) (year)
(c) Cemetery or crematory
Location: Boonsboro, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) JUL 12 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1946, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to July 10 1946, and that I last saw her alive on 7-10 1946.

Immediate cause of death — Duration

Coronary Thrombosis — 3 hrs.

Due to Arteriosclerotic Heart Disease — 3 yrs +

Due to

Other Conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. W. Jacobaus M. D.
Address 2310 Eastern Ave. Date signed 7-11-46

VS 180

937

G41995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. 41995

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2016 McKean Ave.
(c) Hospital or institution: 15-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2016 McKean Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JACOB MILLER

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary Miller
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 28, 1875
8. AGE: Years 71 | Months 2 | Days 13 | If less than one day hr. min.
9. Birthplace New York, N. Y. (Town, county, and state)
10. Usual Occupation Amusement Concession
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Mary Miller
(b) Address 2016 McKean Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

JUL 12 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1946, at 6 40 M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1946 to July 11, 1946 and that I last saw him alive on July 9 1946.

Immediate cause of death	Duration
Cardiac decompensation	6 mos.
Due to Chronic Myocarditis	5 yr.
Due to Arteriosclerotic Cardiovascular Disease	5 yr.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph L. Mountain, M.D.
Address 1910 N. Broadway Date signed July 11, 1946

VS 150

G41996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

555 ✓

G41996 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 28 E. 25th St.
(c) Hospital or institution: 12-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 28 E. 25th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: ALBERT EDGAR RYAN

3 (b) If veteran, name war: no

3 (c) Social Security Account No. no

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Beth A. Ryan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1885

8. AGE: Years 60 | Months 9 | Days 27 | If less than one day: hr. min.

9. Birthplace Penna.
(Town, county, and state)

10. Usual Occupation Contractor

11. Industry or business Self

FATHER
12. Name Augustus Ryan
13. Birthplace Canada

MOTHER
14. Maiden Name Mary Boatman
15. Birthplace Penna.

16 (a) Informant Mr. Frank A. Ryan
(b) Address 28 E. 25th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUL 12 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1946, at 8:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 29 1946 to July 10 1946. and that I last saw him alive on July 10 1946.

Immediate cause of death multiple
carcinomatosis, orig. of
lungs — Duration 3 mo.
Due to Epithelioma, rt hand
with metastases to axillary — 5 years
Due to glands and elsewhere

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Epithelioma 1941
glands axilla 1943, 1945

Major findings of operation:

Has received radium and X-Ray

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Randolph Smith, Jr. M.D.

Address 914 St Paul St. Date signed 12 July '46

VS 180

X

G41997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G41997

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W. 40th St.,
(c) Hospital or institution: Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs 11 mos 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W. 40th St. H.F.I.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louise Fremont Knight

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1867

8. AGE: Years	Months	Days	If less than one day
78	11	13	hr. min.

9. Birthplace Goldsboro, N. C.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name James Knight
13. Birthplace Suffolk, Va.

MOTHER
14. Maiden Name Louise Loring
15. Birthplace Baltimore, Md.

16 (a) Informant Home for Incurable Records
(b) Address 700 W. 40th St., MFQ

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/13/46 (month) (day) (year)

(c) Cemetery or crematory Wilmington, Del.
Location

18 (a) Funeral director Wm. J. Lechner & Son
(b) Address Baltimore (23) Md.

19 (a) JUL 12 1946 (Registrar's signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1946, at 12:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1943 to July 12 1946, and that I last saw h[illegible] alive on July 11, 1946.

Immediate cause of death	Duration
Coronary Occlusion	9 Hours
Due to Arteriosclerosis	10 years
Due to	
Other Conditions Left Hemiplegia	6 year
Cataract (Operated)	16 yr

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Grafton Harbaugh M. D.
Address [illegible] Date signed 7/12/46

VS 3

G41998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170C

Registered No. G41998

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. ~~Paper Mill Road~~
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ronald J. O'Connor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1929

8. AGE: Years	Months	Days	If less than one day
16	10	10	— hr. — min.

9. Birthplace Melrose Park, Chicago, Ill.
(Town, county, state or foreign country)

10. Usual Occupation Schoolboy

11. Industry or business

FATHER 12. Name Maurice O'Connor
13. Birthplace

MOTHER 14. Maiden Name Enid Thompson
15. Birthplace

16 (a) Informant Hospital Records
(b) Address

17 (a) Cremation (b) Date thereof July 12, 1946
(burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem. Co.
Location Baltimore, Maryland

18 (a) Funeral director John Burns & Sons
(b) Address Towson, Md.

19 JUL 12 1946 Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-11-1946 at 2.25 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured skull with avulsion of brain tissue; fracture of 2nd cervical vertebrae with dislocation of 3rd.

Other Conditions Lacerations & Burns
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/10/46 10:30 P.M.
(b) Where did injury occur? Balto. Co. Paper Mill Rd & Moore Rd
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Passenger in auto - struck culvert

23. Signature Homer A. Gladden M.D.
Medical Examiner.
Date signed 7/11/46

VS 151

C41999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52B

Registered No. C41999

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. Terrace Dale
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. William C. Kenney.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Elizabeth Thomas Kenney
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1882

8. AGE: Years	Months	Days	If less than one day
64	6	2	hr. min.

9. Birthplace Phila., Pa. Maryland
(Town, county, and state)

10. Usual Occupation Cashier
11. Industry or business Balto. Co. Bank, Towson

FATHER
12. Name Edmund J. Kenney.
13. Birthplace N.J.

MOTHER
14. Maiden Name Cockran
15. Birthplace Md.

16 (a) Informant Edmund Kenney
(b) Address Terrace Dale, Towson, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13, 1946 (mo.) (day) (year)
(c) Cemetery or crematory Prospect Hill Cem.
Location Towson, Md.

18 (a) Funeral director John Burns' Sons
(b) Address Towson, Md.

JUL (a) 12 1946 (Date received by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1946, at 3:7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1946 to July 11 1946 and that I last saw him alive on 7-11 1946.

Immediate cause of death Uremia

Due to Carcinoma of the bladder

Due to Metastases

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Gerald A. Martin
Address University Hospital Date signed 7-11-46
M. D.

G42000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G42000 Registered No.

TH. 102539

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 947 N. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Massenburg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	C	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25th 1910

8. AGE: Years	Months	Days	If less than one day
36	4	14	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Massenburg
13. Birthplace Virginia

MOTHER
14. Maiden Name Florence Oliver
15. Birthplace Virginia

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-13-46 (month) (day) (year)
(c) Cemetery or crematory Smithfield Va
Location Smithfield Va

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna. Ave.

(c) JUL 12 1946 (Date received by registrar) Huntington W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9th 1946 19 , at 8.55 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2nd 19 46 to July 9th 19 46 and that I last saw him alive on July 9th 19 46

Immediate cause of death: Pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Marcy E. McMillan M. D.
Address City Hospitals Date signed 7/12/46

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42001

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48B

Registered No. G42001

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2012 E 30th St.
(c) Hospital or institution: 9
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2012 E. 30th Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME NAOMI M. Mason

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F-N	W	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-4-1900

8. AGE: Years	Months	Days	If less than one day
46	-	7	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Samuel L. Mason
13. Birthplace Md

MOTHER
14. Maiden Name Rose M. Gantz
15. Birthplace Md

16 (a) Informant LeRoy L Mason
(b) Address 924 Argonne Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-46 (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location Balto Md.

18 (a) Funeral director Leonard Bruce
(b) Address 1705 Riggs Ave Catonsville, Md

JUL 12 1946

Registrar

JUL 13 1946

VS-150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-11 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-22 1942 to 7-11-1946 and that I last saw h alive on 7-9- 1946

Immediate cause of death: Cardiac insufficiency — Duration 24 hrs.
Due to Toxemia — 2 mos.
Due to Carcinoma of uterus (adeno-carcinoma) — Duration 2-22-42
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 6-24-43
Major findings of operation: Inoperable glandular carcinoma of uterus which had been treated with radium seven or eight times.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo A Barden M. D.
Address 1517 E North Ave Date signed

G42002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42002
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Calvert
(c) City or town Baltimore Solomons
(If outside city or town limits, write RURAL and give town)
(d) Street No. Solomons Md.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rev Father Maurice Booth Alexander

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1872

8. AGE: Years	Months	Days	If less than one day
74 ~~75~~	4	28	hr. min.

9. Birthplace Washington D. C.
(Town, county, and state)

10. Usual Occupation Clergyman

11. Industry or business Roman Catholic Church

FATHER
12. Name Henry H. Alexander
13. Birthplace unknown

MOTHER
14. Maiden Name Elizabeth Anne Neale
15. Birthplace unknown

16 (a) Informant Rev. John J. Duggan
(b) Address 408 N. Charles Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/46 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cemetery
Location Washington, D. C.

18 (a) Funeral director H. H. Mearns & Son
(b) Address 805 N. Calvert Street

JUL 11 1946 Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1946, at 2:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1946 to July 11 1946 and that I last saw him alive on July 10 1946.

Immediate cause of death	Duration
Respiratory failure	
Due to Cerebral vascular accident	
Due to Cardio-vascular disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William F. Carr
Address 408 N. Charles St. Date signed 7/11/46

G42003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

G42003 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1302 W. Lexington St.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1302 W Lexington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellen Jane Brennan,

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Nicholas T. Brennan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1864

8. AGE: Years	Months	Days	If less than one day
81	11	28	hr. min.

9. Birthplace Elkridge, Md.
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business at home

FATHER
12. Name Bernard O'Neill,
13. Birthplace Ireland,

MOTHER
14. Maiden Name Sara Jane Dixon,
15. Birthplace Ireland,

16 (a) Informant Edward B. Brennan,
(b) Address Hampstead, L.I. N. Y.

17 (a) Burial (b) Date thereof 7/13/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Augustines,
Location Elkridge, Md.

18 (a) Funeral director G. Vernon Lemmon.
(b) Address 4611 Park Heights Ave.,

19 JUL 12 1946 (b) Huntington Williams M.D.
(Date filed by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1946 at 2 30P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/14 1946 to 7/11 1946 and that I last saw her alive on 7/11 1946

Immediate cause of death: Carcinoma Stomach — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nutter Hoscamb M. D.
Address 1429 W. Fayette St. Date signed

VS 150

X

G42004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

G42004
Registered No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3210 Walbrook Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3210 Walbrook Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME J. LEO PRELLER

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 215-05-5330

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Frances Rowley Preller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/25/1893

8. AGE: Years	Months	Days	If less than one day
53	4	15	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Material Engineer
11. Industry or business Bethlehem Steel Co.

FATHER
12. Name John Preller
13. Birthplace Balto., Md

MOTHER
14. Maiden Name Elizabeth Fraunholz
15. Birthplace Germany

16 (a) Informant Mrs. Frances R. Preller
(b) Address 3210 Walbrook Ave.

17 (a) Burial (b) Date thereof 7/13/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) Date received by Local Registrar JUL 13 1946 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1946, at 10 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1946 to July 9 1946 and that I last saw him alive on July 9 1946.

Immediate cause of death	Duration
Massive Pulmonary Hemorrhage	few minutes
Due to Pulmonary Tuberculosis	5 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation No Recent Operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. J. Sullivan M. D.
Address 2911 Eutaw Blvd Date signed 7-17-46

VS 180

G42005 new

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G42005

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Apt. 12, 4205 Falls Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

Wick

3 (a) FULL NAME Baby girl Wick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/2/46

8. AGE: Years | Months | Days 4/3 | If less than one day: hr. min.

9. Birthplace University Hosp, Baltimore
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Joseph Wick
13. Birthplace Newark, N.J.

MOTHER
14. Maiden Name Margaret Baxter
15. Birthplace Bridgeport Conn.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUL 10 1946
18 (a) Funeral director Commissioner of Health
(b) Address
19 (a) JUL 13 1946 Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/5/ 1946 at 4:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/2/ 1946 to 7/5/ 1946, and that I last saw him alive on 7/5/ 1946.

Immediate cause of death	Duration
Asphyxia	
Due to prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Elizabeth M Gallatin M. D.
Address Marine Hosp Date signed 7/5/46

3637 Balt Md. X

G42006 new

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G42006

CERTIFICATE OF DEATH 161c

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 S. Lytle Street

(c) Hospital or institution: South Baltimore General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4

(e) Length of stay in Baltimore (yrs., mos., or days) 4

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Essex 21

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1604 Dartford Rd

(If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Mary Catherine Donahue

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4 July 1946

8. AGE: Years	Months	Days	If less than one day
		4	hr. min.

9. Birthplace Baltimore

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Thomas Leon Donahue

13. Birthplace Wilkes-Barre, Pa.

MOTHER

14. Maiden Name Marion Agnes Houghton

15. Birthplace Washington, D.C.

16 (a) Informant Marion Agnes Donahue

(b) Address 1604 Dartford Rd, Essex, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (month) (day) (year)

(c) Cemetery or crematory

Location University Medical School JUL 10 1946

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) JUL 12 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4 July 1946, at 12:30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 4 July 1946 to 4 July 1946, and that I last saw h[illegible] alive on 4 July 1946.

Immediate cause of death	Duration
Hemolytic anemia	4 da
Due to	
Uterine gravis Neonatorum	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Henry Cohen M.D.

Address South Balto Gen'l Hosp Date signed 7 July 46

VS 150

36638

X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. 632007

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hosp
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 Stricklond South Conaway St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Freeland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/26/46

8. AGE: Years	Months	Days	If less than one day
		9 days	hr. min.

9. Birthplace Balt. Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name Mary Freeland
15. Birthplace Balt Md,

16 (a) Informant Mrs Mary Freeland
(b) Address 602 South Conaway St Balt Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUL 10 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUL 12 1946 (Date rec'd by registrar) Beatrice for Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/5/46 1946, at 12:15a M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1/46 1946, to 7/5/46 1946, and that I last saw h alive on 7/5/46 19

Immediate cause of death	Duration
Coma	
Due to prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elizabeth Catlett M. D.
Address Marine Hosp Date signed 7/6/46

VS 150 3636 Balt Md

42008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 42008

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Aves.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3210 Strickland St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bridget A. O'Grady
3 (b) If veteran, name war
3 (c) Social Security Account No. None
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Emma O'Grady
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 29 1885
8. AGE: Years 61 Months 2 Days 12 If less than one day hr. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Cost Accounting Clerk
11. Industry or business Mt. Vernon Co.
FATHER 12. Name Unknown
13. Birthplace
MOTHER 14. Maiden Name
15. Birthplace
16 (a) Informant Emma O'Grady
(b) Address 3210 Strickland St.
17 (a) Burial (b) Date thereof 7/15/46 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory U. S. National
Location Balto. Md.
18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.
JUL 13 1946 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-11 19 46 at 2:07 M
21. I certify that death occurred on the date above stated; that I attended deceased from 7-11 19 46 to 7-11 19 46 and that I last saw h[illegible] alive on 7-11 19 46.

Immediate cause of death	Duration
Cardiac Failure	
Due to Acute Cardiac Dilatation	
Due to [redacted]	
Other Conditions Coronary arteriosclerosis (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: Coronary arteriosclerosis, Cardiac dilatation

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Howard J. Mallios M.D.
Address Date signed 7-14-46

By J. R. Ondis for Howard J. Mallios, M.D.

OS 150

G42009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131B

Registered No. G42009

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1826 W. Mulberry St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1826 W. Mulberry. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Sylvester A Wheeler

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Wheeler

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Jan 22-1879

8. AGE: Years	Months	Days	If less than one day
67	5	19	hr. min.

9. Birthplace Sykesville Md (Town, county and state)

10. Usual Occupation Retired Postman

11. Industry or business

FATHER 12. Name Sylvester A. Wheeler

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden Name Unknown

MOTHER 15. Birthplace

16 (a) Informant Mary Wheeler

(b) Address 1826 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13-48 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Balto Md

18 (a) Funeral director Thomas F. Kenny Inc.

(b) Address Hollins & Eutaw

19 (a) JUL 13 1948 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1948, at 12 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1948 to July 11 1948, and that I last saw him alive on July 9 1948.

Immediate cause of death	Duration
respiratory failure	
Due to uremia	
Due to chronic nephritis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William F. Barr M. D.

Address Barr Insurance Date signed 7/14/48

G42010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G42010 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2311 N Monroe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2311 N Monroe St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas J McClain

3 (b) If veteran, name war Spanish War
3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Mary C McClain
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/12/1875

8. AGE: Years 71 | Months 4 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Guard
11. Industry or business Federal Reserve

FATHER 12. Name John McClain
13. Birthplace Balto

MOTHER 14. Maiden Name Cassandra Sinclair
15. Birthplace Baltimore

16 (a) Informant Mrs Irene Lamm
(b) Address 712 Beaumont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15th (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Pleasant St

19 (a) 7-13-1946 (b) [illegible]
(Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11th 1946 at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 2, 1938, to July 11, 1946, and that I last saw h alive on July 11, 1946.

Immediate cause of death	Duration
Coronary occlusion	Immediate
Due to Coronary sclerosis	8 years
Due to Myocardial disease	8 years
Other Conditions Hypertension	8 years.

(Include pregnancy within 3 months of death)

Date of operation none
Major findings of operation: none
of autopsy: none.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at ✓ M
(c) Where did injury occur? ✓
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? ✓
(Specify type of place)
(e) Means of injury ✓

23. Signature Frank N. Ogden M. D.
Address 2701 N. Calvert St. Date signed July 11, 1946

VS 150

X

G42011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G42011

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1316 Bennington Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ANNIE E. STEVENS

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	W

6 (b) Name of husband or wife William J. Stevens
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 16 1883

8. AGE: Years	Months	Days	If less than one day
62	7	26	hr. min.

9. Birthplace Ireland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Byrnes
13. Birthplace Ireland

MOTHER
14. Maiden Name Ennistoning
15. Birthplace Ireland

16 (a) Informant Vincent C. Stevens
(b) Address Catherine Ave. Brunswick Md.

17 (a) Burial (b) Date thereof 7/15/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave. Balto: Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

JUL 13 1946 (b) Registrar for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12 July 1946 at 12 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6 July 1946 to 12 July 1946, and that I last saw h[illegible] alive on 12 July 1946.

Immediate cause of death Cardio Resp. failure
Due to Cerebrovascular hemorrhage
Due to Hypertension
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James O'Hare M. D.
Address Mercy Hosp. Date signed 7/12/46

VS 150

HAMLIN

G4201:2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

Registered No. G4201:2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1428 Mosher St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Willie Hamlin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	M.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1911

8. AGE: Years	Months	Days	If less than one day
35	1	13	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Balto. Transit Co

FATHER
12. Name John Hamlin
13. Birthplace Virginia

MOTHER
14. Maiden Name Laura Banks
15. Birthplace Virginia

16 (a) Informant Julia Hamlin
(b) Address 1428 Mosher

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 7/15/46 (month), (day), (year)
(c) Cemetery or crematory Pine Lawn
Location Suffolk Va.

18 (a) Funeral director Metropolitan Funeral Home
(b) Address 917 N. Mount St.

19 (a) JUL 13 1946 (Date rec'd by registrar) (Signature) for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 10 July 1946 to 11 July 1946 and that I last saw him alive on 11 July 1946.

Immediate cause of death	Duration
Cardiac decompensation	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward A. Smith M.D.
M. D.
Address Mercy Hospital Date signed 7-11-46

VS 150

G42013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G42013

ZR. 102626

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 251 W. Hoffman St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Allen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7th 1917

8. AGE: Years	Months	Days	If less than one day
29	0	2	hr. min.

9. Birthplace Florida (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Frank Allen
13. Birthplace Florida

MOTHER
14. Maiden Name Esther Wills
15. Birthplace Florida

16 (a) Informant Baltimore City Hospitals
(b) Address 4904 Eastern Ave (records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17-1946 (month) (day) (year)
(c) Cemetery or Location Mt. Calvary

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave.

19 JUL 13 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9th 1946 19 at 10.25 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5th 1946 to July 9th 1946 and that I last saw him alive on July 9th 1946

Immediate cause of death Uraemia.

Due to Hypertensive Cardio-Vascular-Renal Disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: See above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert R. Fowler M. D.
Address Balto. City Hosp. Date signed 7-9-46

VS 150

G42014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46M

Registered No. G42014

CHK- 108451

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 65- 5- 6-

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 551 Orchard Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Queen (Queen)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Annie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5-1883

8. AGE: Years	Months	Days	If less than one day
65	5	6	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Not Known (Horace Queen)
13. Birthplace Virginia

MOTHER
14. Maiden Name Not Known
15. Birthplace ?

16 (a) Informant Records-Balto. City Hospitals
(b) Address 4940 Eastern Avenue

17 (a) (Burial, cremation, or removal) (b) Date thereof July 15 (month) (day) 1946 (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director A. Hafetzah
(b) Address 918 Druid Hill Ave.

19 (a) Filed rec'd by Registrar JUL 13 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

P

20. DATE OF DEATH July 9 (9) 1946, at 2:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1946 to July 9 1946 and that I last saw h im alive on July 9 1946

Immediate cause of death ?	Duration
Coronary Occlusion	
Due to Arteriosclerosis Generalized.	
Due to	
Other Conditions ? Malignancy ? G-I tract	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Herbert R. Forbes M. D.
Address Balto City Hosps. Date signed 7-9-46

VS 180

X

6-12015

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. 6-12015

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be careful correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Caroline & Oliver Sts

(c) Hospital or institution: St. Josephs

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1919 E. 31st St

(If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Gerald William Champlin or William G Champlin

3 (b) If veteran, name war: World War 1

3 (c) Social Security Account No. 705-09-1776

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ethel Champlin

6 (c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.) 7-8-99

8. AGE: Years 47 | Months | Days 4 | If less than one day: hr. min.

9. Birthplace Cumberland, Md (Town, county, and State)

10. Usual Occupation Engineer

11. Industry or business Railroad B. O.

FATHER

12. Name William H. Champlin

13. Birthplace Washington D.C.

MOTHER

14. Maiden Name Mary E. Horn

15. Birthplace West Va

16 (a) Informant Ethel M. Champlin

(b) Address 1919 E 31st St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 15 46 (month) (day) (year)

(c) Cemetery or crematory Balto. National

Location 5400 Frederick Rd

18 (a) Funeral director Mark W. Appel & Son

(b) Address 7110 Belair Rd

19 (a) Date received JUL 13 1946 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1946, at 9.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1946 to July 12 1946 and that I last saw him alive on July 12 1946

Immediate cause of death: Cardio-respiratory Failure — Duration

Due to Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation NONE

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. Jaworski

Address Date signed 7/12/46

JAWORSKI

G42016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G42016 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 23 N. Monastary Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 23 N. Monastary (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME August Siscosky

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-12-6915

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
Male	W	Married	Nellie	years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace Baltimore (Town, county and state)

10. Usual Occupation Cat Driver

11. Industry or business

FATHER — 12. Name	?
FATHER — 13. Birthplace	?
MOTHER — 14. Maiden Name	?
MOTHER — 15. Birthplace	?

16 (a) Informant Nellie Siscosky
(b) Address 23 N. Monastary Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Joseph Karjoukas
(b) Address 607 Washington Ave Huntingtown Williams, Md

19 (a) (Date received) JUL 13 1946 Registrar

VS-150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/11 1946, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1946, to 7/11 1946 and that I last saw h alive on 7/11 1946.

Immediate cause of death: Coronary thrombosis — Duration: 2 hours

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Benjamin Miller MD M. D.
Address 2030 Wilkens Date signed 7/12/46

ans X

G42017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45F

Registered No. G42017

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1208 Eutaw Place
(c) Hospital or institution: Elmhurst Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5201 Kenwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Dembeck

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	widowed

6 (b) Name of husband or wife Magdalena Dembeck

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER — 12. Name Gus Dembeck

13. Birthplace Germany

MOTHER — 14. Maiden Name Anna Todajeska

15. Birthplace Germany

16 (a) Informant Helen Dembeck

(b) Address 5201 Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/46 (month) (day) (year)

(c) Cemetery or crematory St Stanislaus

Location Dundalk Ave

18 (a) Funeral director John J Duda

(b) Address 2849 Hudson st.

19 JUL 13 1946 (Date received by Registrar) (b) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1946, at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 - 1946 to July 11 - 1946 that I last saw him alive on July 11 - 1946.

Immediate cause of death Carcinomatosis - ? extension — Duration

Due to CA - Throat

Due to

Other Conditions Adv. arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Gracol M. D.

Address 1700 Eutaw Pl. Date signed 7-11-46

(17) X

G42018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

135B Registered No. G42018

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County [illegible]
(c) City or town Lutherville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Halliday

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19, 1886

8. AGE: Years	Months	Days	If less than one day
60	1	23	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Lewis Holliday
13. Birthplace Md

MOTHER
14. Maiden Name Emma Mock
15. Birthplace Md

16 (a) Informant Emma Emildred Green
(b) Address 1649 Maddison ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-1946 (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest Cem.
Location Towson Md

18 (a) Funeral director Roger T. A. Gibson Sr.
(b) Address 1756 Druid Hill ave

19 (a) [illegible] (b) [illegible]
JUL 13 1946 Huntington Md. Baltimore, Md.
VS-151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-11-46 19 , at 1 A.M

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Acute diffuse fibrinous peritonitis.
Perforation of bladder due to catheterization

Other Conditions

(Include pregnancy within 3 months of death)

See 21 - opinion

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/9/46 at ? M.
(b) Where did injury occur? Lutherville, Md.
(c) Did injury occur at home, on farm, industrial place, in public place? Farm (While at work?) Yes
(d) Means of injury Assaulted by Kicked

23. Signature Howard J. Mackeis M.D.
Medical Examiner.
Date signed 7-11-46

G42019

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

Registered No. G42019

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 MINUTES
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 N. Schroeder St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Gladeney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife Rosa Gladney

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1916

8. AGE: Years 29 | Months 9 | Days | If less than one day hr. min.

9. Birthplace Monticello S. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Martin Gladney
13. Birthplace S. C.

MOTHER
14. Maiden Name Emma Mack
15. Birthplace S. C.

16 (a) Informant Lula Harrison
(b) Address 9 N. Schroeder St.

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof July 13, 1946 (month) (day) (year)
(c) Cemetery or crematory Winnsboro S. C.
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N. Schroeder St

19 (a) Date received JUL 13 1946 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9, 1946 at 12 20 AM

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Bullet wound of abdomen involving the abdominal aorta, stomach, duodenum, kidney

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/8/46 at 11:25 P. M.
(b) Where did injury occur? 315 N. Fremont Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Fire arms — Revolver

23. Signature Howard F. Lucas M.D. Medical Examiner.
Date signed 7-9-46

VS 151

X

642020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

642020 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3037 Grayson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 26 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3037 Grayson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lulu M. Snively

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Benjamin F. Snively
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1869

8. AGE: Years	Months	Days	If less than one day
76	11	1	hr. min.

9. Birthplace Myersville, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Josuah F. Biser
13. Birthplace Md.

MOTHER
14. Maiden Name Amanda C. Keller
15. Birthplace Md.

16 (a) Informant Mr. Hubert B. Snively
(b) Address 818 Salem Ave., Hagerstown, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/46 (month) (day) (year)
(c) Cemetery or crematory
Location Keedysville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUL 18 1946 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1946, at 11.15 A M

21. I certify that death occurred on the date above stated, that I attended deceased from July 8 1946 to July 13 1946 and that I last saw h[illegible] alive on July 11 1946

Immediate cause of death
(a) Coronary Occlusion
Due to (b) General Sclerosis
Due to (c) Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy: None

Duration
✓
✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edgar L. Trahorn, M.D.
Address 52 E. Baltimore St. Date signed 7/15/46

VS 150

942021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G42021 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene St.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4506 Valley View Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Philip E. Wilson

3 (b) If veteran, name war	3 (c) Social Security Account No. 215-09-1974

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Margaret Wilson
6 (c) If alive, give age 48 years
7. Birth date of deceased (mo., day, yr.) July 23. 1895

8. AGE: Years	Months	Days	If less than one day hr.	min.
50	11	19		

9. Birthplace Richmond, Va (Town, county, and state)
10. Usual Occupation Sales-Manager
11. Industry or business

FATHER
12. Name Edwin Wilson
13. Birthplace

MOTHER
14. Maiden Name Annie R. May
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Margaret Wilson
(b) Address 4506 Valley View Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4430 Belair Road.

18 (a) Funeral director Howard N. Blight, Jr.
(b) Address 4914 Belair Road.

19 (a) JUL 13 1946 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1946, at 1254 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1946 to July 12 1946, and that I last saw him alive on July 11 1946.

Immediate cause of death	Duration
cardiac failure	
Due to Cardiac (infarction) (old?)	
Due to coronary thrombosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Cardiac infarction

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James A. Vaughan, Jr. M. D.
Address University Hospital Date signed July 13 1946

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G4 20,22

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 837

Registered No. G4 20,22

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1015 De Soto Rd
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) W
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 De Soto Rd (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country

3 (a) FULL NAME Clara S Shourds

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife John H. Shourds
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 9th 1876

8. AGE: Years	Months	Days	If less than one day
70	6	3	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation housework
11. Industry or business at home

FATHER
12. Name John B. Woods
13. Birthplace unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mr John H. Shourds
(b) Address 1015 De Soto Rd.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 7/15/46 (month) (day) (year)
(c) Cemetery or crematory St Peter's Cemetery
Location Mozelyn Ave

18 (a) Funeral director John J. Cowan & Son
(b) Address 901-03 Hollins St

19 (a) (Name of crematory) Huntington Williamsville

JUL 13 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12th 1946, at 10 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1945, to July 12 1946, and that I last saw h alive on July 11 1946

Immediate cause of death Hypostatic Pneumonia — Duration 7 days

Due to Rt Hemiplegia

Due to Hypostasis & Post Apoplectic Sclerosis

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation V
Major findings of operation: V
of autopsy: V

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide V
(b) Date of occurrence V at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury V

23. Signature Haywood Kahn M.D.
Address 2027 N Eutaw St Date signed 7/12/46

X

FL - 102761 G420223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. G420223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs. ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 332 S. Macon St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John F. Baugher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28, 1876 ?

8. AGE: Years	Months	Days	If less than one day
70 ?	4 ?	16 ?	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Gordon Baugher
13. Birthplace Va.

MOTHER
14. Maiden Name Susan Nellie
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/13/46 (month) (day) (year)

(c) Cemetery or crematory
Location Lakeview, Virginia

18 (a) Funeral director Wm Ould Inc.
(b) Address 1217 St Paul St.

19 (a) [illegible] (b) Huntington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1946 at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1946 to July 13 1946 and that I last saw him alive on July 13 1946

Immediate cause of death Pneumonia R Lung

Due to

Due to

Other Conditions Hemoglobin R

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Pneumonia R Lung Hemoglobin

Duration
1
Died ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund B Beacham M.D.
Address Balto City Hosp Date signed 13 Jul 46

VS 150

G42024 CRASS ✓ G42024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3323 Edmondson Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3323 Edmondson ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William C. Crass

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W.	Married

6 (b) Name of husband or wife Lena M. Crass
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1879

8. AGE: Years	Months	Days	If less than one day: hr.	min.
66	11			

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Office
11. Industry or business Balto. Transit Co.

FATHER
12. Name Crass
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Lena Crass
(b) Address 3323 Edmondson ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15 46 (month) (day) (year)
(c) Cemetery or crematory Meadowridge
Location Elkridge Md

18 (a) Funeral director Harry H. Kutzke
(b) Address 4101 Edmondson Ave

19 (Signature of registrar) Thurlington Williams M.D. Registrar
JUL 18 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12- 1946, at 7:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-22-1946 to 7-12-1946 and that I last saw him alive on 7-11-1946

Immediate cause of death Carcinoma of Stomach with metastasis. — Duration 24 hr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Coleman Stroman M. D.
Address 2424 Eutaw Place Date signed 7-13-46

VS 150

X

G42025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 33B

Registered No. G42025

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 521 S. Brunswick St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 521 S. Brunswick St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Fetter - or Jakob Fetter

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-12-0449

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Elizabeth H. Fetter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 7, 1896

8. AGE: Years	Months	Days	If less than one day
49	11	4	hr. min.

9. Birthplace Hungary (town, county, and state)
10. Usual Occupation Barber
11. Industry or business

FATHER
12. Name Martin Fetter
13. Birthplace Hungary

MOTHER
14. Maiden Name Theresa Engyy
15. Birthplace Hungary

16 (a) Informant Mrs. Elizabeth Fetter
(b) Address 521 S. Brunswick St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15/46 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave. & Longwood

18 (a) Funeral director Harry H. Nittle
(b) Address 4101 E. Edmondson Ave.

19 (a) [illegible] (b) [illegible] Registrar

Washington Hillcrest, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1946, at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 21 - 1946 to July 11 - 1946 and that I last saw h[illegible] alive on July 11 - 1946.

Immediate cause of death Obstruction of Heart — Duration 2 dys.
Due to Influenza & Pleurisy — 25 dys.
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles Riland, M. D.
Address 2532 Edmondson Ave. Date signed 7-13-46

X

G42026 48896 Keen G42026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: [illegible] HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1956 Patterson Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Erdman Keen

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-16-46

8. AGE: Years	Months	Days	If less than one day
	1	26	[illegible]

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Arthur Keen
13. Birthplace Md.

MOTHER
14. Maiden Name Evelyn Nickel
15. Birthplace Md.

16 (a) Informant Records
(b) Address [illegible] HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13th 1946 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Road

18 (a) Funeral director Leo G. Leach
(b) Address 1701-03 N. Patterson Park Ave

19 (a) [illegible] 12 1946 Registrar

MEDICAL CERTIFICATION

35 P M

20. DATE OF DEATH July 11 1946

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1946 to July 11 1946 and that I last saw alive on July 11 1946

Immediate cause of death	Duration
Pulmonary edema	1 hr.
Due to Congestive Heart Failure	1 hr.
Due to	
Other Conditions Acute Diarrhoea Malnutrition	5 days

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Demetrius J. Iraggi
Address Johns Hopkins Hosp. Date signed 7/11/46

JUL

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124 B

Registered No. 642027

642027

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Catay Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2748 Riggs Ave.
(If rural, give location)
(e) Citizen of foreign country? U.S. (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Theresa Schaefer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife HOWARD G.

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) APRIL 5, 1902

8. AGE: Years	Months	Days	If less than one day: hr.	min.
44	3	6		

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name FRANCISZEK IMBIERDWICZ
13. Birthplace GONCZ, POLAND

MOTHER
14. Maiden Name STANISLAWA CHOINACKA
15. Birthplace POLAND

16 (a) Informant MR. HOWARD G. SCHAEFER
(b) Address 2748 RIGGS AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/15/46 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location FREDERICK ROAD.

18 (a) Funeral director M. J. Radonski & Son
(b) Address 1828 Eastern Ave.

19 (a) Date received JUL 13 1946 (b) Registrar's signature for Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-11 1946 at 3:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1946 to 7-11 1946, and that I last saw her alive on 7-10 1946.

Immediate cause of death	Duration
Cardiac Failure	
Due to Pernicious Anemia	
Due to Hepatic Cirrhosis	
Other Conditions Pancreatitis, Spur Cholecystitis, Ochylia Gastrica	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation Hepatic cirrhosis Cholecystitis, Pancreatitis

Autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Wirt Hellges M. D.
Address Date signed 7/11/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G42038

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4307 Belvieu Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 78
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4307 Belvieu Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Horatio Jacob Parker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Beatrice E. Parker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sep 22 1882

8. AGE: Years	Months	Days	If less than one day
63	9	20	hr. min.

9. Birthplace North Carolina
(Town, county, and state)
10. Usual Occupation Spec. Rep.
11. Industry or business B & O R R Co

FATHER
12. Name Hannibal N. Parker
13. Birthplace North Carolina

MOTHER
14. Maiden Name Mary Waite
15. Birthplace North Carolina

16 (a) Informant Louise Ann Parsons
(b) Address 4654 Marble Hall Road

17 (a) Burial (b) Date thereof July 15 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Henry T. Hancock
(b) Address 4204 Ridgewood Ave

19 (Signature of registrar) JUL 13 1946 Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1946 at 1:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1946 to July 12 1946 and that I last saw him alive on July 12 1946.

Immediate cause of death
Acute coronary thrombosis
Paralytic ileus
Due to Chronic myocarditis
Diabetes mellitus
Due to
Other Conditions Thrombophlebitis - R. L.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

Duration
1 day
7 days
3/15/46
2 yrs.
5/29/46

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature S. Schlenger
Address 4600 Liberty Heights Date signed 7/13/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131B

Registered No. G42029

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1005 McAleer Court
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 McAleer Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY LOUISE BEYER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	216-10-8973	F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1875

8. AGE: Years	Months	Days	If less than one day
71	5	19	hr. min.

9. Birthplace Richmond, Va.
(Town, county, and state)
10. Usual Occupation Seamstress
11. Industry or business

FATHER
12. Name John Beyer
13. Birthplace Germany

MOTHER
14. Maiden Name Anna M. Zart
15. Birthplace Germany

16 (a) Informant Miss Laura Beyer - sister
(b) Address 1005 McAleer Court

17 (a) Burial (b) Date thereof 7/15/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) JUL 13 1946 (b) Registrar Huntington Williams, M.D.
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1946, at 5.10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1946 to July 11 1946 and that I last saw h[illegible] alive on July 11 1946.

Immediate cause of death: Myocardial Failure — Duration 3 wks.
Due to: arteriolar Hypertension — 1 yr.
Due to: Chronic Glomerular Nephritis — ?
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sarena W. LeBoeuf
Address 601 S. Ellwood Ave. Date signed 7/12/46

VS 180

X

G42030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1062

Registered No. G42030

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1510 Locust Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 Locust Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carl R. Daus

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Augusta Goltz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/18/1870

8. AGE: Years	Months	Days	If less than one day
75	10	24	hr. min.

9. Birthplace: Poland (Town, county, and state)
10. Usual Occupation: Retired
11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: "

MOTHER
14. Maiden Name: Unknown
15. Birthplace: "

16 (a) Informant: Family
(b) Address: 1510 Locust St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/46 (month) (day) (year)
(c) Cemetery or crematory: Cedar Hill
Location: Brooklyn, Md.

18 (a) Funeral director: James L. McCarey
(b) Address: 130 E. Fort Ave.

19 (a) (b) Huntington Williams, M.D.

JUL 13 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1946 at 3:45P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1944 19 to July 11 1946
and that I last saw h[illegible] alive on July 11 1946

Immediate cause of death: Myocardial Insufficiency — Duration 2 hrs.
Due to Chronic Bronchitis — Duration Long years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Leon L. Harley M. D.
Address: 4700 Belair Rd. Date signed July 13/46

G42031 new

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42031 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Darlington
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bonita Kirkwood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3-1943

8. AGE: Years	Months	Days	If less than one day
3	0	9	hr. min.

9. Birthplace Harford Balto. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name A Kirkwood
13. Birthplace Harford Co. Md

MOTHER
14. Maiden Name Emiline McNutt
15. Birthplace Harford Co. Md

16 (a) Informant H. L. Bailey
(b) Address Darlington, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15 1946 (month) (day) (year)
(c) Cemetery or crematory Darlington
Location Harford Co. Md.

18 (a) Funeral director H. L. Bailey
(b) Address Darlington, Md.

19 (a) JUL 13 1946 (Date received by local registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1946, at 1920 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 12 1946, to July 12, 1946, and that I last saw her alive on July 12, 1946.

Immediate cause of death Respiratory Arrest

Due to Lymphatic Leukemia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Leukemic infiltration

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. Crouch M. D.
Address University Hosp. Date signed 7-13-46

VS 150

(over)

G42032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

193

Registered No. G42032

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 829 Forrest St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John H. Wertz (Wertz)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Carrie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 12, 1913

8. AGE: Years 32 | Months 10 | Days 29 | If less than one day: hr. min.

9. Birthplace S. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Henry Wertz
13. Birthplace S. C.

MOTHER
14. Maiden Name Hattie Lake
15. Birthplace S. C.

16 (a) Informant Carrie Wertz
(b) Address 1937 N 12th St. Phila, Pa

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 24 '46 (month) (day) (year)

(c) Cemetery or crematory
Location New Berry S. Carolina

18 (a) Funeral director Mrs. Estella Elliott Dye
(b) Address 1129 N. Carolina St.

19 JUL 13 1946 (Date received by registrar) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1946 at 9:16 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Acute Congestive Cardiac Failure, Hypertrophy & dilatation of Heart, Acute Pulmonary Edema Congestion of all viscera.

Other Conditions Electrocution.

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/11/46 at 15-11 8:45 P.M.
(b) Where did injury occur? Thomas Emrich Co. - Brantley Rd & W. 36th St.
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? Yes
(d) Means of injury Electrocution.

23. Signature Howard Klemm M.D. Medical Examiner.
Date signed 7-12-46

VS 151

G42033
JL -86271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42033
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1425 E. Eager St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1917

8. AGE: Years	Months	Days	If less than one day
28	7	25	hr. min.

9. Birthplace N. C.
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name James Smith
13. Birthplace N. C.

MOTHER
14. Maiden Name Missie Smith
15. Birthplace N. C.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 7/13/46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location [illegible], N. C.

18 (a) Funeral director Chas. O. Wilson
(b) Address Good Branch Rd. Huntingtown, Md.

19 JUL 17 1946 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1946 19 .5 AM M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 11 1945 to July 11 1946 and that I last saw h or alive on July 11 1946

Immediate cause of death
Pulmonary Tuberculosis far advanced

Duration 3 yrs

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ad Hartz M. D.
Address Balto City Hosp Date signed 7/12/46

VS 150

G42034 AB-102697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G42034

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 W. Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Henson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7- 1905

8. AGE: Years	Months	Days	If less than one day
41	3	4	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Henson (D
13. Birthplace Md.

MOTHER
14. Maiden Name Lottie ? (D
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn, Md.

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brant Ave

19 (d) JUL 13 1946 (Date rec'd by registrar) Huntington Md.

MEDICAL CERTIFICATION PM

20. DATE OF DEATH July 11- 1946 at 12.10M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-8 1946 to 7-11 1946, and that I last saw him alive on 7-11 1946.

Immediate cause of death: Uremia — Duration 4 wks

Due to: Hypertension — Duration 3 yrs

Due to: — Duration

Other Conditions: Cerebrovascular accident — Duration 1 day
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund Beaetaum M.D.
Address Balto City Hosp Date signed July 14

VS 150

G420035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 63a

G420035 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1400 N Caroline

(c) Hospital or institution: St Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days

(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1607 E. Biddle St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Estelle Mary Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fr.

5. Color or race Black

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Elmer Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/21/1900

8. AGE: Years 46 Months 2 Days 20 If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Benjamin H. Henson

13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name Martha Hammond

15. Birthplace Baltimore, Md.

16 (a) Informant Elmer Smith

(b) Address 1607 E. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/46 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location

18 (a) Funeral director Elroy O. Wilson

(b) Address 1900 Pennsylvania Ave

19 (a) JUL 14 1946 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/11/46 19 3:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/30 19 46 to 7/11 19 46 and that I last saw h alive on 7/11 19 46

Immediate cause of death Cardio-respiratory failure — Duration

Due to Cerebral Hemorrhage

Due to

Other Conditions Uterine Fibroids Polycystic Kidneys (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Helen [illegible] M. D.

Address St Joseph's Hosp Date signed 7/14/46

VS 150

G42036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42036
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days.

2. USUAL RESIDENCE OF DECEASED.
(a) State Md. (b) County Anne Arundel
(c) City or town Rural - Deale
(If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Denver B. Weller.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mrs. D. B Weller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-2-85

8. AGE: Years	Months	Days	If less than one day
60	7	11	hr. min.

9. Birthplace West Virginia (Town, county and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Mr. Scott Weller
13. Birthplace ~~Unknown~~ [illegible]

MOTHER
14. Maiden Name Annie E. Brown
15. Birthplace West Va.

16 (a) Informant Mrs. D.V. Weller
(b) Address Deale, Md.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7/16/46 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Mary Washington, D.C.C.

18 (a) Funeral director Geo. W. Little
(b) Address 2100 Edmonston Ave. Hyattsville, Md.

19 (a) 7-4 1946 (Date registered) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1946, at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1946 to July 13 1946 and that I last saw him alive on July 13 1946.

Immediate cause of death Sudden Respiratory & Circulatory failure.
Due to Toxic manifestations of Rocky Mountain Spotted Fever
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edwin O. Henderson, M. D.
Address Union Memorial Hosp Date signed 7-13-46

VS 150

G42037

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 49a

G42037
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Jessup Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(e) Citizen of foreign country? — (If rural give location) (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Nettie A Crumm

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	M

6 (b) Name of husband or wife Wm B. Crumm deceased
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1867

8. AGE: Years	Months	Days	If less than one day
78	8	29	hr. min.

9. Birthplace Howard Co. Md.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Nathan C. Hotta
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Rosnell
15. Birthplace Md.

16 (a) Informant Mrs. Mary Tate
(b) Address 3904 Groveland Ave, City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-46 (month) (day) (year)
(c) Cemetery or crematory McKendree
Location Ellicott City, Howard Co. Md

18 (a) Funeral director C. M. Watts
(b) Address Ellicott City, Md.

19 (a) (Date received by Local Registrar) Huntington Williams, M.D.
JUL 14 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/12/46 19 , at 2.06 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/27 1946 to 7/12 1946 and that I last saw h[illegible] alive on 7/12 1946.

Immediate cause of death: Auricular fibrillation
Ca of G I tract
Due to Obstruction
Hydropes of G B
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation —
of autopsy Ca of appendix or ovary

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Geo. Y. Mossenburg Jr
Address University Hospital Date signed 7/13/46

X

S-B 150

G420.38
AB-101833

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 53

✓ G420.38
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mos- 6days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 W. Lexington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lloyd Treherne

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Lenoy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1- 1873

8. AGE: Years	Months	Days	If less than one day
73	6	11	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert Treherne
13. Birthplace Va.

MOTHER
14. Maiden Name Elizabeth Church
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-13-46 (months) (days) (year)
(c) Cemetery or crematory Cape Charles, Va
Location Cape Charles Va

18 (a) Funeral director Wilbur G. Justice
(b) Address 916 Penna, Ave
(c) 7-14-1946 Huntington Williams M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12- 1946 at 1.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-6- 1946 to 7-12 1946 and that I last saw him alive on 7-12- 1946

Immediate cause of death Uremia
Due to Chronic glomerulonephritis
Due to Pulmonary edema
Due to Generalized arteriosclerosis
Other Conditions Squamous CA at face

(Include pregnancy within 3 months of death)

Date of operation 6-12-46 & 7-3-46
Major findings of operation: Plastic operation of face
of autopsy: As above

Duration
3 days
yrs?
1 hr
yrs
6 mo*

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at PM
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas J. Orrell M. D.
Address Balto. City Hosp. Date signed 7-13-46

VS 150

G420.39 ✓ G420.39

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122 B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The cause is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution:
US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 416 days
(e) Length of stay in Baltimore (yrs., mos., or days) 416 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Chester
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country Social Security Member

3 (a) FULL NAME Spicher, Carl Bernhard

163-07-1850

3 (b) If veteran, name war

3 (c) Social Security Account No. 163-07-1850

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 24, 1891

8. AGE: Years	Months	Days	If less than one day
54	8	17	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Boatswain
11. Industry or business Seafarer

FATHER
12. Name Carl Spicker
13. Birthplace Germany

MOTHER
14. Maiden Name Mina Stacher
15. Birthplace Germany

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Lawn Croft
Location Near Wagens Hook, Pa.
18 (a) Funeral director J. C. Tyson, Upland Pa.
(b) Address
19 (a) Date received by registrar JUL 14 1946 (b) Registrar's signature Keating for Williams M.D.
JUL 14 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1946, at 9:26 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1945, to July 11 1946, and that I last saw him alive on July 11 1946.

Immediate cause of death Postoperative state, operation for intestinal obstruction, cause undetermined — Duration 3wks.

Due to Thrombosis of splenic artery & vein; thrombosis of portal vein with jaundice — More than 2 wks.

Other condition: Myocardial infarction healed — UNKNOWN

Other Conditions Infarction of spleen & left kidney — More than 2 wks.

(Include pregnancy within 3 months of death)

Date of operation 6/22/46

Major findings of operations: Intestinal obstruction

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles G. Spicknall
Charles G. Spicknall- Surgeon M. D.
Address US Marine Hospital Date signed 7/13/46

X

G42040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

G42040

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town (rural) Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Snyder

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1931

8. AGE: Years	Months	Days	If less than one day
15			hr. min.

9. Birthplace W. Va. (Town, county, and state)

10. Usual Occupation Odd Jobs

11. Industry or business

FATHER 12. Name Edward Snyder
13. Birthplace W. Va.

MOTHER 14. Maiden Name Essie Mae Painter
15. Birthplace W. Va.

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick, Md.

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Md.

JUL 14 1946 (Date rec'd by Registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12, 1946, at 8:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 7, 1946 to July 12 1946, and that I last saw him alive on July 12 1946

Immediate cause of death Cardiac Failure

Due to Extensive Burns & Broncho-pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident - Burns
(b) Date of occurrence June 7, 1946 at M
(c) Where did injury occur? Frederick Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Burns

23. Signature Esmin R. Jennings
Address Univ. Hospital Date signed 7/13/46

Howard J. McInnis, M.D.

VS 150

G420:1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G420:1 Registered No. 183

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 202 Southerly Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harrison J. Bush

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Cora B Bush
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20-1913

8. AGE: Years	Months	Days	If less than one day
32	11	13	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Machinest
11. Industry or business Bethelehem Steel Corp

FATHER
12. Name Joseph Bush
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Reynolds
15. Birthplace Virginia

16 (a) Informant Mrs Cora B Bush
(b) Address 202 Southerly Rd - (25)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17-46 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Virginia
Location Covington Virginia

18 (a) Funeral director Milton Schilling
(b) Address 3914 S. Hanover St

19 (a) JUL 14 1946 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1946, at 7.10 a.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Drowning.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/13/46 at 5.30 a.m. 24/2
(b) Where did injury occur? 1101 Key Highway Pier - Key Highway
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? Yes
(d) Means of injury Fell overboard from boat

23. Signature Homer J. Madeira M.D. Medical Examiner
Date signed 7/13/46

VS 151

G420:2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47a

G420:2
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Raynor and Dukeland
(c) Hospital or institution: West Baltimore Gen Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford Co.
(c) City or town Belair, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. RFD #3.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard Minnick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Farmer -

11. Industry or business

FATHER
12. Name Wm. H. Minnick
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Sarah J. Haughey
15. Birthplace Harford Co. Md

16 (a) Informant Wilbur Minnick
(b) Address Fullerton P.O RFD

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16/46 (month) (day) (year)

(c) Cemetery or crematory Rock Spring
Location Forest Hill

18 (a) Funeral director Deaver Funeral
(b) Address Bel Air, Md

19 (a) (Date received by registrar) (b) Huntington Williams, M.D.

JUL 14 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 13 July 1946 at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11 July 1946 to 13 July 1946 and that I last saw h in alive on 13 July 1946.

Immediate cause of death Respiratory failure — Duration

Due to Edema of larynx

Due to Carcinoma of larynx

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 13 July 46

Major findings of operation: Ca of larynx

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carl J. Wenslow M.D.
Address W. Balt. Gen Hy Date signed 13 July 46

(over)

X

G420:3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G420:3 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4212 Furley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 4212 Furley Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore, Md
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara A Bopp

3 (b) If veteran, name war

3 (d) Social Security Account No.

4. Sex: Female

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John Bopp

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/19/74

8. AGE: Years 71 | Months 10 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name John E Lang
13. Birthplace Germany

MOTHER
14. Maiden Name Mary A Kramer
15. Birthplace Baltimore Md

16 (a) Informant Mr Geo Bppp
(b) Address 4212 Furley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Lucas Bros Funeral Home
(b) Address 7401 Belair Rd Balto 6 Md

19 (a) JUL 14 1946 (Date received by registrar) (b) Huntington Williamsport Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/12/46 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 10 1936 to July 12 1946, and that I last saw h alive on July 12, 1946.

Immediate cause of death Chronic hypocardites

Due to Arteriosclerotic Cardiovascular Renal Disease

Due to

Other Conditions Hemiplegia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 15 yrs

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel B Wolfe M. D.
Address 1331 Maryland Ave Date signed 7-13-46

D-6420:4

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6420:4 Registered No. 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division
(c) Hospital or institution: Provident Hospital 14 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) One day
(e) Length of stay in Baltimore (yrs., mos., or days) 7yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 619 Ward Lewell St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15 1882

8. AGE: Years	Months	Days	If less than one day
64	5	26	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Freight handler

11. Industry or business

FATHER
12. Name Waitsmen Wilson
13. Birthplace Va.

MOTHER
14. Maiden Name Bette conway
15. Birthplace Va.

16 (a) Informant Walter Wilson
(b) Address 610 Laverens Street

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 14 1946

(c) Cemetery or crematory
Location Fredericksburg Va.

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

19 (a) JUL 14 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1946 at 9:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1946 to July 11 1946, and that I last saw him alive on July 11 1946.

Immediate cause of death: Congestive Heart Failure — Duration: 2 days

Due to: Hypertensive Cardio-vascular Renal Disease — Duration: 18 Mos.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James D. Carr M. D.
Address 715 Walker St Date signed 7-13-46

X

G420:5

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G420:5 Registered No. 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Pennsylvania Ave. 15
(c) Hospital or institution: Levindale
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 1529 N Dentelow St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH TERLITZKY

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Sarah
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1884
8. AGE: Years 62 | Months | Days | If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation retered
11. Industry or business

FATHER
12. Name Shopza
13. Birthplace Russia

MOTHER
14. Maiden Name Anya
15. Birthplace Russia

16 (a) Informant Sarah Terlitzky
(b) Address 1529 N Dentelow St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-46 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philadelphia Rd & Hamilton Ave
18 (a) Funeral director Jacob Lewis Inc
(b) Address 1409 E Balto St
19 (a) (Date rec'd by registrar) Huntington Williams M.D.

JUL 14 1946

VS-180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-13 1946 at 3 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 15 1941 to July 13 1946 and that I last saw h[illegible] alive on July 13 1946.

Immediate cause of death: Bronchopneumonia — Duration
Due to: Paralysis agitans
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Irving Vogel
Address: Levindale Home Date signed: 7-13-46 M. D.

Vogel

G420:6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1939

G420:6

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3611 W. Garrison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3611 W Garrison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Katze Matzkover

3 (b) If veteran, name war | 3 (c) Social Security Account No.

Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Jacob
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Harry
13. Birthplace Russia

MOTHER 14. Maiden Name Fagie
15. Birthplace Russia

16 (a) Informant Nelle Matzkover
(b) Address 3611 W Garrison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-46 (month) (day) (year)
(c) Cemetery or crematory Loredale
Location Philadelphia Rd + Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 1409 E Baltimore St

JUL 14 1946 (Date received by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1946 at 9:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1946 to July 13 1946, and that I last saw her alive on 13 July 1946

Immediate cause of death Coronary Thrombosis — Duration 30 Min.
Due to Hypertensive Myocarditis — 10 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jacob M Miller M. D.
Address 615 E Baltimore St Date signed 7-13-46

VS 150

X

6420:7 6420:7

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 946a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Temple Garden Apts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Temple Garden Apts.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Bernard S. Lazarus

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of ~~husband~~ wife Anny B. Lazarus

6 (c) If ~~dead~~ give age years

7. Birth date of deceased (mo., day, yr.) Apr. 5 1900

8. AGE: Years 45 | Months 11 | Days 7 | If less than one day hr. min.

9. Birthplace N. C.
(Town, county, and state)

10. Usual Occupation Clothing Merchant

11. Industry or business Howard Clothes

FATHER 12. Name Nathan Lazarus

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Amelia Benford

15. Birthplace Balto. Md.

16 (a) Informant Mrs. Anny B. Lazarus

(b) Address Temple Garden Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/46 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Hebrew Friendship

Location Balto. Md.

18 (a) Funeral director Abrid Sondheim & Son

(b) Address 1902 Eutaw Place

19 (a) [illegible] (year) Huntington Williams, M.D. Registrar

JUL 14 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/12/46 19 , at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/12 1946 to 7/12 1946.
and that I last saw h. 1/2 alive on 7/12 1946.

Immediate cause of death: Coronary Thrombosis — Duration: 13 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. M. J. Shilling M. D.

Address 2426 Eutaw Place Date signed 7/13/46

(over) X

G420:8 (pencil) G420:8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2418 E. Ashland ave

(c) Hospital or institution: None

(d) Length of stay in hospital or inst. (yrs., mos., or days) None

(e) Length of stay in Baltimore (yrs., mos., or days) 1 Hour

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2418 E. Ashland ave (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Marcia Slechta

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 14 July 46

8. AGE: Years	Months	Days	If less than one day
1 Hour	—	—	1 hr. 15 min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER — 12. Name James F Slechta

13. Birthplace Baltimore Md

MOTHER — 14. Maiden Name Frances D Kolodrick

15. Birthplace Baltimore

16 (a) Informant James F Slechta

(b) Address 2418 E Ashland ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-46 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Balt Md

18 (a) Funeral director Frank Brach Son

(b) Address 900 E. Chase St

19 (a) JUL 14 1946 (Date received by Registrar) (b) Registrar Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 14 July 1946, at 6:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 14 July 1946 to 14 July 1946 and that I last saw her alive on 14 July 1946

Immediate cause of death Premature Birth (24 wk. Preg) — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charles F. Cuny

Address 2720 E. Monument St Date signed 14 July

6420-9 Kolarik

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 F

Registered No. 6420-9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 904 N. Montford
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city limits, write RURAL and give town)
(d) Street No. 904 N. Montford (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Kolarick

3 (b) If veteran, name war Indian War | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Catherine Kolarick | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 9, 1865

8. AGE: Years 80 | Months 11 | Days 7 | If less than one day hr. min.

9. Birthplace Bohemia (Town, county, and state)

10. Usual Occupation Shoe Maker

11. Industry or business

FATHER
12. Name Frank Kolarick
13. Birthplace Bohemia

MOTHER
14. Maiden Name Theresa
15. Birthplace Bohemia

16 (a) Informant Anthony Kolarick
(b) Address 904 N. Montford

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director Frank Broadbent Son
(b) Address 900 N. Eberton St

19 (a) Date received by registrar JUL 14 1946 (b) Registrar's signature Wilmington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1946 at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1946 to July 10 1946 and that I last saw [illegible] alive on July 10 1946.

Immediate cause of death	Duration
Hyperpiratic Pneumonia	7/7/46
Due to Carcinoma of Liver	3/46
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Gosnell M.D.
Address 801 Lk Elwood Dr Date signed 7/15/46

G42030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

Registered No. G42030

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd ST.
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 d.

2. USUAL RESIDENCE OF DECEASED:
(a) State PENNA. (b) County
(c) City or town OXFORD (If outside city or town limits, write RURAL and give town)
(d) Street No. 7th AND BROAD STS. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME MRS. BERTHA BRISACH.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M.

6 (b) Name of husband or wife EUGENE I. BRISACH
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/30/1910

8. AGE: Years	Months	Days	If less than one day
36	3	14	hr. min.

9. Birthplace PENNSYLVANIA. (Town, county, and state)
10. Usual Occupation HOUSE WIFE.
11. Industry or business

FATHER
12. Name JOSEPH MORRISON.
13. Birthplace PENNSYLVANIA.

MOTHER
14. Maiden Name ANNE VARNET.
15. Birthplace PENNSYLVANIA.

16 (a) Informant HUSBAND - EUGENE BRISACH
(b) Address OXFORD, PENNA.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17 1946 (month) (day) (year)
(c) Cemetery or crematory Oxford Pa
Location

18 (a) Funeral director C. P. Cox
(b) Address Oxford Pa

19 (a) Date received JUL 15 1946 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1946, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1946 to July 14 1946 and that I last saw HER alive on July 14 1946.

Immediate cause of death — Duration

UREMIA — 8 d.
Due to CHRONIC GLOMERULO NEPHRITIS — 1 yr. +
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry J. Pettemiger, M. D.
Address V. M. H. Date signed 7/14/46

VS 150

FL - 90817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓93

Registered No. 642051

642051

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

REMAIN ASSEMBLED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-17
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2035 Division St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Otis Washington

3 (b) If veteran, name war

3 (c) Social Security Account No. yes

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife Bessie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1885

8. AGE: Years	Months	Days	If less than one day
60	6	18	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Washington
13. Birthplace Va.

MOTHER
14. Maiden Name Maggie ?
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Peace
Location Md.

18 (a) Funeral director Geo. H. Kelso
(b) Address 1303 Pearlman

19 (a) JUL 15 1946 (Date rec'd by registrar) Huntington, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1946, at 3:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 25 1946 to July 12 1946, and that I last saw h. alive on July 12 1946

Immediate cause of death: Cerebral vascular accident — Duration 6 hrs.

Due to Arteriosclerotic hypertension and chronic nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature C. Raoul Hollander M. D.
Address Baltimore City Hosp. Date signed 7-15-46

VS 150

G12052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓93D

Registered No. G12052

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens Ave & Caton Ave.
(c) Hospital or institution: Jenkins Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1204 S. Charles St. (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) If yes, name country .....

3 (a) FULL NAME Henry Martel

3 (b) If veteran, name war No

3 (c) Social Security Account No 212-10-5471

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Margaret Egasa

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 8/20/1872

8. AGE: Years 73 | Months 10 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace Brooklyn N. Y. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Machinist

FATHER
12. Name Charles Martel
13. Birthplace France

MOTHER
14. Maiden Name Margaret Pieder
15. Birthplace Baltimore, Md.

16 (a) Informant Admission record
(b) Address Jenkins Memorial Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15/46 (month) (day) (year)
(c) Cemetery or crematory Mew Cathedral
Location Old Frederick Rd

18 (a) Funeral director Krause Funeral Home
(b) Address 216 E. Chase St.

19 (Filed) JUL 15 1946 (Date received by registrar) Huntington Nathianiel, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/11 1946, at 9:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/11 1946 to 7/11 1946 and that I last saw him alive on 7/11 1946.

Immediate cause of death	Duration
Respiratory failure	
Due to Cerebral Hemorrhage	
Due to Hypertensive CV disease	
Other Conditions Hemiplegia, left	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation .....

of autopsy most performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Herbert J. Sanders
Address St. Agnes Hospital Date signed 7/11/46

VS 150

G42053

JL - 109815 Allen

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 160 A

Registered No. G42053

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1031 Stollings (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Wilson - Grace

3 (b) If veteran, name war: N

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1946

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Allen Wilson
13. Birthplace ?

MOTHER
14. Maiden Name Grace
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-46 (month) (day) (year)
(c) Cemetery or crematory Paturent
Location Baltimore Md.

18 (a) Funeral director Wilson & Son
(b) Address 1031 Stollings

JUL 13 1946
(Date rec'd by registrar)

(b) Huntington-Williamsport

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1946, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1946 to July 13 1946, and that I last saw him alive on July 13 1946

Immediate cause of death	Duration
Asphyxia	3 hrs
Due to Cerebral Hemorrhage	1 day
Atelectasis	3 days
Due to Erythroblastosis Fetalis	3 days
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Atelectasis, Generalized Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Julian P. Griffin M. D.
Address Baltimore City Hosp. Date signed July 13

X

G42054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1178

Registered No. G42054

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County a a Co.
(c) City or town Manhattan Road
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew Burgess

3 (b) If veteran, name war: no
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-24-80

8. AGE: Years	Months	Days	If less than one day
65	8	20	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Caretaker
11. Industry or business

FATHER
12. Name David Burgess
13. Birthplace Md

MOTHER
14. Maiden Name Josephine Schultz
15. Birthplace Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/46 (month) (day) (year)
(c) Cemetery or crematory Pt Clover
Location Baltimore, Md.

18 (a) Funeral director Pelham Co Inc
(b) Address 1219 E Coal St

19 JUL 15 1946 (b) Huntington Williamsport, Md.
(Date received by Registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1946, at 12.50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1946 to July 13 1946 and that I last saw him alive on July 13 1946.

Immediate cause of death: Shock from gastro intestinal hemorrhage - cause unknown — Duration

Due to

Due to

Other Conditions: subphrenic abscess

(Include pregnancy within 3 months of death)
Date of operation 6/25/46, 7/10/46
Major findings of operation: ruptured duodenal ulcer, subphrenic abscess
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Huggins M.D.
Address Johns Hopkins Hospital Date signed 13 July 46

VS 150

G42053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95C

Registered No. G42053

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 N Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11'
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 N Charles St.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Misky Borden

3 (b) If veteran, name war W
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 17, 1870

8. AGE: Years	Months	Days	If less than one day
75	8	25	hr. min.

9. Birthplace Wallingford, Penna. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Marine C Misky
13. Birthplace Penna.

MOTHER
14. Maiden Name Mary Pomeroy
15. Birthplace Penna.

16 (a) Informant Edward Payson Borden II
(b) Address Bennington, Vt.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof July 15,46 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore, Md.

18 (a) Funeral director Wm Cook Inc.
(b) Address 1217 St Paul St., Balto, Md.

19 JUL 15 1946 (Date Rec'd) Bennington Williams, Mgr Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 12. 1946. at APPROX. 3.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from FEB. 13 1946 to JULY 13 1946 TEL. CONVERSATION JUNE 29 '46
and that I last saw HER alive on MAR 3 1946.

Immediate cause of death — Duration
ARTERIOSCLEROSIS — 20 YRS?
ESSENTIAL HYPERTENSION — 15 YRS
Due to CARDIAC HYPERTROPHY — 10 YRS
CEREBRAL HEMMORHAGE — ACUTE
Due to CARDIAC FAILURE — ACUTE

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph G Hills M. D.
Address 18 EAGER ST. BALTO MD Date signed JULY 13 '46

X

642056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 642056

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 410 W. Fayette St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 410 W. Fayette St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME August Schmidt

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced —

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7-1886

8. AGE: Years 60 | Months 0 | Days 4 | If less than one day hr. min.

9. Birthplace Hamburg Germany
(City, county, and state)

10. Usual Occupation retired
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Philip Herwig Jr.
(b) Address 2324 Eutaw St

17 (a) Burial (b) Date thereof 7 15 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore

18 (a) Funeral director Philip Herwig Sons
(b) Address 2324 Eutaw St
(c) JUL 15 1946 Huntington Williams, M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1946 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/8th 1946 to 7/10th 1946, and that I last saw h alive on 7/10th 1946.

Immediate cause of death Coronary Thrombosis — Duration 4
Due to arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Jenkins M. D.
Address 100 N. Eutaw Date signed 7/13/46

VS 150

G42057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G42057

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT WITH PENCIL, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1225 Harford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gertrude Blake Lee

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-12-9723

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/10/08

8. AGE: Years	Months	Days	If less than one day
38	3	2	hr. min.

9. Birthplace Miss. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Ben Manning
13. Birthplace Miss.

MOTHER
14. Maiden Name Emma Brant
15. Birthplace Miss.

16 (a) Informant Dorothy Lee Jacobs
(b) Address 1225 Harford Ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/16/46 (month) (day) (year)
(c) Cemetery or crematory
Location McComb, Miss.

18 (a) Funeral director Joseph G. Locke, Jr.
(b) Address 704 N. Central Ave

19 JUL 15 1946 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1946 at 5 P. M

21. I certify that I took charge of the remains described above, held an autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Acute congestive cardiac failure - Coronary disease,
Due to acute pulmonary edema

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Masseis M.D. Medical Examiner.
Date signed 7/13/46

VS 151

X

6A20058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 734a

Registered No. 6A20058

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline Street
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4404 Furley Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Myrtle R. Kenney

3 (b) If veteran, name war: None.
3 (c) Social Security Account No.: None.

4. Sex: Fe.
5. Color or race: White.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Burnett S. Kenney.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21 1892

8. AGE: Years: 54 yr. Months: 3. Days: 21. If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland.
(Town, county, and state)

10. Usual Occupation: Housewife.
11. Industry or business

FATHER
12. Name: Wm. H. Evans.
13. Birthplace: Baltimore - Md.

MOTHER
14. Maiden Name: M. Alice League.
15. Birthplace: Chase - Md.

16 (a) Informant: Burnett S. Kenney.
(b) Address: 4404 Furley Ave.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof July 15-46 (month) (day) (year)
(c) Cemetery or crematory: Ebenezer Cem.
Location: Chase - Md.

18 (a) Funeral director: Charles J. Schwab
(b) Address: 505 N. Monroe St.

19 (a) JY 15 1946 (Date Rec'd by Registrar) Washington Nelligan, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12-46 - 19 , at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-9-46 19 to 7-12 19 and that I last saw her alive on 7-12-46 19

Immediate cause of death	Duration
a. Cardiac Failure;	
Due to: Chronic Lymphatic Leukemia.	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation: None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: Joseph Thos
Address: Date signed 7-12-46

VS 150

G42059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

Registered No. G42059

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 215 E. Lafayette Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) about 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 215 E. Lafayette Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME KATHERINE L. ULRICH

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: George Ulrich

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): March 21, 1869

8. AGE: Years 77 | Months 2 3 | Days 22 | If less than one day: hr. min.

9. Birthplace: Balto., Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Christian England
13. Birthplace: Germany

MOTHER
14. Maiden Name: Katherine Saibert
15. Birthplace: Germany

16 (a) Informant: Mrs. Elizabeth B. Glen, niece
(b) Address: Red Lion, Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/46 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 Filed JUL 15 1946 (b) Huntington Williams, M.D.

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MEDICAL CERTIFICATION

20. DATE OF DEATH July 13, 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1946 to July 13 1946 and that I last saw h alive on July 12 1946

Immediate cause of death: Cardiac Thrombosis — Duration 2 days
Due to: arteriosclerosis — Duration 6 mos
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work)
(e) Means of injury:

23. Signature: H. H. Kerr Ames, M.D.
Address: 215 E. Lafayette Ave. Date signed 7/15/46

G42060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 83a

Registered No. G42060

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 339 Bloom St apt. 3 A
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 339 Bloom St. apt 3 A
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maggie Dixon

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1852

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Calvert Co. Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Dixon
13. Birthplace Md

MOTHER
14. Maiden Name Alettia Groves
15. Birthplace Md

16 (a) Informant Sarah L. Parker
(b) Address 2029 Division St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn.
Location

18 (a) Funeral director James A Bayes
(b) Address 142 Wolfe St

19 (a) Filed JUL 15 1946 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 13 1946 at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 28 1944 to Jan 13 1946 and that I last saw h alive on

Immediate cause of death Cerebral Hemorrhage — Duration 2 yrs

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. C. Pelletier M. D.
Address 817 Hamilton Ave Date signed Jan 14 46

VS 150

M. D. F. 1946-6

G42061

HEALTH DEPARTMENT—CITY OF BALTIMORE

G42061

CERTIFICATE OF DEATH 1942

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 13 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lawrence S. Kaufman (LAWRENCE-S-KAUFMAN)

(a) Residence: No. 2248 BROOKFIELD AVE -17 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of XXXXXX

6. DATE OF BIRTH (month, day, year) AUGUST-13-1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 YRS	11	0 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LAWYER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO-MD

FATHER

13. NAME CHARLES KAUFMAN

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME BABETTE STERN

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT Mrs SAMUEL HAMBURGER

(Address) CYLBURN APTS-EUTAW PL

18. BURIAL, CREMATION, OR REMOVAL

Place ORHEB SHALOM CEM Date JULY 18-46

19. UNDERTAKER J. Abreu Co.

(Address) 2432 REISTERN RD

20. JUL 15 1946 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13-, 1946

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	13 July 46

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Wm. H. Kaufman Jr. M. D.

(Address) 101 Sheridan Ave.

(over)

1

Fill in CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G42062

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G42062 Registered No. 18B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green St.
(c) Hospital or institution: University Hospital 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 D.
(e) Length of stay in Baltimore (yrs., mos., or days) LIFETIME

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County BALTO.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3006 Pelham Ave
(If rural give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3 (a) FULL NAME George R. Stout

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
World War I	212-05-5582	M	W	MARRIED

6 (b) Name of husband or wife BUELAH MAY STOUT
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) JULY 6, 1896

8. AGE: Years	Months	Days	If less than one day
50		7	hr. min.

9. Birthplace BALTO., MD. (Town, county, and state)
10. Usual Occupation CLERK
11. Industry or business

FATHER
12. Name JOHN H. STOUT
13. Birthplace BALTO., MD.

MOTHER
14. Maiden Name ANNIE DANZ
15. Birthplace BALTO., MD.

16 (a) Informant MARTIN H. STOUT
(b) Address 1830 E. 29TH ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7 16 46 (month) (day) (year)
(c) Cemetery or crematory PARKWOOD
Location BALTO. CO.

18 (a) Funeral director GEORGE WEBER & SON
(b) Address 2503 EDMONDSON AVE

19 (a) JUL 15 1946 (Date received by Registrar) (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1946, at 6:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1946 to July 13 1946, and that I last saw h/ he alive on July 13 1946.

Immediate cause of death Cardiac Failure — Duration
Due to Cerebral Thrombosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James A. Langhorne, M.D.
Address University Hosp. Date signed 7-15-46

VS 150

X

G420653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G420653

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1 Dyckeland & Eager

(c) Hospital or institution West Balto Gen Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 min 15

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 3128 Oakfield Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rose Potash

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Samuel Potash

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 63 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Usher -

13. Birthplace Russia

MOTHER

14. Maiden Name Nayah -

15. Birthplace Russia

16 (a) Informant Samuel Potash

(b) Address 3128 Oakfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-46 (month) (day) (year)

(c) Cemetery or crematory Both Hebrew Cong

Location Windsor Mill Rd.

18 (a) Funeral director Jack Levine Inc

(b) Address 1439 E. Balto. St

19 (a) [illegible] Washington Williams Mort

JUL 15 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 14 July 1946 11:45 M

21. I certify that death occurred on the date above stated, that I attended deceased from 9 July 1946 to 14 July 1946 and that I last saw h alive on 14 July 1946

Immediate cause of death Cardio Resp Failure

Due to Acute Pul Edema

Hypertension 100 C.V.

Due to Disease

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Jesse G Spear M. D.

Address Sth Balto Gen Hosp Date signed 7/14/46

VS 150

931

G420:64 G420:64

AB-99108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5mos- 5days
(e) Length of stay in Baltimore (yrs., mos., or days) Almost Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2103 McCullough St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rebecca Jane Palmer

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?-? 80?

8. AGE: Years	Months	Days	If less than one day
80?	?	?	hr. min.

9. Birthplace Cambridge, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Washington Stanley
13. Birthplace Cambridge, Md.

MOTHER
14. Maiden Name Louisa Eves
15. Birthplace Cambridge, Md.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Location Balto

18 (a) Funeral director Sam'l W. Shaw & Son
(b) Address 638 N. Gilmor

19 (a) (Date received by city registrar) (b) Huntington Williams, M.D. Registrar

JUL 15 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12- 1946, at 10.38 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-7- 1946, to 7-12- 1946, and that I last saw her alive on 7-12- 1946

Immediate cause of death Resp. Failure.

Due to Cerebro-Vascular Accident.

Due to Hypertensive & Arteriosclerotic C-V Disease.

Other Conditions Bilateral Cataracts. Bronchopneumonia.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy See above.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert R. Farber M. D.
Address Balto City Hosps Date signed 7-12-46

G420:5

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V5 0

G420:5 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4401 Raspe Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4401 Raspe Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Gabel Vetter

3 (b) If veteran, name war: --
3 (c) Social Security Account No.: --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Martin Vetter
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 25, 1867

8. AGE: Years	Months	Days	If less than one day
78	7	18	hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: At home
11. Industry or business

FATHER
12. Name: John Gabel
13. Birthplace: Germany

MOTHER
14. Maiden Name: Elizabeth Roesch
15. Birthplace: Germany

16 (a) Informant: John G. Yost
(b) Address: Ambassador Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16, 1946 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Md.

18 (a) Funeral director: Ullrich Funeral Home
(b) Address: 2008 Orleans St.,

19 JUL 15 1946 (Date rec'd by registrar) (b) Huntington Williamsport, Md

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13, 1946 19 ..at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 15 1944 to July 13 1946 and that I last saw h-er alive on July 13 1946

Immediate cause of death	Duration
CARCINOMA of BREAST (Right) with metastasis	5 yrs +
Secondary anemia (due to chronic hemorrhage)	2 yrs
Due to	
Other Conditions Cerebral thrombosis	2 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A Machen
Address 6301 Belair Rd Date signed 7/14/46 (M D)

X

G420:6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1938

G420:6

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 516 N Highland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 516 N. Highland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maxine Miller

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Conrad Miller
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Aug 23 / 1864

8. AGE: Years 81 | Months 10 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation
11. Industry or business At Home

FATHER
12. Name Conrad Hermann
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Gross
15. Birthplace Germany

16 (a) Informant Conrad Miller
(b) Address 516 N Highland ave

17 (a) Burial (b) Date thereof July 17
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Pt Lawn
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St

19 JUL 15 1948 (Date rec'd by Registrar) (b) Huntington for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1948, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1937 to July 14 1948 and that I last saw her alive on July 6 1948

Immediate cause of death Myocardosis — Duration

Due to Hypertensive heart disease

Due to Hypertension, essential

Other Conditions arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John J Gould M. D.
Address 147 N Eutaw Ave Date signed 7-15-48

VS 180

G420617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G420617 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 401 Parrish St.
(c) Hospital or institution: N.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 401 Parrish St (If rural give location) N.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Anderson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Straby

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 1, 1876

8. AGE: Years	Months	Days	If less than one day
70	1	1	hr. min.

9. Birthplace Talbot County Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER — 12. Name James Warner
13. Birthplace Md.

MOTHER — 14. Maiden Name Amelia ?
15. Birthplace Md.

16 (a) Informant William Anderson
(b) Address 401 Parrish St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15 46 (Month) (Day) (Year)
(c) Cemetery or crematory Mt. Olivet Cem
Location A. A. County Md.

18 (a) Funeral director Mrs R. G. Elliott Dept
(b) Address 1129 N. Carlton St.

19 (a) JUL 15 1946 Stanton Williams M.D. (Date received by Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1946, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1946. to July 17 1946. and that I last saw h[illegible] alive on July 9 1946.

Immediate cause of death: Cerebral Hemorrhage — Duration: 5 days

Due to: Essential Hypertension — Duration: Indefinite

Due to:

Other Conditions: Right Hemiplegia — Duration: 5 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward E. Julian M. D.
Address 434 E. 73rd St Date signed 7/19/46

VS 150

G420658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G420658 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address DOA
(c) Hospital or institution: West Bal. Ho. General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2574 Park Hgts Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mollie Selwyn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Morris

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Lazer.
13. Birthplace Russia

MOTHER
14. Maiden Name
15. Birthplace Russia

16 (a) Informant Morris Selwyn
(b) Address 2574 E Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 5 46 (month) (day) (year)
(c) Cemetery or crematory B'nai Israel Cem Assn Inc Southern Ave
Location

18 (a) Funeral director Jack Lewis Co
(b) Address 2416 E Baltimore St

19 (d) JUL 13 1946 Huntington Williams Md
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/17 1946 at 7:00 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral Hemorrhage

Due to

Other Conditions Hypertensive C.V disease
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature D. A. Schwinde M.D.
Medical Examiner.
Date signed 7/22/46

VS 151

6120:9

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83B ✓

6120:9 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 733 Ajax St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 733 Ajax St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Watts

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept - 18 - 1876

8. AGE: Years 69 | Months 9 | Days 23 | If less than one day: hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Retired Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Va

MOTHER
14. Maiden Name Emma Williams
15. Birthplace Va

16 (a) Informant Carrie Wright
(b) Address 12 N Eden St

17 (a) Burial (b) Date thereof 7 - 15 - 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. L. C.

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 JUL 15 1946 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-11-46 19 .. at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-5- 1946 to 7-11 1946, and that I last saw him alive on 7-10 1946.

Immediate cause of death: Left Side Hemiplegia — Duration 7-1-46

Due to: Cerebral Thrombosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. V. Teagarden M.D.
Address 662 Lex Bldg
Date signed 7/11/46 (M. D.)

VS 150

G42070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G42070

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1604 N. Gilmor St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 N Gilmor Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosie Stovall

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1875

8. AGE: Years	Months	Days	If less than one day hr.	min.
71	1	11		

9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Georgia

MOTHER
14. Maiden Name Amanda Washington
15. Birthplace Georgia

16 (a) Informant James Stovall
(b) Address 2430 Boone

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-46 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk
Location Arbutus, Md

18 (a) Funeral director Payne Sanders
(b) Address 1412 E. Preston Street

19 (a) Date received by Registrar JUL 15 1946 (b) Registrar Washington Hillsman, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12- 1946, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-3- 1946 to 7-12 1946 and that I last saw h[illegible] alive on 7-12 1946

Immediate cause of death — Duration
Acute Uremia
Due to Hypertensive Cardio Vascular Renal
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. S. Butler M. D.
Address 2033 Guilford Date signed 7/19/46

VS 150

X

G42071 Amer

BALTIMORE CITY HEALTH DEPARTMENT XV

CERTIFICATE OF DEATH 159

G42071
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wolkens + Caton Aves
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Hour: 23 minutes
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Waterloo
(If outside city or town limits, write RURAL and give town)
(d) Street No. Pairo Village
(If no street give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Lazor (John D.)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-12-46

8. AGE: Years | Months | Days | If less than one day: 11 hr. 23 min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ollie
13. Birthplace ~~York~~ Pa.

MOTHER
14. Maiden Name Mary Spikeath
15. Birthplace Pa

16 (a) Informant Ollie Lazor
(b) Address Parkville Md

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7/15/46 (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Baltimore

18 (a) Funeral director Martin Zapp & Sons
(b) Address 1827 W. North Ave.

19 (a) (Signature of local registrar) (b) Registrar

JUL 15 1946
VS 150

Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/12 1946 at 2:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-12 1946 to 7-12 1946 and that I last saw him alive on 7-12-1946.

Immediate cause of death Respiratory failure

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Sampson M. D.
Address 20. Caper Hosp Date signed

G420772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G420772 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 616 W. Lexington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 616 W. Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosario Maranto

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Serafina Maranto
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21, 1874.

8. AGE: Years	Months	Days	If less than one day
71	11	22	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Tavern Proprietor
11. Industry or business

FATHER
12. Name Joseph Maranto
13. Birthplace Italy

MOTHER
14. Maiden Name Concetta Piazza
15. Birthplace Italy

16 (a) Informant Mrs. Mary Provenza
(b) Address 616 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July /46. (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director Harry H. Witzke
(b) Address 4101 Edmondson Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JUL 15 1946

VS-120

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13, 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1943 to July 13 1946
and that I last saw h alive on 7/11 1946

Immediate cause of death: Generalized Carcinomatosis — Duration: 18 mo

Due to: Carcinoma of thyroid — 1943

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation 1944
Major findings of operation: Carcinoma of thyroid
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lawrence DeLeva M. D.
Address 11 E Chase St Date signed 7/15/46

X

G42073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G42073
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4212 Parkmont Ave.
(c) Hospital or institution:
Miss Carpenter's Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2559 W. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna E. Lemmerman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Henry D. Lemmerman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 1866.

8. AGE: Years	Months	Days	If less than one day
80	4	7	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Mahr
13. Birthplace Germany

MOTHER
14. Maiden Name Rosina Hoenes
15. Birthplace Germany

16 (a) Informant Mrs. Mae E. Redgely
(b) Address 2559 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16/46. (month) (day) (year)
(c) Cemetery or crematory Louden Park
Location 3801 Frederick Rd.,

18 (a) Funeral director Larry H. Lutzke.
(b) Address 4101 Edmondson Ave.

19 (a) (Huntington Williams Mortuary)
(Date received by Local Registrar) JUL 15 1946

VS 181

MEDICAL CERTIFICATION

20. DATE OF DEATH 13 July 1946, at 3:30 P.M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained (Autopsy/Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Heart Disease

Due to

Other Conditions
Fracture left hip (March 6, 1946)
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☑ cause of death, fill in the following:
(a) Date of injury 6 March 46 M.
(b) Where did injury occur? Home
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury fall on steps

23. Signature H. M. A. Kammer Jr. M.D.
Medical Examiner.
Date signed 13 July 1946
Howard J. Thomas, M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48B

G42074
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The cost age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1755 DARLEY AVENUE
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1755 DARLEY AVENUE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EVELYN MARIE PRESTIANNI

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 219-12-8000

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Nunzio Prestianni
6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) August, 28, 1918

8. AGE: Years	Months	Days	If less than one day
27	10	14	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Frederick Parnell
13. Birthplace New York

MOTHER
14. Maiden Name Vera Higgins
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Nunzio Priestianni
(b) Address 1755 Darley Avenue

17 (a) Burial (b) Date thereof 7-16-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetery
Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) JUL 15 1946 Huntington Williams, M.D.
(Date rec'd by registrar) (Registrar)
(b)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12 1946, 9:25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 25 1946 to July 12 1946, and that I last saw h[illegible] alive on July 12 1946.

Immediate cause of death Carcinoma of Uterus — Duration 4 mos.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Nelson L. Solomon
Address 129 S. Broadway Date signed 7/13/46

G42075 ✓ G42075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 80a

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address ~~1723~~ Carlton St

(c) Hospital or institution: St Josephs' Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 da

(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County Bord.

(c) City or town BALTIMORE MD (If outside city or town limits, write RURAL and give town)

(d) Street No. 1723. ROCHESTER ST (If rural give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country .....

3 (a) FULL NAME Roger. W. CARDWELL. (ROGER WASHINGTON CARDWELL)

3 (b) If veteran, name war 140

3 (c) Social Security Account No. 213-10-1206

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife MABEL L.

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1-31-87

8. AGE: Years	Months	Days	If less than one day
59.	5	12.	..... hr. ..... min.

9. Birthplace VIRGINIA. (Town, county, and state)

10. Usual Occupation OPERATOR BT. Co

11. Industry or business

FATHER 12. Name George Cardwell

13. Birthplace Virginia

MOTHER 14. Maiden Name Martha Hillyard

15. Birthplace Virginia

16 (a) Informant Mrs. Mabel Cardwell

(b) Address 1411 N. Chester Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/46 (month) (day) (year)

(c) Cemetery or crematory Meadow Ridge Cemetery

Location Baltimore, Md.

18 (a) Funeral director HENRY SANDER & SONS? INC.

(b) Address NORTH AVE. & BROADWAY

19 (a) ..... (b) ..... (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-13 1946 at 11 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-23 1946 to 7-13 1946.

and that I last saw him alive on 7-13 1946.

Immediate cause of death	Duration
CARDIO RESPIRATORY FAILURE.	
Due to ENCEPHALITIS BRAIN ABSCESS	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury .....

23. Signature John B Zellers

Address St Jos Hosp. Date signed 7-15-46

L 15 1946

G42076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45-C

G42076 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ of Md. Hospital V.A.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 217 E. Montgomery St. (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country Russia

3 (a) FULL NAME Leon KRAWCHUK

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Julianna Krawchuk
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 17 Feb. 1888

8. AGE: Years 57 | Months 5 | Days 12 | If less than one day ___ hr. ___ min.

9. Birthplace Davithe (Grodno) Russia (Town, county, and state)

10. Usual Occupation Not employed
11. Industry or business

FATHER
12. Name Andrew Krawchuk
13. Birthplace Russia

MOTHER
14. Maiden Name Anna Pistchkey
15. Birthplace Russia

16 (a) Informant Julianna Krawchuk
(b) Address 217 E. Montgomery St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17, 1946 (month) (day) (year)
(c) Cemetery or crematory GLEN HAVEN Memorial Park
Location Anne Arundel County Md.

18 (a) Funeral director Walter Bruce Bradley
(b) Address 1922 W. North Ave.

19 (a) JUL 15 1946 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 15 July 1946, at 1:46 P.M.

21. I certify that I took charge of the remains described above, held an inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Carcinoma, mouth, larynx

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ___ at ___ M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Wm. H. Kammer Jr. M.D. Medical Examiner.
Date signed 16 July 46

VS 151

Please print plainly, with INDELIBLE INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121B

G42077
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~2817 Jefferson St #5~~ Mt Hope & Howard Sts.
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 6
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County –
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2817 Jefferson St #5
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Charles P. Ritter

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married.

6 (b) Name of husband or wife Margaret Ritter
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) JULY 30 1888

8. AGE: Years	Months	Days	If less than one day
57	11	16	hr. min.

9. Birthplace Maryland Balto.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Ritter
13. Birthplace Md

MOTHER
14. Maiden Name Janet Sesan
15. Birthplace Md.

16 (a) Informant Margaret Ritter
(b) Address 2817 Jefferson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/46 (month) (day) (year)
(c) Cemetery or crematory Holy Rood Cem
Location Belair Rd.

18 (a) Funeral director M. E. Dyer & Son
(b) Address Eastland & Ash Sts.

19 (c) Date rec'd by registrar JUL 15 1946 Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/14/46 19 , at 5:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1946 to July 14 1946 and that I last saw him alive on July 13 1946.

Immediate cause of death Unknown

Due to

Due to Chronic nephritis & septicemia anaemia.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. A. Mitchell M. D.
Address Old Gen. Hosp. Date signed 7/14/46

X

Got OK
G42078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. G42078

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Gen Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 weeks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Balt~~ Maryland (b) County Baltimore Co.
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2924 Winchester St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth M. Sheubrook

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	Female	White	Widowed

6 (b) Name of husband or wife Thomas A. Sheubrook
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 4, 1865

8. AGE: Years	Months	Days	If less than one day
81	4	10	hr. min.

9. Birthplace Talbot Co., Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name William I. Smith
13. Birthplace Maine

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Elmer Sherbrook
(b) Address 2924 Winchester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/46 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem. Pk.
Location Balto., Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Balto., Md.

19 JUL 15 1946 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14, 1946 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1946 to July 14 1946; and that I last saw h[illegible] alive on July 14 1946.

Immediate cause of death Cardiac Failure — Duration

Due to Arteriosclerotic Heart Disease - & congestive

Due to Heart failure

Other Conditions Old Fracture Rt Trochanter Rt Hemi

(Include pregnancy within 3 months of death.)

Date of operation None at Home.

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident H/7
(b) Date of occurrence 5-30-46 at ? M
(c) Where did injury occur? 2924 Winchester St.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Slipped & fell to floor

23. Signature E. L. Barnes M. D.
Address West Baltimore Dr. Hosp Date signed 7/14/46

Thomas J. Mason, M.D. X

VS 150

G42079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G42079

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2938 Mosher St.
(c) Hospital or institution:

16

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2938 Mosher St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARION V. McKEOWN

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife James E. McKeown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1, 1901

8. AGE: Years	Months	Days	If less than one day
45	3	14	hr. min.

9. Birthplace Altoona, Pa. (Town, county, and state)
10. Usual Occupation Lathe operator
11. Industry or business Loocke Ins. Co.

FATHER
12. Name William Baker
13. Birthplace Altoona, Pa.

MOTHER
14. Maiden Name Kate Garretson
15. Birthplace Md.

16 (a) Informant Mr. James E. McKeown
(b) Address 2938 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/46 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUL 15 1946 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15, 1946, at 5:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-13 1946 to 7-15 1946, and that I last saw h[illegible] alive on 7-14 1946

Immediate cause of death	Duration
generalized Carcinomatosis - brain metastasis	4 months
Due to Cancer of breast	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation February 1946
Major findings of operation: Ca of breast
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature H. W. SCHEYE, M.D.
Address 3901 EDMONDSON AVE. BALTIMORE 29, MD. Date signed 7-15-46

VS 180

CURY

G42080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

G42080 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd. Calvert St.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky. (b) County Floyd
(c) City or town Wheelwright
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Syria.

3 (a) FULL NAME Mr. Kattur Cury

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sadie Cury
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1890

8. AGE: Years	Months	Days	If less than one day
56	5 6	24 25	hr. min.

9. Birthplace Damascus, Syria (Town, county, and state)
10. Usual Occupation merchant
11. Industry or business Self

FATHER
12. Name Abraham Cury
13. Birthplace — Syria

MOTHER
14. Maiden Name Sadie Dawahare
15. Birthplace Syria

16 (a) Informant Patient himself
(b) Address Hosp. Records

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/20/46 (month) (day) (year)
(c) Cemetery or crematory Somerset Mem. Cem.
Location Somerset, Pa.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUL 15 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-15 1946, at - M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-14 1946 to 7-15 1946 and that I last saw him alive on 7-14 1946

Immediate cause of death Coronary occlusion — Duration 15 min.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams, Jr. M. D.
Address Union Mem. Hosp. Date signed 7-15-46

VS 150

G12081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 B

Registered No. G12081

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1512 W. Fayette St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 W. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John H. Ellers.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White. | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 3 1884.

8. AGE: Years 61 | Months 9 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Stone mason
11. Industry or business Miller Bros.

FATHER 12. Name John H. Ellers
13. Birthplace Md.

MOTHER 14. Maiden Name Nora E. White.
15. Birthplace Md.

16 (a) Informant Mrs. W. H. Ellers
(b) Address 1512 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/16/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore

18 (a) Funeral director John Oursler
(b) Address 90-92 Collins St.

19 (a) (Date rec'd by registrar) (b) Huntington, West Virginia, W.Va.

Valid 15 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1946, at 7:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1946 to July 14 1946 and that I last saw him alive on July 13 1946

Immediate cause of death Mitral Insufficiency

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Milton Lesansky M. D.
Address 1429 W. Fayette St. Date signed 7/15/46

G42032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1707

Registered No. G42032

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1226 William St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John W. Tyler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1922

8. AGE: Years	Months	Days	If less than one day
23	6	14	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John A Tyler
13. Birthplace Maryland

MOTHER
14. Maiden Name Lillian Westbrook
15. Birthplace Maryland

16 (a) Informant Lillian Tyler
(b) Address 1226 William St.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 19-46 (month) (day) (year)
(c) Cemetery or crematory DORCHESTER MEMORIAL CEM
Location CAMBRIDGE MD

18 (a) Funeral director Bernard C. Harle
(b) Address 121 E West St

JUL 15 1946 Huntington Williams
(Date received) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1946, at 4.05 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy/Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Severe intracerebral artery + internal jugular vein.
Due to
Broken back
Other Conditions Multiple wounds.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/13/46 at 2:40 P. M.
(b) Where did injury occur? Fort Ave. + Lawrence St.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Motorcycle + Street car

23. Signature Howard R. Roberts M.D.
Medical Examiner.
Date signed 7/15/46

VS 151

X

G42083 G42083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 213 S. Callington ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 S. Callington ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Josephine Wdzienczna WDZIENCZNA

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Waclaw
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name ? Lachajczyk
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Harry Wdzienczny
(b) Address 213 S. Callington ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-46 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John F. Weber
(b) Address 401 S. Chester Street

(c) Date received JUL 15 1946 Registrar Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1946 at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1945 to July 13 1946 and that I last saw her alive on July 13 1946.

Immediate cause of death	Duration
Carcinoma of lungs	1 yr +
Chronic myocarditis	3 yrs.
Chronic glomerulonephritis	3 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Park Ave Baltimore Md Date signed 7/15/46

VS 150

X

G42084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G42084

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 511 Fremont Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Daniel Ford SANFORD CATHCART

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Martha Ashton
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) about 1877

8. AGE: Years	Months	Days	If less than one day
about 69			hr. min.

9. Birthplace Parkton Balto Co Md (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business retired

FATHER
12. Name Frank Cathcart
13. Birthplace Upper X Roads Hayfield Co

MOTHER
14. Maiden Name Sarah Sutzmer
15. Birthplace Parkton Md

16 (a) Informant Martin L Kurtz
(b) Address Jarrettsville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17-46 (month) (day) (year)
(c) Cemetery or crematory Bethel cemetery
Location White Hall RD Md

18 (a) Funeral director Charles E. Kurtz
(b) Address Jarrettsville Md

19 (a) (Date received by registrar) (b) Huntington Willis, Registrar
JUL 15 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/17/46 19 at 9:00 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Davis M.D. Medical Examiner.
Date signed 7/18/46

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42035 4

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G42035

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St
(c) Hospital or institution: St Joseph's Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Dunkirk 22
(If outside city or town limits, write RURAL and give town)
(d) Street No. 11 Dunkirk Apt.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen T. Insley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife John R. Insley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15 - 1881

8. AGE: Years	Months	Days	If less than one day
64	8 9	29	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation NOT any
11. Industry or business

FATHER
12. Name Wm. Meehan
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary ?
15. Birthplace Scotland

16 (a) Informant Mrs. Mary Ewing
(b) Address 11 Dunkirk Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director John S. Connelly
(b) Address 418 Eastern Ave. Essex

19 JUL 15 1946 (b) Thurlington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7 - 14 - 1946 at 5 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8 July 1946 to 14 July 1946 and that I last saw h[illegible] alive on 13 July 1946

Immediate cause of death Cardiac failure — Duration

Due to Myocardial degeneration

Due to Diabetes Mellitus

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh Jos. Welsh M.D.
Address Date signed 7/15/46

X HUGH WELSH

G42086 new

BALTIMORE CITY HEALTH DEPARTMENT ✓ G42086
CERTIFICATE OF DEATH 119a
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene St
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 dys
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State ✓ (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 626 W. Fayette St ✓
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Tucker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21, 1946

8. AGE: Years	Months	Days	If less than one day
0	2	20	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Russel Tucker
13. Birthplace Mobile, Ala.

MOTHER
14. Maiden Name Helen Guzick
15. Birthplace Richmond, Va.

16 (a) Informant Mrs. Helen Tucker
(b) Address 626 W. Fay. St.

17 (a) Burial. (b) Date thereof 7/15/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden

18 (a) Funeral director C. V. Zimmerman
(b) Address 411 Park Hgts.

19 (Date received) JUL 15 1946 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1946, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1946 to July 11 1946, and that I last saw ~~him~~ her alive on July 11 1946.

Immediate cause of death: acidosis dehydration — Duration

Due to Diarrhea

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Richard J. Crow M. D.
Address University Hgts Date signed 7/15/46

VS 150

G42087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52B

Registered No. G42087

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1735 Bolton St
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1735 Bolton St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William McKinley Clements

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Male

5. Color or race White

6 (a) ~~Single, married, widowed, or divorced~~ Married

6 (b) Name of husband or wife Esther Godwin Clements

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Nov 1, 1898

8. AGE: Years 67 | Months 8 | Days 14 | If less than one day hr. min.

9. Birthplace Cincinnati Ohio
(Town, county, and state)

10. Usual Occupation supervisor B & O R R

11. Industry or business Railroad

FATHER
12. Name Jos. Greer Clements
13. Birthplace Newport - Ky.

MOTHER
14. Maiden Name Emma S. McKinley
15. Birthplace Adams Co. Ohio

16 (a) Informant Mrs Esther G. Clements wife
(b) Address 1735 Bolton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-46 (month) (day) (year)
(c) Cemetery or crematory Meadowridge
Location Howard Co.

18 (a) Funeral director Stewart Myers Co.
(b) Address 108 W Mt Royal Ave.

19 JUL 15 1946 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1946, at 6:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1943 to 19 ; and that I last saw him alive on June 10 1946.

	Duration
Immediate cause of death: Cerebral hemorrhage	8 hours
Due to: arteriosclerosis	6-10 yrs
Due to:	
Other Conditions: chronic nephritis, coronary sclerosis, carcinoma of bladder (Include pregnancy within 3 months of death)	8 yrs 1 year

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John Eager Howard M.D.

Address Johns Hopkins Hospital Date signed July 13 1946

VS 150

X

GE-2038 JE - 102506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. GE-2038

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 322 Park Ave. (If rural, give location)
(e) Citizen of foreign country? China (Yes or No) If yes, name country

3 (a) FULL NAME Chan Kee (CHIN KEE)

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NO	M	Chinese	Married

6 (b) Name of husband or wife Lee
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1868

8. AGE: Years	Months	Days	If less than one day
77	7	20	hr. min.

9. Birthplace China (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Chanon
13. Birthplace China

MOTHER
14. Maiden Name Lokshea
15. Birthplace China

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof July-18-1946 (month) (day) (year)
(c) Cemetery or crematory LORRAINE
Location WOODLAWN, Balto. Co.

18 (a) Funeral director Stewart-Mowen Company
(b) Address 108-W-North-Ave.

19 (a) JUL 15 1946 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1946 at 12:23 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1946 to July 14 1946 and that I last saw h. alive on July 14 1946

Immediate cause of death Uraemia

Due to Hypertensive C.V.-Renal Disease.

Due to

Other Conditions ? Zbe.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: —

of autopsy: —

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert K. Farber M. D.
Address Balto City Hosps Date signed 7-14-46

VS 150

X

Dr. Brennan
5217 Harford Road
G42089

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D

Registered No. G42089

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5210 Staab Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5210 Staab Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Johanna M. Bleuel

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Charles J. Bleuel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 24, 1878

8. AGE: Years	Months	Days	If less than one day
67	8	21	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name August Kathman
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina Meyers
15. Birthplace Germany

16 (a) Informant Mr. Joseph E. Bleuel
(b) Address 5210 Staab Terrace

17 (a) Burial (b) Date thereof 7/18/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road

19 JUL 15 1946 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15, 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1946 to July 15 1946, and that I last saw her alive on July 10 1946.

Immediate cause of death	Duration
Cardiac failure	
Due to Hypertensive cardio-vascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Brennan M. D.
Address 5217 Harford Road Filed 7-15-46

VS 150

G12090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163H

Registered No. G12090

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — D. of H.
(b) Street address 2702 Fleetwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2702 Fleetwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Henry R. Baur

3 (b) If veteran, name war

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Irene J. Baur

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 25 - 1882

8. AGE: Years	Months	Days	If less than one day
64	2	19	hr. min.

9. Birthplace Baltimore, Md (town, county and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name ✓
13. Birthplace ✓

MOTHER
14. Maiden Name ✓
15. Birthplace ✓

16 (a) Informant
(b) Address 2702 Fleetwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-46 (month) (day) (year)

(c) Cemetery or crematory Lorkwood
Location Baltimore

18 (a) Funeral director Leonard J. Krug
(b) Address 5300 Harford Rd.

JUL 15 1946 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/17 1946 at 10:55 P.M.

21. I certify that I took charge of the remains described above, held an Inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Asphyxia due to
Illuminating gas
Due to

Other Conditions Despondency
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/17/46 about 2:00 P.M.
(b) Where did injury occur? 2702 Fleetwood Ave
(c) Did injury occur at home, on farm, industrial place, in public place? At home While at work? No
(d) Means of injury Placed head in gas oven

23. Signature C.C. Lubrecht M.D. Medical Examiner.
Date signed 7/15/46

VS 151

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42091 new

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 160c ✓

Registered No. G42091

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10hs 12'
(e) Length of stay in Baltimore (yrs., mos., or days) "

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County U.S.A
(c) City or town Baltimore
(If outside city or town, write "Rural" and give town)
(d) Street No. 3295 3rd & Calvert.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Sica

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F.

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife MR Ralph Sica

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-10-46

8. AGE: Years | Months | Days | If less than one day: 10 hr. 12 min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name MR Ralph Sica
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Margaret [illegible]
15. Birthplace Baltimore, Md

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or Crematory
Location

JOHNS HOPKINS University Medical School JUL 12 1946

18 (a) Funeral director Commissioner of Health
(b) Address

JUL 15 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1946, at 10m A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1946 to July 10 1946 and that I last saw her alive on July 10 1946.

Immediate cause of death
Cerebral anoxia
Due to Prematurity
Due to Premature separation of the placenta
Other Conditions Prematurity
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Cookie Spoerl M.D.
M. D.
Address Union Memorial Hosp Date signed 7-11-46

VS 150

3641

X

642092 new

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. 642092

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 12
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 342 E. Federal St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy McDowell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/9/46

8. AGE: Years | Months | Days | If less than one day: 2½ hr. min.

9. Birthplace MD (town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Eddie W. McDowell

13. Birthplace Md

MOTHER 14. Maiden Name Otto Preston Jones

15. Birthplace Md

16 (a) Informant Records,

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Johns Hopkins Medical School

Location Baltimore Medical School JUL 10 1946

18 (a) Funeral director Commissioner of Health

(b) Address

19 JUL 15 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1946 at 4:35 a M

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1946 to July 9 1946 and that I last saw h[illegible] alive on July 9 1946.

Immediate cause of death: Respiratory failure — Duration: 2 hrs

Due to: Prematurity

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert J. Sheldon M.D.

Address J. H. H. Date signed July 9 1946

VS 150

5640 X

G320:93 new

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G320:93

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1532 E. Monument
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Harrison.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-3-46

8. AGE: Years	Months	Days	If less than one day
			1 hr. min.

9. Birthplace md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Jerone Harrison

13. Birthplace

MOTHER 14. Maiden Name Lelia ?

15. Birthplace Md.

16 (a) Informant Records.

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location Johns Hopkins Medical School JUL 11 1946

18 (a) Funeral director Commissioner of Health

(b) Address

19 JUL 15 1946 (b) Hunter for Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1946, at 1145 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1946 to July 3 1946, and that I last saw her alive on July 3 1946.

Immediate cause of death Prematurity

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert J. Sheldon

Address 1 N. N. Date signed 7/13/46

VS 150

G42094

CHK-108401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42094 Registered No. 13B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1425 N. Fulton Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary V. White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4 ? 1866

8. AGE: Years	Months	Days	If less than one day
? 80	2	10	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Charlton (D)
13. Birthplace Maryland

MOTHER
14. Maiden Name Anna (D)
15. Birthplace Maryland

16 (a) Informant Records-Balto. City Hospitals
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-46 (month) (day) (year)
(c) Cemetery or crematory Dennis Burial Ground
Location Jarrettsburg

18 (a) Funeral director H. C. Hyndsberger
(b) Address Ellicott City Md.

19 (a) Date 1946 (b) Signature for William Myers

MEDICAL CERTIFICATION

P

20. DATE OF DEATH July 14 1946, at 8:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1946 to July 14 1946, and that I last saw h 9Z alive on July 14 1946

Immediate cause of death: Pulmonary Tuberculosis — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. L. Hoyte, M. D.
Address Balto City Hosp Date signed 7/15/46

VS 150

Y

G42095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164E

G42095 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 102 W. Fort Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Tony L Stahlman

3 (b) If veteran, name war: No | 3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Grace E Stahlman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25, 1882

8. AGE: Years	Months	Days	If less than one day
63	6	20	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Bro R R Engineer
11. Industry or business

FATHER
12. Name Martin Stahlman
13. Birthplace Md

MOTHER
14. Maiden Name Katherine Whitman
15. Birthplace Germany

16 (a) Informant Charles R Stahlman Son
(b) Address 7-4th Ave Brooklyn Pk

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18 1946 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Balto City

18 (a) Funeral director A. Howard Evans
(b) Address 1400 Eutaw St

19 (a) [illegible] (Registrar) Huntington Williams M.D.

JUL 15 1946
VS 151 40

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1946, at 4a. M

21. I certify that I took charge of the remains described above, held an autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractured skull
Multiple fractures
Due to

Other Conditions Fractured ribs, shoulder, wrist, & breast bones.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/15/46 at 3:50 A M.
(b) Where did injury occur? South Balto Gen. Hosp
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Jumped out window

23. Signature Hunford J Williams M.D. Medical Examiner.
Date signed 7/15/46

X

G42096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42096

Registered No. 114E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Gary (If outside city or town limits, write RURAL and give town)
(d) Street No. 3481 Pennsylvania (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Barbara Carlson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-5-42

8. AGE: Years	Months	Days	If less than one day
3	7	10	hr. min.

9. Birthplace Ind (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Carlson
13. Birthplace Ind

MOTHER
14. Maiden Name Sophie Carlson
15. Birthplace Ind

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 15/46 (month) (day) (year)
(c) Cemetery or crematory Crawford
Location Gary Indiana

18 (a) Funeral director John B. Mitchell & Son
(b) Address 1900 Eutaw Place

19 (a) Date received by registrar JUL 15 1946 (b) Registrar's signature for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1946 at 11 A M

21. I certify that death occurred on the date above stated, that I attended deceased from July 5 1946 to July 15 1946 and that I last saw h[illegible] alive on July 15 1946.

Immediate cause of death: Cerebral embolus? — Duration 1 hr.

Due to Post operative—Operation attempt to relieve tracheal

Due to Obstruction by pulmonary artery.

Other Conditions

(Include pregnancy within three months of death)

Date of operation 7/15/46

Major findings of operation: Enlarged pulmonary vessels & thrombus

Autopsy?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. W. Duncan M.D.
Address J. H. Hospital Date signed 7/16/46

VS 150

G42097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87c

G42097

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Eaton Ave. (29) Md.
(c) Hospital or institution:
Jamberne Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 16 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford Co.,
(c) ~~City~~ or town Bausom Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (~~Yes~~ or No)
If yes, name country

3 (a) FULL NAME Sarah Finney (Sarah E. Finney)

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: J. Edward Finney
(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) 1-30-1887

8. AGE: Years	Months	Days	If less than one day
59	5	15	########## hours ########## min.

9. Birthplace Bausom [Harford Co.] Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Smith
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Catherine Bradley
15. Birthplace Ireland

16 (a) Informant Jamberne Memorial
(b) Address 1000 Eaton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/46 (month) (day) (year)
(c) Cemetery or crematory St. Johns
Location Long Green, Balto: Co., Md.

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 JUL 16 1946 Huntingtown Williamsport Md.
(Local registrar, Maryland)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-15 1946 at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-15 1946 to 7-15 1946 and that I last saw h~~er~~ alive on 7-15 1946

Immediate cause of death	Duration
Cardiac Failure	
Due to Acute cardiac dilatation	
Due to	
Other conditions Paralysis Agitans Cachexia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry Wirt Hilles, M.D.
Address St. Agnes Hosp. Date signed 7-15-46

VS 150

95c

042098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937 ✓

Registered No. 042098

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3106 Ferndale Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3106 Ferndale Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY E. Fowler

3 (b) If veteran, name war: N
3 (c) Social Security Account No.: none

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: Charles H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22 1879

8. AGE: Years 67 | Months 2 | Days 22 | If less than one day hr. min.

9. Birthplace N.C.
(Town, county, and state)

10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Henry Stevenson
13. Birthplace N.C.

MOTHER
14. Maiden Name Elizabeth Alexandria
15. Birthplace N.C.

16 (a) Informant Mr. Charles H. Fowler
(b) Address 3106 Ferndale Ave

17 (a) Burial (b) Date thereof 7/17/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St

19 JUL 16 1946 (b) Huntington Williams M.S.
(Date accepted by local registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/17 1946, at 6:5 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to h[illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Cardiac disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. F. Schneider M.D.
Medical Examiner.
Date signed 7/18/46

VS 151

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully supplied. The

G42099 74

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. G42099

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2102 Bolton St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 395

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2102 Bolton Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Bornemann

3 (b) If veteran, name war Y | 3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Emma.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 10 1876

8. AGE: Years	Months	Days	If less than one day
70	4	4	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Henry Bornemann
13. Birthplace Germany

MOTHER
14. Maiden Name Elinor Sehbea
15. Birthplace Germany

16 (a) Informant Emma Bornmann
(b) Address 2102 Bolton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/46 (month) (day) (year)
(c) Cemetery or crematory London Pk
Location Balto.

18 (a) Funeral director Wm Cook Jr & Co
(b) Address 1217 St Paul St

19 (a) Date received JUL 16 1946 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1946 at 9 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1946 to July 14 1946 and that I last saw him alive on July 13 1946.

Immediate cause of death Carcinomatosis
Ascending Colon

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jack J Singha
Address 508 E Northern Date signed July 15 1946 M.D.

VS 150

Duplicate

G-42100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G-42100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 212 Stony Run Lane
(c) Hospital or institution:
12
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 212 Stony Run Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Mary E. E. Baldwin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife: Henry D. Baldwin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 25, 1867

8. AGE: Years	Months	Days	If less than one day
79	5	18	hr. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: William S. Greenfield
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Catherine G. Edwards
15. Birthplace: Ellicott City, Maryland

16 (a) Informant: Mary E. Baldwin
(b) Address: 4908 Crowson Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16, 1946 (month) (day) (year)
(c) Cemetery or crematory: St. Anne's
Location: Annapolis, Maryland

18 (a) Funeral director: William Cook, Inc.
(b) Address: 1217 St. Paul Street

19 (a) July 16, 1946 (Date rec'd by registrar) (b) Huntington Williams, M. D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1946, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from — 19 , to — 19 , and that I last saw h alive on 19 .

Immediate cause of death — Duration

Cerebral hemorrhage

Due to Chronic cardio-vascular disease - Hypertension

Due to supplied by Dr Hynes. Told attending physician

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John O. Tyacke M. D.
Address 103 W. Calvert St Date signed 7/14/46

VS 150

G42101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G42101

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1841 Rutland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1841 Rutland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm Michell

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-01-9410

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W.	Married

6 (b) Name of husband or wife Elizabeth B. Michell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 16 1888

8. AGE: Years	Months	Days	If less than one day
57	7	27	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Gunther Brewery

FATHER
12. Name Michell
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Elizabeth B. Michell
(b) Address 1841 Rutland Ave

17 (a) Burial (b) Date thereof 7 16 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Baltimore

18 (a) Funeral director Philip Henry Sons
(b) Address 2124 Eutaw St

JUL 16 1946 (b)
(Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1946, at P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1946 to July 13 1946 and that I last saw ~~alive~~ on July 13 1946

Immediate cause of death Coronary Thrombosis — Duration 1 Day

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Greenberg M.D.
Address 2025 E North Ave Date signed 7/16/46

VS 180

642:02

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

642:02

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 630 Scott st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 630 Scott st
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Florance. May. Hartlove

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female.	white	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) aug 16. 1897

8. AGE: Years	Months	Days	If less than one day
68	11/10	28	— hr. — min.

9. Birthplace Baltimore md.
(Town, county, and state)
10. Usual Occupation H
11. Industry or business —

FATHER
12. Name James . E. Hartlove
13. Birthplace Baltimore md.

MOTHER
14. Maiden Name Caroline mix
15. Birthplace Baltimore md.

16 (a) Informant James . E. Hartlove
(b) Address 630 scott st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/46 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Edmondson Ave.

18 (a) Funeral director Ambrose, Bro.
(b) Address 414 n Franklintown

19 (Date received by registrar) July 16 1946 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14th 1946 at 10-25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 7th 1946 to July 14th 1946 and that I last saw h.er alive on July 14th 1946.

Immediate cause of death Bronchio - Pneumonia . — Duration 3 days

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Harry E Cole M. D.
Address 517 Scott St Date signed 7/15/46

VS 3

X

G42103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G42103

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5'
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 209 Colvin St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Price

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-9511

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 65 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Balto, Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Mrs. Daisy Johnson

(b) Address 209 Colvin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16th 1946 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location A. A. Co. Md.

18 (a) Funeral director Byron Thomas & Wright

(b) Address 721 Aisquith St.

19 (a) JUL 16 1946 Hunter for Williams, M.D.
(Registrar) (Address) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10, 1946, at 7 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy + Inq thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cardio - Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
Means of injury

23. Signature Howard J. Clemens M.D.
Medical Examiner.
Date signed 7-11-46

VS 151

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

G42104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

G42104

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1203 Argyle Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1203 Argyle Ave.
(If non-definitive location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cora Jackson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
Female	Col.	Married	Eugene Jackson	years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1888

8. AGE: Years	Months	Days	If less than one day
57	11	8	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name	Woodridge
FATHER 13. Birthplace	Va.
MOTHER 14. Maiden Name	Dolley Doane
MOTHER 15. Birthplace	Va.

16 (a) Informant Eugene Jackson
(b) Address 1203 Argyle Ave
17 (a) Burial (b) Date thereof July 16, 1946
(burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location
18 (a) Funeral director Mrs Katie R Williams
(b) Address 3226 Schroeder St
19 JUL 16 1946 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14-1946 at 11:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-4-1946 to 7-14-1946.
and that I last saw her alive on 7-13-1946.

Immediate cause of death Carcinomatosis — Duration 6 Mos.
Due to Carcinoma of breast
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature H H Jackson
Address 600 Marlington Ave. Date signed 7/15/46

VS 150

G42105 EL - 102845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ 83a

Registered No. G42105

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 Mins.
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7351 Waldman Ave. Jones Creek
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nicholas Dimitre (James)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Bertha
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1902

8. AGE: Years	Months	Days	If less than one day
44	4	26	hr. min.

9. Birthplace Greece
(Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business Beth. Steel

FATHER
12. Name James Dimitre
13. Birthplace Greece

MOTHER
14. Maiden Name Mary ?
15. Birthplace Greece

16 (a) Informant B.C.H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16, 1946 (month) (day) (year)

(c) Cemetery or crematory Greek Orthodox Cem
Location Baltimore, Md

18 (a) Funeral director Durward D. Covington
(b) Address 24 W. 25th St.

19 (a) (Date received by registrar) 7-16-1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1946, at 5:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1946 to July 13 1946, and that I last saw him alive on July 13 1946

Immediate cause of death Respiratory Failure. — Duration

Due to Hemorrhage into Ventricles.

Due to Malignant Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert R. Farber M. D.
Address Balto City Hosps Date signed 7-13-46

VS 150

X

Weller

G42106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49a

Registered No. G42106

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Caroline St
(c) Hospital or Institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Finwood LINWOOD
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Estella A Weller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Philip S.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6 | 28 | 98

8. AGE: Years	Months	Days	If less than one day
48	0	19	hr. min.

9. Birthplace Carroll County Md.
(Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business at Home

FATHER
12. Name Samuel Starnes
13. Birthplace Maryland

MOTHER
14. Maiden Name Sallie Fritz
15. Birthplace Maryland

16 (a) Informant Philip S Weller
(b) Address Linwood Maryland

17 (a) Burial (b) Date thereof July 19-1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Pipe Creek Cemetery
Location Hunterstown Maryland

18 (a) Funeral director D D Shatzer & Son
(b) Address Keymar, Bridge & New Windsor Md

19 JUL 16 1946 (Date rec'd by registrar) (b) Hunterstown Maryland

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1946 at 1 35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/11/46 19__ to 7/16 19 46, and that I last saw her alive on 7/16 19 46

Immediate cause of death Cardio-Respiratory failure. — Duration

Due to Carcinomatosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Bilateral S O + Appendectomy

Major findings of operation: Carcinomatosis of Rt ovary + uterus to bowel

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Wollenweber M.D.
Address St Josephs Hospital Date signed 7/16/46

VS 150

G42:07

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G42:07

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lanvale & Dulaney
(c) Hospital or institution: Mt Wolfe Gen Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 122 N Milton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry M. Young

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Matilda L. Young
6 (c) If alive, give age yrs.

7. Birth date of deceased (mo., day, yr.) Dec 11 1884

8. AGE: Years	Months	Days	If less than one day
61	7	4	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Draftsman
11. Industry or business Dietrich Bros

FATHER
12. Name James L. Young
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Julia Veasel
15. Birthplace Baltimore Md.

16 (a) Informant Matilda L. Young
(b) Address 122 N. Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18 1946 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Harry R. Ammerman
(b) Address 4204 Ridgewood Ave

19 (a) JUL 16 1946 (Date received by Registrar) (b) Huntington Williams (Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 15 July 1946, at 9:41 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 15 July 1946 to 15 July 1946 and that I last saw h[illegible] alive on 15 July 1946.

Immediate cause of death Cardio Respiratory Failure — Duration

Due to Coronary Art Dis

Due to

Other Conditions Gen Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lester A. Shaw M. D.
Address Mt Wolfe Gen Hosp Date signed 7/16/46

G42:108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. G42:108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division st
(c) Hospital or institution: Provident Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 Brunt st
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Cora Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	

6 (b) Name of husband or wife Wm. H. Davis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
71 ?	appx		hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER 12. Name	James Simms
13. Birthplace	Md.
MOTHER 14. Maiden name	Harmonia Bennett
15. Birthplace	Md.

16 (a) Informant Joshua Simms
(b) Address 611 Brunt St

17 (a) Burial (b) Date thereof 7-17-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem Park
Location Baltimore Co. Md

18 (a) Funeral director Mrs. Frances H. Hemsley
(b) Address 578 W. Biddle St.

19 (Date received by registrar) JUL 16 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14 1946 at 10:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-12 1946 to 7-14 1946 and that I last saw h[illegible] alive on 7-14 1946.

Immediate cause of death acute pericarditis & effusion,

Due to Streptococcal pharyngitis and cervical adenitis

Due to

Other Conditions Pregnancy (at) (about)
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury?

23. Signature [illegible] M. D.
Address 611 Brunt St Date signed 7-16-46

VS 150

1152

G42109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G42109

TYPE OR WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division st
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2025 Division St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John H. Douglas

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	

6 (b) Name of husband or wife Mrs Henrietta Douglas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
74			hr. min.

9. Birthplace District of Columbia (town, county, and state)
10. Usual Occupation Mail Carrier
11. Industry or business Retired

FATHER
12. Name John Douglas
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Eliza J. Colter
15. Birthplace Md

16 (a) Informant Mrs Henrietta Douglas
(b) Address 2025 Division Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore, Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 518 W. Biddle St

19 JUL 16 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14 1946, at 10:22 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-13 1946, to 7-14 1946, and that I last saw h.. alive on 7-14 1946.

Immediate cause of death Pulmonary edema,
Due to Cerebral arteriosclerosis & cerebral hemorrhage
Due to
Other Conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. D. Carey M.D.
Address 515 Mosher St Date signed 7-16-46

VS 150

G42110 over

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E

G42110 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Edgemere
(If outside city or town limits, write RURAL and give town)
(d) Street No. 208 Manor Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ronald Small.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male.	White.	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-25-45

8. AGE: Years	Months	Days	If less than one day
0 1	11	20	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Richard Small
13. Birthplace Penn.

MOTHER
14. Maiden Name Mildred Swope
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 17, 1946 (month) (day) (year)
(c) Cemetery or crematory MORELAND MEMORIAL
Location TAYLOR AVE.

18 (a) Funeral director JOHN F. DENNY, INC
(b) Address 715 LIGHT ST.

19 (a) JUL 16 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1946 at 3.25 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1946 to July 15 1946. and that I last saw h. alive on July 15 1946.

Immediate cause of death Leukemia — Duration July 15 1946

Due to Thrombus in ductus arteriosus

Due to Congenital Heart, Cyanotic Group

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Congenital Heart

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dorothy G Higgins M.D.
Address Johns Hopkins Hospital Date signed 7/15/46

VS 150

FILL IN WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42111

BALTIMORE CITY HEALTH DEPARTMENT ✓ G42111

CERTIFICATE OF DEATH 46B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3702 Third St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3702 Third St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Milton Stansbury

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-07-4378

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ida Adella Upton
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) March 17, 1877

8. AGE: Years	Months	Days	If less than one day
69 71	3	29	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation City of Balto.
11. Industry or business

FATHER
12. Name James Stansbury
13. Birthplace Md

MOTHER
14. Maiden Name Harriet Turner
15. Birthplace Md

16 (a) Informant Mrs Ida A. Stansbury
(b) Address 3702 Third St.

17 (a) Burial (b) Date thereof 7/19/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Blvd
18 (a) Funeral director John F Kenny Inc
(b) Address 715 Light St.
19 (a) JUL 16 1946 Huntington Williams M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1946, at 12 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1946 to July 16 1946, and that I last saw him alive on July 14 1946.

Immediate cause of death
Extravasation of urine
Uremia -
Due to
Due to
Other Conditions Carcinoma of Stomach
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Huntington Williams M.D.
Address 3 E Fayette St Date signed July 16 46

VS 150

13C

G42112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

✓ G42112 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 46 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1209 Presstman (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Dr. William H. Wright

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife Annie L. Wright
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) 9-28-1874

8. AGE: Years	Months	Days	If less than one day
71	10	15	hr. min.

9. Birthplace Bridgeport, Ohio (Town, county, and state)
10. Usual Occupation Physician
11. Industry or business

FATHER
12. Name John Wright
13. Birthplace Va

MOTHER
14. Maiden Name Nancy C. Robinson
15. Birthplace Va

16 (a) Informant Mrs. Annie L. Wright
(b) Address 1209 Presstman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 16, 1946 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. George W. Stulland
(b) Address 16[illegible] Druid Hill Ave.

19 (a) JUL 16 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-13-46 19 , at 5:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-5 1946 to 7-13 1946 and that I last saw h[illegible] alive on 7-13 1946.

Immediate cause of death Cerebral Thrombosis,

Due to Old Cerebral hemorrhage Generalize Arteriosclerosis

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. D. Carr M. D.
Address 515 Mosher Date signed 7-15-46

VS 150

83B

G42113 ✓ G42113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2537 Pennsylvania Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

13

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2537 Pennsylvania Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LOTTIE LEE COARD

3 (b) If veteran, name war: --

3 (c) Social Security Account No.: --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife: Frederick T. Coard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug. 5, 1883

8. AGE: Years	Months	Days	If less than one day
62 63	11 0	21 9	hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Thomas MaGuire
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Lottie Erdman
15. Birthplace: Baltimore

16 (a) Informant: Mrs. Laurence Seibert
(b) Address: 2537 Pennsylvania Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/46 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Baltimore, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) JUL 16 1946 (Date rec'd by registrar) Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14, 1946, at 3.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1946 to July 14 1946 and that I last saw her alive on July 14 1946.

Immediate cause of death: Cardiac Dilatation.
Duration: 2 dr.
Due to: Arteriosclerosis.
Due to: Chr. Interstitial Nephritis.
Duration: year or more.
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: John Curt C. Blake, M.D.
Address: Med Arts Bldg Date signed: 7-15-46

VS 180

X

G42114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

G42114
Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2133 W. Fayette
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2133 W. Fayette
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Tapman Hamilton

3 (b) If veteran, name war —

3 (c) Social Security Account No. 705-10-0595

4. Sex F. | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Owen L. Hamilton

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Jan. 30-1901

8. AGE: Years 45 | Months 5 | Days 14 15 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business B. & O. R.R.

FATHER
12. Name George C. Tapman
13. Birthplace Baltimore

MOTHER
14. Maiden Name Minnie E. Thompson
15. Birthplace Phila. Pa.

16 (a) Informant Mrs. May Leuschner.
(b) Address 807 Homestead St.

17 (a) (Burial, cremation, or removal) Burial (b) Date thereof (month) July (day) 17, (year) 1946

(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Frederick R. Cole
(b) Address 1700 W. Lombard St.

19 JUL 16 1946 (Date rec'd by registrar) Burial Washington Memorial Park

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1946, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1946 to July 14 1946 and that I last saw h alive on July 14 1946

Immediate cause of death: Carcinoma of Pancreas — Duration: 1945

Due to: with metastases

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Fanny Deane

Address 1663 10 Mott St. Date signed 7/16/46

VS 180

042115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. 042115

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Carton & Wilkens Ave
(c) Hospital or institution St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 409 Frederick Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Brother Aidan (John Burke)

3 (b) If veteran, name war X
3 (c) Social Security Account No. X

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife X
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sep 2 - 1881

8. AGE: Years 64 | Months 10 | Days 12 | If less than one day hr. min.

9. Birthplace Taidmont, W. V (Town, county, and state)

10. Usual Occupation Religious

11. Industry or business

FATHER — 12. Name John Burke
13. Birthplace Ireland

MOTHER — 14. Maiden Name Mary Welch
15. Birthplace Ireland

16 (a) Informant Record's - Mt St. Joe -
(b) Address FREDERICK AVENUE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 17 1946 (month) (day) (year)

(c) Cemetery or crematory CATHEDRAL
Location

18 (a) Funeral director Chas. F. Evans Sons Inc
(b) Address 118 W. Mt. Royal Ave

19 (a) Date JUL 16 1946 (b) Signature for Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-14 1946, at 11:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18 1946 to 7-14 1946, and that I last saw h alive on 7-14 1946

Immediate cause of death Cardiac Failure — Duration

Due to 1. Acute cardiac dilatation

Due to 2. Auricular Flutter

Due to Bronchopneumonia

Other Conditions Arteriosclerosis generalized
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Wm Hodges
Address St Agnes Hosp - Date signed 7-14-46

X

G42116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

Registered No. G42116

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2729 The Alameda
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2729 The Alameda (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ALFRED LEYBOURNE PAWLEY

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 212-12-2800

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Katie Grace Pawley
6 (c) If alive, give age: 82 years

7. Birth date of deceased (mo., day, yr.): June 17, 1871

8. AGE: Years	Months	Days	If less than one day: hr.	min.
75	11	27		

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: P.O. Clerk
11. Industry or business: U.S.G. Retired

FATHER
12. Name: Finley Pawley
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Margaret Carnes
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mrs. Katie Pawley - widow
(b) Address: 2729 The Alameda

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-46 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge Cemetery
Location: Baltimore, Maryland

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY

19 (a) JUL 16 1946 (b) Registrar for Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1946, at 10.15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 23 - Feb 1946 to 15 July 1946, and that I last saw him alive on 15 July 1946.

Immediate cause of death: Coronary Thrombosis — Duration: 1 day.
Due to: Arteriosclerotic Cardio Vascular Disease — 6 months
Due to:
Other Conditions: —

(Include pregnancy within 3 months of death)
Date of operation: —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Charles W. Edmunds, M. D.
Address: 2746 The Alameda Date signed: 15 July 46

VS 150

PRINCE WHITE STANDS, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Peake
G42117

BALTIMORE CITY HEALTH DEPARTMENT ✓ G42117
CERTIFICATE OF DEATH 1248
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6102 Fair Oaks Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6102 Fair Oaks Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry D. Bechtel
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Mary Helen Bechtel
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Mar. 28, 1892

8. AGE: Years	Months	Days	If less than one day
54	3	17	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Giffin Bechtel
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie Margaret Holmes
15. Birthplace Maryland

16 (a) Informant Mrs. Mary H. Bechtel
(b) Address 6102 Fair Oask Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/46 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road

19 (Date rec'd by registrar) JUL 16 1946 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14th, 19 46 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to 7-14 1946
and that I last saw h alive on 7-14 1946

Immediate cause of death Cirrhosis of liver — Duration 1½ years
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation June 24 1944
Major findings of operation: Nodal cirrhosis,
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. W. Peake M. D.
Address 4508 Harford Road Date signed 7-15-46

VS 150

X

Dr. Harbold

G42118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G42118

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2910 Arlington Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2910 Arlington Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph A. Mathews

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife Mollie E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1885

8. AGE: Years	Months	Days	If less than one day
60	8	6	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Joseph Mathews
13. Birthplace Germany

MOTHER
14. Maiden Name Mary ?
15. Birthplace ?

16 (a) Informant Miss Margaret Mathews
(b) Address 2910 Arlington Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road.

19 (Date received by registrar) July 16 1946 Huntington Williams, M.D. Address

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14th, 1946, at 6 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 9 1946 to July 14 1946 and that I last saw him alive on July 10 1946.

Immediate cause of death	Duration
Coronary Thrombosis	Sudden
Due to Coronary Sclerosis	
Arteriosclerosis	
Due to Chronic myocarditis	
Other Conditions Right scrotal hernia	
Left inguinal hernia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. V. Harbold M.D. M. D.
Address 4706 Harford Road Date signed 7/15/46

VS 150

G42119

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 168

G42119 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 - Bergen by St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edgar EDWARD Gassaway

3 (b) If veteran, name war: WORLD WAR 1
(c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife: ELLA GASSAWAY
6 (c) If alive, give age 7 years

7. Birth date of deceased (mo., day, yr.) MAY 5 1897

8. AGE: Years	Months	Days	If less than one day
49	2	10	hr. min.

9. Birthplace BALTIMORE MD (Town, county, and state)
10. Usual Occupation PRODUCE DEALER
11. Industry or business —

FATHER
12. Name HARRY A GASSAWAY
13. Birthplace BALTO MD

MOTHER
14. Maiden Name ANNIE E LONG
15. Birthplace BALTO MD

16 (a) Informant EARL GASSAWAY
(b) Address 722 W WEST ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 19-46 (month) (day) (year)
(c) Cemetery or crematory MOUNT OLIVET
Location BALTO MD

18 (a) Funeral director Bernard E Harlen
(b) Address 131 E West St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JUL 16 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1946, at 6:30 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Fracture of skull
Intracranial Hemorrhage
Due to Laceration of brain

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7-13-46 at 2:30 A.M.
(b) Where did injury occur? In front of 2 Lanes, Ridge & Barre Sts.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Blunt force

23. Signature Howard J. Weddell M.D. Medical Examiner.
Date signed 7-16-46

X

Please answer as expertly important. Physicians: please write the causes of death clearly and legibly.

642120 new

BALTIMORE CITY HEALTH DEPARTMENT ✓ 642120

CERTIFICATE OF DEATH 161c

Registered No.

PRINT WHITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hosp
(c) Hospital or institution: ↓ 161
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1024 Whitelock St.
(If rural give location)
(e) Citizen of foreign country? Whatcoat (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy DAVENPORT "B"

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/6/46

8. AGE: Years | Months | Days: 4 | If less than one day: hr. min.

9. Birthplace University Hosp. Balt Md (Town, county and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name John T Davenport
13. Birthplace Keyser, W. Va.

MOTHER
14. Maiden Name Gertrude Williams
15. Birthplace Roxbury Ms. Carolina

16 (a) Informant Mrs John Davenport
(b) Address 1024 Whitelock St Balt Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location University Medical School JUL 16 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUL 16 1946 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/10/46 19 at 6:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/6 1946 to 7/10 1946.
and that I last saw him alive on 7/10 1946

Immediate cause of death: Hemorrhagic Oedema of Head Born.

Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Elizabeth M. Balletta M. D.
Address Marine Hosp. Date signed 7/10

VS 150

F5646 Balt md. ×

642121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

642121 Registered No.

39c

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County St. Mary's
(c) City or town Mechanicsville (RURAL)
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Ann Reed

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Sing

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1944

8. AGE: Years	Months	Days	If less than one day
2			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Carroll Reed
13. Birthplace Md.

MOTHER
14. Maiden Name Lillian Butler
15. Birthplace Md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUL 16 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUL 16 1946 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-8- 1946, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-23 1946, to 7-8 1946, and that I last saw her alive on 7-8 1946.

Immediate cause of death	Duration
Cardiac failure	
Due to Cardiac dilatation	
Due to Toxicity	
Other Conditions Rocky Mt. Spotted fever, Lobular pneumonia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Lobular pneumonia, cardiac dilatation

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. L. Crouch M. D.
Address University Hospital Date signed 7-10-46

VS 3

F 3645

95c

G42122 — 496696. — G42122 — Registered No.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 M
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 Rose Grove Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Alfred Jackson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-22-46

8. AGE: Years	Months	Days	If less than one day
	1	14 20	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Curtis Jackson
13. Birthplace N. Ca.

MOTHER
14. Maiden Name Mable Edwards
15. Birthplace Va

16 (a) Informant Parents.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School JUL 16 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUL 16 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1946, at 1295 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1946 to July 11 1946, and that I last saw him alive on July 11 1946.

Immediate cause of death: Congenital Lues — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Dyes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Demetrius D. Zaggis M.D.
Address Johns Hopkins Hospital Date signed 7/11/46

VS 150

3644

642:23 642:23 ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 304 North Eden Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Collins Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1, 1946

8. AGE: Years	Months	Days	If less than one day
		9	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Collins
13. Birthplace Maryland

MOTHER
14. Maiden Name Selma Sherrod
15. Birthplace North Carolina

16 (a) Informant Hospital Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School JUL 16 1946

18 (a) Funeral director Commissioner of Health
(b) Address

JUL 16 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

3643

VS 150

MEDICAL CERTIFICATION A

20. DATE OF DEATH July 10 1946, at 12:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1946, to July 10 1946, and that I last saw him alive on July 10 1946.

Immediate cause of death	Duration
aspiration pneumonia and pulmonary atelectasis	
Due to congenital idiot	
Due to	
Other Conditions congenital idiot	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Russell Jordan M. D.
Address 5 & 7 N Broadway Date signed 7-10-46

X

G42:24

381757 new

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. G42:24

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1024 N. DeSoto Washington Ln

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Baby Eggie Bunn -

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/9/46

8. AGE: Years | Months | Days: 2 | If less than one day: hr. min.

9. Birthplace

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name ?

13. Birthplace

MOTHER

14. Maiden Name Eggie Bunn -

15. Birthplace ?

16 (a) Informant Friends -

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location Johns Hopkins Medical School JUL 16 1946

18 (a) Funeral director Commissioner of Health

(b) Address

19 JUL 16 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1946 at 12 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1946 to July 11 1946 and that I last saw he alive on July 11 1946

Immediate cause of death prematurity

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Albert J. Lauldon M.D.

Address Date signed 7/12/46

VS 150

X

G42125 over

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160 C

Registered No. G42125

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Church Home & Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1027 Hewitt Road
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Harry F Thomas Tolchester

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	newborn.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/11/46

8. AGE: Years	Months	Days	If less than one day
			8 hrs min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Chadwick Tolchester
13. Birthplace Melrose, Mass.

MOTHER
14. Maiden Name Elizabeth Riley
15. Birthplace Staunton, Va.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School JUL 15 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUL 16 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-12-46 1946 at 1:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-11 1946 to 7-12 1946 and that I last saw him alive on 7-11-46 1946.

Immediate cause of death Prematurity

Due to Placenta Previa

Due to

Other Conditions None
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D S Ruben M.D.
M.D.
Address Church Home & Hospital Date signed 7-12-46

VS 190

3647

X

642:26

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

642:26 Registered No. 939

Type or write plainly in permanent black ink. Every item of information should be carefully supplied; if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1701 E; 29th Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1701 E. 29th Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELIZABETH FREDERICK

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles Frederick
6 (c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.): Feb. 26, 1885

8. AGE: Years: 61 Months: 4 Days: 18 If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: William Diver
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden Name: Mary E. Johnson
15. Birthplace: Illinois

16 (a) Informant: Mr. Charles Frederick
(b) Address: 1701 E 29th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/46 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn cemetery
Location: Baltimore, Maryland

18 (a) Funeral director: HANRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY

19 (a) JUL 16 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1946 at 8.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1921 to July 14 1946 and that I last saw her alive on July 14 1946.

Immediate cause of death	Duration
Chronic Myocarditis	3yrs
Due to Myocardiac failure	5 mo.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Chullum Stenan M. D.
Address 1734 E. 28th St. Date signed 7/16/46

VS 150

G42127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

942

G42127 Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5504 Arabia Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5504 Arabia Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE L. PARROTT

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 4, 1874

8. AGE: Years	Months	Days	If less than one day
71	7	11	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and State)
10. Usual Occupation Clerk- Asst Auditor
11. Industry or business Md. Racing Comm.

FATHER
12. Name George W. Parrott
13. Birthplace Philadelphia, Penna

MOTHER
14. Maiden Name Margaret Fitzgibbon
15. Birthplace Ireland

16 (a) Informant Mrs Ruth Parrott
(b) Address 5504 Arabia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director H. J. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) July 16 1946 (b) Huntington Williams, M.D. (Date rec'd by Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1946, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 29 1946 to July 15 1946, and that I last saw deceased alive on July 15 1946.

Immediate cause of death: Coronary Occlusion — Duration 10 minutes
Due to
Due to
Other Conditions Coronary Thrombosis 1-29-46

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy: Yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? None (Specify type of place) While at work?
(e) Means of injury

23. Signature J. J. Gordy M. D.
Address 5706 Hanford Rd Date signed 7-16-46

VS 180

G42128

AB- 101972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH /3B

G42128 Registered No.

The Public Health Law requires that WHITE PRINTING, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mos. 5days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 427 East Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Iver Dorsch

3 (b) If veteran, name war: W
3 (c) Social Security Account No. 215-13-3058

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Alice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9- 1908

8. AGE: Years	Months	Days	If less than one day
38	2	7	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Steam Fitter
11. Industry or business Street Engineering Co

FATHER
12. Name William F. Dorsch
13. Birthplace Germany

MOTHER
14. Maiden Name Nannie Taylor
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/46 (month) (day) (year)
(c) Cemetery or crematory Balto.
Location Balto. Md.

18 (a) Funeral director William Bok Inc
(b) Address 1217 St. Paul St.

19 (a) JUL 17 1946 (Date filed by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION AM

20. DATE OF DEATH July 16- 19 46 at 11:30 M

21. I certify that death occurred on the date above stated, that I attended deceased from 6-11- 19 46 to 7-16 19 46, and that I last saw h im alive on 7-16 19 46

Immediate cause of death: Pulmonary tuberculosis Bilateral Advanced — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Marcy McWilliams M.D.
Address City Hosp., Bal. Date signed 7/16/46

VS 150

G42129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. G42129

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4310 Penhurst Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4310 Penhurst Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry Melvin Bowen

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	217-16-4839

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife Susie B. Bowen
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) June 24 1876

8. AGE: Years	Months	Days	If less than one day
70	0	21	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Foreman
11. Industry or business Construction

FATHER
12. Name Wm H. Bowen
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Clarabelle Moran
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Susie Bowen
(b) Address 4310 Penhurst Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/46 (month) (day) (year)
(c) Cemetery ~~or crematory~~ London Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) 17 1918 (Date rec'd by registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1946, at 12 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1946, to July 15 1946, and that I last saw him alive on July 8 1946

Immediate cause of death: cardiac asthma. — Duration 3 days

Due to Fibroid Lung. Tuberculosis Related — Duration 6 mo

Due to Cardio Vascular Disease. Interstitial Pneumonitis — Duration 2 yrs.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur Bowen M. D.
Address 1202 St Paul St Date signed July 16 1946

VS 150

X

G42130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V/186a

Registered No. G42130

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 5
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 115 N. Exeter Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clyde Luther Miller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1905

8. AGE: Years	Months	Days	If less than one day
41	3	9	hr. min.

9. Birthplace Rockwell, N.C.
(Town, county, and state)

10. Usual Occupation Meat Cutter

11. Industry or business

FATHER
12. Name Luther H. Miller
13. Birthplace N.C.

MOTHER
14. Maiden Name Ida Lyerly
15. Birthplace N.C.

16 (a) Informant Charles M. Miller (Brother)
(b) Address 5319 Wright Avenue

17 (a) Burial (b) Date thereof 7/17/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Rockwell
Location Rockwell, N.C.

18 (a) Funeral director Wilson Coble Inc
(b) Address 1317 E. Baltimore St. Baltimore, Md.

19 JUL 17 1946 (b) Transcribed for Wilson Coble, Inc.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1946, at 12:26 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Hemorrhage
Fractured skull - intra cranial & laceration brain -
Due to: Fracture of the 9th thoracic vertebrae - dislocation
Other Conditions of the 2nd cervical vertebrae
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 4 A.M. at 5/1 7-15-46 P.M.
(b) Where did injury occur? 115 N. EXETER ST.
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? NO.
(d) Means of injury FELL FROM 2ND FLR. WINDOW

23. Signature Howard J. Mesaris M.D.
Medical Examiner.
Date signed 7/15/46

VS 151

X

G42131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G42131

TYPE OR PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2 Greenspring Ave
(c) Hospital or institution: Levindale 15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1501 No Monroe St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David Platt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Kitty

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years 75 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER — 12. Name Nathan

13. Birthplace Russia

MOTHER — 14. Maiden Name Anya

15. Birthplace Russia

16 (a) Informant Paulina Platt

(b) Address 410 W Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-46 (month) (day) (year)

(c) Cemetery or crematory Sharre Tfiloh

Location Windsor Mill Road

18 (a) Funeral director Jack Lewis Inc

(b) Address 409 E Baltimore St

19 (a) JUL 17 1946 (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1946, at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-20 1945 to 7-15 1946, and that I last saw h alive on 7-15 1946.

Immediate cause of death: Cer-card. vas. disease

Arteriosclerosis.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Edmund Levin

Address Levindale Date signed 7/15/46

VS 180

X

G42132 — BALTIMORE CITY HEALTH DEPARTMENT — G42132

CERTIFICATE OF DEATH

Registered No. 45 C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6yrs -4mos- 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME (DANGERfield) Daniel D. Lee Dangerfield
3 (b) If veteran, name war
(c) Social Security account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 15- 1885

8. AGE: Years	Months	Days	If less than one day
61	3	0	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Mary Brown (D
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof July 18- 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director A Hahtead.
(b) Address

19 JUL 17 1946 (b) (Date received by Registrar) Thurston for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15- 1946 at 7.15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1- 1940 to 7-15- 1946, and that I last saw h 1Balive on 7-15- 1946.

Immediate cause of death
Cerebral hemorrhage
Due to Carcinoma of prostate
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: Abstract.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at AM PM
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Rawlings Hoffman M. D.
Address Baltimore City Hosp Date signed July 18 1946

VS 150

PRINTING WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. G42133

To correct errors, PRINT WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 815 Leadenhall
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 815 Leadenhall (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Clarence Baker

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-4284

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Emma

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15 1896

8. AGE: Years	Months	Days	If less than one day
49	10	27	hr. min.

9. Birthplace Middleway W. Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Victoria ?
15. Birthplace Va

16 (a) Informant Emma Baker
(b) Address 815 Leadenhall St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary St
Location A. A. Co. Md

18 (a) Funeral director David L. Brown & Son
(b) Address 98 W Montgomery St

19 JUL 17 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1946 at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1946 to July 13 1946, and that I last saw h alive on July 13 1946

Immediate cause of death (Pulmonary TB)

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Chelsene M. D.
Address 113 Haleen Dr Date signed 7-14-46

VS 180

G42134 PAWLICKI

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G42134 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1727 Bank St
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1727 Bank St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARTIN [redacted] Pawlicki

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 705-05-9538

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Agnes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 69 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unk
13. Birthplace Poland

MOTHER
14. Maiden Name Unk
15. Birthplace Poland

16 (a) Informant Joseph Pawlicki
(b) Address 1727 Bank St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19 46 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Baltimore

18 (a) Funeral director Fred W. Oz & Sons
(b) Address 1950 Eastern Ave.

19 (a) [illegible] 17 1946 Huntington Williams M.D.
(Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1946 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1946 to July 16 1946 and that I last saw h[illegible] alive on July 15 1946

Immediate cause of death: Pulmonary edema — Duration 1 day

Due to: Myocardial degeneration, Emphysema, Chron. Nephritis — Duration Chronic years

Due to — Duration Unk years

Other Conditions: Prostate Hypertrophy — Duration 8 years

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
—
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature G. Fales M. D.
Address 24 S. Bway Date signed July 16/46

VS 150

G42135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

Registered No. G42135

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ...
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) ...
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTO.
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 720 S. Clinton St
(If rural give location)
(e) Citizen of foreign country? ... (Yes or No)
If yes, name country ...

3 (a) FULL NAME John Schmidt

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	SINGLE

6 (b) Name of husband or wife ...
6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) OCT. 23 1894

8. AGE: Years	Months	Days	If less than one day
51	8	24	... hr. ... min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation MACHINEST
11. Industry or business

FATHER
12. Name MICHAEL SCHMIDT
13. Birthplace GERMANY

MOTHER
14. Maiden Name ANNA K. MUELLER
15. Birthplace GERMANY

16 (a) Informant ALOYS SCHMIDT (BROTHER)
(b) Address 720 S. CLINTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 18/46 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Geiler inc.
(b) Address 403 S. WOLFE ST.

JUL 17 1946 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/14 1946, at 12:35 P M

21. I certify that I took charge of the remains described above, held an Autopsy thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to h.z death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Coronary Disease

Due to ...

Other Conditions ...

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ... at ... M.
(b) Where did injury occur? ...
(c) Did injury occur at home, on farm, industrial place, in public place? ... While at work? ...
(d) Means of injury ...

23. Signature P. J. Sobaniska M.D.
Medical Examiner.
Date signed 7/15/46

VS 151

G42136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 942

G42136 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 411 N. Lakewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 mos
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 N. Lakewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Wrightson

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 25 1886

8. AGE: Years 60 | Months 3 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at Home

FATHER
12. Name Samuel Wrightson
13. Birthplace Balto Md

MOTHER
14. Maiden Name Anna Appel
15. Birthplace Balto Md

16 (a) Informant Samuel Wrightson (brother)
(b) Address 411 N. Lakewood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location End of East North ave

18 (a) Funeral director Eilly & Zeiler Inc.
(b) Address 403 S. WOLFE ST.

19. Date received by Local Registrar JUL 17 1946 (b) Huntington Maryland

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/14 1946 at 9:20 PM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. J. Sakowski M.D. Medical Examiner.
Date signed 7/15/46

VS 151

G42137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G42137 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 310 S.FAGLEY ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 310 S.FAGLEY ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANDREW J.LIGHTNING

3 (b) If veteran, name war	3 (c) Social Security Account No.
W.W.# 1	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife GEORGEANNA LIGHTNING
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV.9 1900

8. AGE: Years	Months	Days	If less than one day
45	8	9	hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation CHAUFFER
11. Industry or business UNITED R.R.CO.

FATHER
12. Name EDWARD LIGHTNING
13. Birthplace BALTO.MD.

MOTHER
14. Maiden Name ELIZABETH SCHOLEAN
15. Birthplace BALTO.MD.

16 (a) Informant GEORGEANNA LIGHTNING WIFE
(b) Address 310 S.FAGLEY ST.

17 (a) BURIAL (b) Date thereof JULY 19/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory GLEN HAVEN CEM.
Location WASHINGTON BLVD.

18 (a) Funeral director Lilly & Zeiler inc.
(b) Address 403 S.WOLFE ST.

19. JUL 17 1946 (b) Huntington Williams M.D.
(Date rec'd by Registrar) (Signature of Registrar)

MEDICAL CERTIFICATION AM.

20. DATE OF DEATH JULY 16 1946, at 12/30

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 6 1945 to July 16 1946, and that I last saw alive on July 14 1946

Immediate cause of death	Duration
Coronary Occlusion	7 hy
Due to Myocardial Insuff	hours
Due to Emphysema & Diabetes	years
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury — A. F. Rey
23. Signature A. F. Rey M.D.
Address [illegible] Date signed July 16/46

VS 150

G42138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/31a

Registered No. G42138

Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address EDGEWOOD NURSING HOME
(c) Hospital or institution:
6000 Bellona AVE.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 S. POTOMAC ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH F. BRUNDICK

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife ROBERT BRUNDICK
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 2 1868

8. AGE: Years	Months	Days	If less than one day
78	5	14	hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name HENNING
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace GERMANY

16 (a) Informant ROBERT BRUNDICK (SON)
(b) Address 800 S. BOULDIN ST.

17 (a) BURIAL (b) Date thereof JULY 19/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory SCHWARTZ
Location ODONNELL ST.

18 (a) Funeral director Lilly & Zeiler inc.
(b) Address 403 S. WOLFE ST.

19 (a) JUL 17 1946 (b)
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION AM

20. DATE OF DEATH JULY 16 1946 at 1/30 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1946 to July 16 1946 and that I last saw her alive on July 16 1946

Immediate cause of death Cerebral Hemorrhage conditions

Duration: sudden

Due to

Due to

Other Conditions Arteriosclerosis Cerebral Nephritis

(Include pregnancy within three months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 1120 W. Pratt St. Date signed July 17 1946

VS 150

G42139 over

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1610

G42139 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Oliver Sts
(c) Hospital or institution: ~~Baltimore~~ St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 331 Brown St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Robert John Dziennik

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/16/46

8. AGE: Years	Months	Days	If less than one day
~~1~~	~~1~~	~~1~~	23 hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John W. Dziennick
13. Birthplace Balto Md

MOTHER
14. Maiden Name R. Studzinska
15. Birthplace Balto. Md

16 (a) Informant St Joseph Hos
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-46 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Balto Co.

18 (a) Funeral director W. S. Zialkowski
(b) Address 2007 Eastern Ave

19 (Date received by local registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 17 July 1946 at 3:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 16 July 1946 to 17 July 1946, and that I last saw h[illegible] alive on 17 July 1946.

Immediate cause of death Cardio Respiratory Failure — Duration

Due to catalepsy

Due to

Other Conditions Club Foot, left

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry T. Wilson Jr M. D.
Address St. Joseph's Hospital Date signed 17 July 46

VS 150

X

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

42140 AB- 9690M1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V5-D

G42140 Registered No.

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8mos-10days
(e) Length of stay in Baltimore (yrs., mos., or days) 24yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 E. Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Berdie Newell

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widow

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August ?-? 1867

8. AGE: Years	Months	Days	If less than one day
65?	9 11	?	hr. min.

9. Birthplace Washington, D.C. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Fracticus?
13. Birthplace Va.

MOTHER
14. Maiden Name Lucy Armstead
15. Birthplace Va.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location University Medical School JUL 17 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUL 17 1946 Huntington Williams M.D. (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5- 1946, at 2:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-25 1945 to 7-5 1946, and that I last saw h 9F alive on 7-5- 1946

Immediate cause of death: Carcinoma of left breast
Duration: 8 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 12-21-45
Major findings of operation: Carcinoma
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice M. Lacy M. D.
Address Baltimore City Hospitals Date signed 7-6-46

VS 150

(over) 13648

G42141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

Registered No. G42141

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2817 Woodland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2817 Woodland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Caroline Fuller

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Joseph W Fuller
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 15 1870

8. AGE: Years 75 | Months 6 | Days 1 | If less than one day hr. min.

9. Birthplace Balto Co Md (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George R Zimmerman
13. Birthplace Balto Co Md

MOTHER
14. Maiden Name Elizabeth A Bailey
15. Birthplace Balto Co Md

16 (a) Informant A Raymond Coates
(b) Address 2817 Woodland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19 1946 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Md

18 (a) Funeral director Lightner Bros
(b) Address 2220 N Charles St

19 JUL 17 1946 (Date rec'd by registrar) (b) Huntington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1946 at 10 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1943 to July 16 1946 and that I last saw him alive on July 16 1946

Immediate cause of death Coronary Thrombosis — Duration —

Due to Arteriosclerosis — Duration —

Due to — Duration —

Other Conditions — Duration —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel H Culm M. D.
Address 5611 Pimlico Rd Date signed 7-17-46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42142

LAURA V. KEENER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1657E

Registered No. G42142

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3729 Forts Road, Balto, Md.
(c) Hospital or institution: Lyden Lum Hospital, Balto, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore Co.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3729 Forts Rd.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) **FULL NAME** Laura V. Keener

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 26, 1929.

8. AGE: Years	Months	Days	If less than one day
16	7	18	..... hr. ..... min.

9. Birthplace Baltimore Co, Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Irving Keener
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Bertie E. McAlister
15. Birthplace Carroll Co, Md.

16 (a) Informant father
(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18 '46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Maryland

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Fallls Road

JUL 17 1946 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1946, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1946, to July 14 1946, and that I last saw her alive on July 14 1946

Immediate cause of death	Duration
Pulmonary embolism	
Due to Sub. acute Bacterial endocarditis	
Due to Congenital heart disease	
Other Conditions Leukemia Lymphatic	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address [illegible] Hosp Date signed 7/15/46

VS 150

X

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5-1B

Registered G42143

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Pk. Drive & 31st St.
(c) Hospital or institution: US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 35 days
(e) Length of stay in Baltimore (yrs., mos., or days): 10 wks.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Calif. (b) County:
(c) City or town: Burkley (If outside city or town limits, write RURAL and give town)
(d) Street No.: 1412 Durby St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3 (a) FULL NAME: Dudley, Eugene

3 (b) If veteran, name war:

3 (c) Social Security Account No.: 532-18-5242

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	col	Single

6 (b) Name of husband or wife:

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Mar. 10, 1882

8. AGE: Years	Months	Days	If less than one day
64	4	5	hr. min.

9. Birthplace: Dallis Co. Ala. (Town, county, and state)
10. Usual Occupation: Chief Cook
11. Industry or business: Seafarer

FATHER
12. Name: Cornelius Dudley
13. Birthplace: Ala.

MOTHER
14. Maiden Name: Cenat Sharp
15. Birthplace: Ala.

16 (a) Informant: Records
(b) Address: US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-18-46 (month) (day) (year)
(c) Cemetery or crematory: Mt Auburn
Location: Balto. City

18 (a) Funeral director: Charles H Lam
(b) Address: 812 Madison Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 15 1946, at 2:15A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1946, to July 15 1946, and that I last saw h im alive on July 15 1946.

Immediate cause of death: Carcinoma of prostate — Duration: UNKNOWN

Due to: Other conditions: Metastasis to right ureter with hydronephrosis — Duration: UNKNOWN

~~Due to~~

Other Conditions: Pyelonephritis left kidney, severe — Duration: UNKNOWN
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: John L. Wilson
John L. Wilson, Sr. Surgeon M. D.
Address: Clinical Director Date signed: 7/15/46
US Marine Hospital, Balto, Md.

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Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G12144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G12144 Registered No. 1370

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home and Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 44 days
(e) Length of stay in Baltimore (yrs., mos., or days) 44 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Calvert
(c) City or town Rural - Barstow
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas H. Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret W. Robinson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1873

8. AGE: Years 73 | Months 6 | Days 5 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name John W. Robinson
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret V. Bordley
15. Birthplace Maryland

16 (a) Informant Margaret W. Robinson
(b) Address Baystow, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19, 1946 (month) (day) (year)
(c) Cemetery or crematory Central
Location Barstow, Md

18 (a) Funeral director A. A. Hankinson & Son
(b) Address Mutual, Md.

19. (a) 7 17 1946 (b) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1946 at 6 40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 4, 1946 to July 17 1946 and that I last saw him alive on July 11 1946.

Immediate cause of death Heart failure — Duration

Due to ? coronary occlusion

Due to

Other Conditions Benign prostatic hypertrophy

(Include pregnancy within 3 months of death)

Date of operation June 12, 1946

Major findings of operation: Benign Prostatic Hypertrophy.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. J. Bennett
Address Church Home & Hosp. Date signed 7/17/46 M.D.

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Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42145 Fetler

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G42145

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto Reward Hospital Dept
(d) Length of stay in hospital or inst. (yrs., mos., or days) N
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 826 S. Eutaw St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Fetler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
C	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Steward

11. Industry or business

FATHER
12. Name John Fetler
13. Birthplace Balto.

MOTHER
14. Maiden Name Alice
15. Birthplace Balto.

16 (a) Informant Harry Gross
(b) Address 173 W. Hamburg St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7 20 46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Baltimore, Md.

18 (a) Funeral director Walter O. Longo
(b) Address 139 W. Hamburg St.

19 (a) JUL 17 1946 (Date received by registrar) Washington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/17 1946, at 1:10 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Chronic Myocardial Degeneration

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature G. L. Scarborough M.D. Medical Examiner.
Date signed 7/20/46

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G42146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46D

Registered No. G42146

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: So Balto. Gen. Hosp 25-1
(d) Length of stay in hospital or inst. (~~yrs.~~ ~~mos.~~ days) 39
(e) Length of stay in Baltimore (yrs., ~~mos., days~~) 59

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 107 Arion Park Rd (If rural give location)
(e) Citizen of foreign country? Never (Yes or No) If yes, name country

3 (a) FULL NAME Guy I Pritchard
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced M
6 (b) Name of husband or wife Frances Pritchard nee (McCrone)
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 23, 1887
8. AGE: Years 59 Months 1 2 Days 6 24 Under 1 day ___ hr. ___ min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business B+O R.R.
FATHER 12. Name George Pritchard
13. Birthplace Md
MOTHER 14. Maiden Name Emily Cocoenster
15. Birthplace Md.
16 (a) Informant Mrs. Frances Pritchard
(b) Address 108 Arion Park Rd.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.
18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.
19 (a) (b) Registrar

JUL 17 1946 Huntington, W. Va.

vs 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1946 at 9:30 P M
21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1946 to July 16 1946, and that I last saw him alive on July 16 1946.

	Duration
Immediate cause of death Respiratory failure	
Metastasis & Lung	
Due to Carcinoma of Rectosigmoid	
Due to [illegible]	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Generalized carcinomatosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J O Carrickson
Address So Balto Gen Hosp Date signed 7/16/46 M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48Q

Registered No. G42147

Type or print in ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3419 Hamilton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yr 11 M
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3419 Hamilton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GLADYS M. NELSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-6571

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Robert Nelson
6 (c) If alive, give age ~~42~~ 1905

7. Birth date of deceased (mo., day, yr.) March ~~18~~, 1906

8. AGE: Years	Months	Days	If less than one day
41 ~~40~~	3	~~28~~	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Telephone Operator
11. Industry or business C. & P. Tel. Co.

FATHER
12. Name Seth H. Nichols
13. Birthplace Carroll Co., Md.

MOTHER
14. Maiden Name Lula C. Christopher
15. Birthplace Balto. Co., Md.

16 (a) Informant Mrs. S. H. Nichols
(b) Address Balto., Md.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof July 19, 1946 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto., Md.

18 (a) Funeral director Kavanaugh Funeral Home
(b) Address 7401 Belair Road

19 (a) JUL 17 1946 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16th 1946, at 8:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1946 to July 16 1946 and that I last saw ~~her~~ alive on July 13 1946.

Immediate cause of death Uremia — Duration

Due to Hydronephrosis

Due to Metastasis of Cancer of Uterus

Other Conditions Anemia; Malnourishment.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas P. Brennan M.D.
Address 5217 Harford Rd Date signed 7-17-46

(OVER)

G42148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 C

Registered No. G42148

The following items must be completed by the undertaker. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address ~~1542~~ 512 N. Calhoun St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give name of county)
(d) Street No. 512 N. Calhoun St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME alice Hill

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race col | 6 (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife May 11, 1877

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 69 | Months | Days | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name unobtainable

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Geo. H. Kellum

(b) Address 1810 Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/46 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Md.

18 (a) Funeral director Geo. H. Kelbaugh

(b) Address 1363 Pressman St Huntington Williams, Md.

19 JUL 17 1946 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-15-46 19 , at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-12-46 19 , to 7-15-46 , and that I last saw h alive on " 19 .

Immediate cause of death Chron. Cardiac Disease — Duration 4 yrs

Due to Dyspepsia — Duration one

Due to — Duration

Other Conditions — Duration 0

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

(f) Signature F. N. Cardozo M. D.

Address 524 Druid Hill Ave Signed 7-17-46

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for H. H. Granger
1428 Kingsway Rd

G42149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94A

Registered No. G42149

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5206 BEAUFORT AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5206 BEAUFORT AVE.
(If rural give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3 (a) FULL NAME ALBERT HENRY RAIBER

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-9826

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	MARRIED

6 (b) Name of husband or wife REBEC. CHURCHILL
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) OCT. 8 - (1890)

8. AGE: Years	Months	Days	If less than one day
54 (55)	9	8	hr. min.

9. Birthplace BALTIMORE, MD.
(Town, county, and state)
10. Usual Occupation CHIEF CLERK - TREASURER'S OFF.
11. Industry or business BALTIMORE TRANSIT CO.

FATHER
12. Name ALBERT JOHN GEORGE RAIBER
13. Birthplace BALTIMORE

MOTHER
14. Maiden Name AMELIA ADELAIDE KLEMM
15. Birthplace BALTIMORE

16 (a) Informant Rebec C Raiber
(b) Address 5206 Beaufort.

17 (a) (Burial, cremation, or removal) (b) Date thereof July 19/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location

18 (a) Funeral director ELLIS S. WHITE
(b) Address 2446 Gist Spring Lane

19 (a) JUL 17 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1946, at 7:20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1944 to July 16 1946, and that I last saw him alive on July 16 1946.

Immediate cause of death: Coronary occlusion — Duration 17 hrs

Due to: Coronary vascular disease — 2 yrs

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Granger M. D.
Address 1428 Kingsway Date signed 7-17-46

VS 3

correct age as especially important. Physicians: please write the causes of death clearly and legibly.

G42150 G42150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 4710 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Olivia & Caroline St
(c) Hospital or institution: St. Josephs Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 623 Dumbarton Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Roger E. WALLACE
3 (b) If veteran, name war: W. War II
3 (c) Social Security Account No. 219-22-9037
4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 28, 1927
8. AGE: Years 19 | Months 4 | Days 15 | If less than one day hr. min.
9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Fredrick Russell Wallace
13. Birthplace Maryland

MOTHER
14. Maiden Name Daisy B. Heck
15. Birthplace Maryland

16 (a) Informant Fredrick R. Wallace
(b) Address 633 Dumbarton Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-46 (month) (day) (year)
(c) Cemetery or crematory Maryland Park Cem.
Location Taylor Ave Balt. Md
18 (a) Funeral director John A. Moran
(b) Address 3060 E. Baltimore St.
19 (a) JUL 17 1946 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1946 at 6 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 7/12 1946 to 7/15 1946 and that I last saw h. alive on July 15 1946.
Immediate cause of death Cardio-respiratory failure — Duration
Due to Bronchogenic Carcinoma
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Bronchogenic Carcinoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Richard A. Young M. D.
Address St. Josephs Hosp. Date signed 7/16/46

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42151 BALTIMORE CITY HEALTH DEPARTMENT G42151

CERTIFICATE OF DEATH 194a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3903 Mayberry Avenue#6
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3903 Mayberry Avenue # 6
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles W. Pazourek

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 218-22-7227

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	widower

6 (b) Name of husband or wife: Barbara A. Pazourek
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 11,1875

8. AGE: Years	Months	Days	If less than one day
71	6	5	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Legett Filling Station
11. Industry or business

FATHER
12. Name Peter Pazourek
13. Birthplace Czeckoslovakia

MOTHER
14. Maiden Name Anna Lippa
15. Birthplace Czeckoslovakia

16 (a) Informant Albert Charles Pazourek-son
(b) Address 5705 Magie Street, Brooklyn#25

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetery
Location Belair Road & Moravia Blvd

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601-03 E. Madison Street.

19 (a) 7-1946 Rec'd by registrar Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16th 1946 at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/6 1946 to 7/16 1946.
and that I last saw alive on 7/16 1946

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Kyle W. Goldy M. D.
Address 503 Hampden Signed 7/17/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42152 — 499061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 777

G42152 — Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1319 N. Calvert St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Slacum

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Agnes.
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) 8-26-02.

8. AGE: Years	Months	Days	If less than one day
43	10	20	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Auto Salesman
11. Industry or business

FATHER
12. Name Ruther Slacum
13. Birthplace Va

MOTHER
14. Maiden Name Mary. Z.
15. Birthplace Z.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20-46 (month, day, year)
(c) Cemetery or crematory Claybrook Baptist
Location Kelmarnock Va.

18 (a) Funeral director Harry N. Armacost
(b) Address 4204 Ridgewood Ave.

19 (a) Filed by registrar (b) Huntington-Williamsburg

MEDICAL CERTIFICATION

D

20. DATE OF DEATH July-16 1946 at 11.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from July-14 1946 to July-16 1946 and that I last saw him alive on July-16 1946.

Immediate cause of death	Duration
Pulmonary tuberculosis.	
Due to Alcoholism	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philip Z. Hagley M. D.
Address Johns Hopkins H. Date signed 7-17-46

7-17-1946

VS 150

X

G42153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 56 E

G42153 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2508 McCullough (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Taliaferro

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-18-01

8. AGE: Years 45 | Months 4 | Days 27 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry White
13. Birthplace Md.

MOTHER
14. Maiden Name Maria ?
15. Birthplace Md

16 (a) Informant George Taliaferro
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18 1946 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location Baltimore, Md.

18 (a) Funeral director Mrs. George W. Hall
(b) Address 1631 Druid Hill Ave

19 (c) JUL 18 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 21 1946 to July 15 1946 and that I last saw h[illegible] alive on July 15 1946.

Immediate cause of death Pulmonary edema & hydrothorax

Due to Mesentoma retro-peritoneal & Mediastinal lymph

Due to, or as a consequence of

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 5/27/46 6/6/46

Major findings of operation: Mesentoma

Signs made (Biopsy)

of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Burkitt M.D.
Address Johns Hopkins Hosp. Date signed 7/16/46

VS 150

The cause of death, with CONTRASTING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 85

Register G42154

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1620 N. Lexington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 1620 N. Lexington St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Robert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1862

8. AGE: Years 83 | Months 11 | Days 5 | If less than one day hr. min.

9. Birthplace Westmoreland Co. Va
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

MOTHER / FATHER

12. Name Unknown

13. Birthplace

14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Mrs. Daniel Ringgold

(b) Address 925 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18, 1946 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Baltimore, Md.

18 (a) Funeral director Thos. Geo. H. Strelau

(b) Address 163 Druid Hill Ave

19 JUL 18 1946 (Date rec'd by Reg. Dist.) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-15-46; 7.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-5-46 to 7-11-46 and that I last saw her alive on 7/11/46

Immediate cause of death
Pulmonary Embolism

Due to Myocarditis - hereditary

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Several Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Nature of injury

23. Signature H. Bartadale M. D.

Address 526 N. Carey Date signed 7/18/46

VS 180

G42155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓83a

Registered No. G42155

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 14 E. Hill St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 14 E. Hill St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mamie Walner

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Geo. J. Walner

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 2/11/1891

8. AGE: Years 55 | Months 5 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Charles Rehmert
13. Birthplace Germany

MOTHER
14. Maiden Name Carrie Wise
15. Birthplace Balto. Md.

16 (a) Informant Geo. J. Walner (Husband)
(b) Address 14 E. Hill St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18 46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director Krause Funeral Home
(b) Address 1216 N. Charles St.

19 JUL 18 1946 (b) Filed ... Williamson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1946 at 7:30P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1946 to July 15 1946 and that I last saw him alive on July 15 1946.

Immediate cause of death
Ephanation — Duration 3 days
Due to Cerebral Hemorrhage — 14 days
Due to
Other Conditions None
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. E. Campbell
Address 164 Hanover St Date signed 7/17/46

VS 150

G42156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √131a

Registered No. G42156

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 4-
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 426 - E. Pratt Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank H. Forsythe - Forsyth -

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-3434

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Minnie Forsythe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 7 - 1887

8. AGE: Years	Months	Days	If less than one day
59	3 4	10 9	hr. min.

9. Birthplace Balto (town, county, and state)
10. Usual Occupation Electrician
11. Industry or business

FATHER
12. Name Harry C. Forsythe
13. Birthplace Md

MOTHER
14. Maiden Name Ruth V. Steel
15. Birthplace Md

16 (a) Informant Mrs. Florence Rosenberger
(b) Address 4208 - Leeds Ave Arbutus

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 1946 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director Philip Henry Sons
(b) Address 2324 Orleans St

19 (a) Date received JUL 18 1946 Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1946, at 1 46 P. M

21. I certify that I took charge of the remains described above, held an ~~inquest~~ Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cardio-vascular Renal Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Masseis M.D. Medical Examiner.
Date signed 7/17/46

X

G42157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

Registered No. G42157

Entry No. of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3002 Glendale Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3002 Guilford Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME August F. McCaddin

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	40

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Catherine McCaddin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1868

8. AGE: Years	Months	Days	If less than one day
77	10	15	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Standard Oil Company

FATHER
12. Name Robert McCaddin
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Caroline Nitzel
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. J. W. Ledard
(b) Address 6407 Rosemont Avenue

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 7/19/46 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Maryland

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul Street

19 (a) JUL 18 1946 (Date received by Registrar) Huntington Williams, M.D. (b) Address 6331 Belair Rd Date signed 7/17/46

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1946 at 10:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1946 to July 16 1946 and that I last saw h[illegible] alive on July 16 1946.

Immediate cause of death: CARCINOMA OF STOMACH — Duration 18 mos +

Due to

Due to

Other Conditions Arteriosclerosis, SENILITY — Duration ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address 6331 Belair Rd Date signed 7/17/46

VS 150

G42158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

Registered No. G42158

The information requested on this certificate should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2934 Guilford Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2934 Guilford Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna T. Spring

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Widow

6 (b) Name of husband or wife Charles A. Spring
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 5 1891

8. AGE: Years	Months	Days	If less than one day
54	7	12	hr. min.

9. Birthplace Cumberland, Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Kaboska
13. Birthplace Germany

MOTHER
14. Maiden Name Julia Balky
15. Birthplace Germany

16 (a) Informant Mrs. Virginia Payne
(b) Address 2934 Guilford Avenue

17 (a) burial (b) Date thereof 7/20/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Maryland

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul Street

19 (a) Date received JUL 18 1946 (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1946 at 6 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 45 to July 17 1946, and that I last saw deceased alive on July 17 19 46

Immediate cause of death	Duration
Bronchopneumonia.	1 yr
Due to Carcinoma of Cervix.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 642 Wash. Blvd. Date signed 7-22-46

Rangle X

G42159 24576 BALTIMORE CITY HEALTH DEPARTMENT G42159

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1103 Ridgely St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clara Rodgers

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~: John Hoy Rodgers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-5-79

8. AGE: Years 67 | Months 7 | Days 12 | If less than one day hr. min.

9. Birthplace Md. (Balto) (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name John Martin.
13. Birthplace Md. (Balto)

MOTHER
14. Maiden Name Sarah T. Erick
15. Birthplace Balto. Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Williams Cook Inc
(b) Address 1217 St. Paul St.

19 ~~JULY~~ 18 1946 Huntington Williams M.D. (Signature)

MEDICAL CERTIFICATION 40

20. DATE OF DEATH July 17, 1946 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1946 to July 17 1946 and that I last saw ~~her~~ alive on July 17 1946

Immediate cause of death: Cerebral hemorrhage — Duration 3 hrs.
Due to: Hypertensive vascular disease — 10 yrs. or more
Due to:
Other Conditions: Generalized arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. J. Davis M. D.
Address Johns Hopkins Hospital Date signed 7/17/46

VS 150

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42160

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 479

Registered No. G42160

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 558 Orchard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 558 Orchard St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Joseph Vanderford

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	col.	married

6 (b) Name of husband or wife Alberta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 23 1888

8. AGE: Years	Months	Days	If less than one day: hr.	min.
57 58	10	25		

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business

FATHER 12. Name Jerome Vanderford
13. Birthplace Maryland
MOTHER 14. Maiden Name Anna Bronson
15. Birthplace Maryland

16 (a) Informant Alberta Vanderford
(b) Address 558 Orchard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director A Halatyan
(b) Address 918 Druid Hill Ave

19 (a) JUL 18 1946 (Date received) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17, 1946, at 4:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 16 1945 to July 17 1946 and that I last saw him alive on July 16 1946

Immediate cause of death Carcinoma of lung

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John E. J. Camper M. D.
Address 639 N. Carey St Date signed 7-17-46

VS 150

X

Please write plainly; ENTIRE item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42161 AB-102768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 99

G42161 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5days
(e) Length of stay in Baltimore (yrs., mos., or days) 26yrs?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2206 Mace St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Phillips

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Married

6 (b) Name of husband or wife Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3- 1868

8. AGE: Years	Months	Days	If less than one day
78	2	12	hr. min.

9. Birthplace Ga. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Isral
13. Birthplace Ga.

MOTHER
14. Maiden Name Betsy
15. Birthplace Ga.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-18-46 (month) (day) (year)
(c) Cemetery or crematory Ark Brutus Memorial
Location Balto. Co.

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) 7 18 1946 (Date received by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1946, at 9:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-10- 1946 to 7-15 1946, and that I last saw her alive on 7-15 1946.

Immediate cause of death: Fat Embolism of Ext. Artery

Duration: minutes

Due to: Gangrene Arteriosclerotic R Foot

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 7-15-46

Major findings of operation: arteriosclerotic gangrene R foot

of autopsy: none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Cushla Nellenville M.D.
Address Balt City Hosp Date signed 7-15-46

X

Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8/a

✓ G42162

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 553 Oxford (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LILLIAN WILLIAMS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
60			hr. min

9. Birthplace Baltimore - Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Charles Williams
13. Birthplace Md

MOTHER
14. Maiden Name Virginia Williams
15. Birthplace Md

16 (a) Informant Mrs Addie Moore
(b) Address 113 Winters Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Baltimore Co. Md

18 (a) Funeral director Mrs. Frances F. Hensley
(b) Address 578 W. Baltimore St

JUL 18 1946 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/15/46 19 , at 8:10 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Pneumococcal meningitis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Davis M.D.
Medical Examiner
Date signed 7-16-46

VS 151

G42163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G42163

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6112 Ridgewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6112 Ridgewood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Fiorilli

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 217-26-4588

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Amelia Fiorilli

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9-1893

8. AGE: Years	Months	Days	If less than one day: hr.	min.
53	2	7		

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation Custom Tailor.

11. Industry or business

FATHER
12. Name Joseph Fiorilli
13. Birthplace Italy

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Amelia Fiorilli
(b) Address 6112 Ridgewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4430 Belair Road

18 (a) Funeral director Howard N. Bligh Jr.
(b) Address 4914 Belair Road

19 JUL 18 1946 (Date filed by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/16 1946, at 8:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1946 to 7/16 1946 and that I last saw him alive on 7/16 1946

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension and Arteriosclerosis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. J. Battaglia M.D.
Address 5829 Belair Rd Date signed 7/16/46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

G42164 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1621 Abbottston St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1621 Abbottston St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK F. MULHERN

3 (b) If veteran, name war: none

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Della G. Mulhern

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1867

8. AGE: Years 78 | Months 10 | Days 9 | If less than one day: hr. min.

9. Birthplace Ohio (Sandusky)
(Town, county, and state)

10. Usual Occupation Waiter - retired

11. Industry or business Lord Balto. Hotel

FATHER
12. Name John P. Mulhern
13. Birthplace Ireland

MOTHER
14. Maiden Name -- Farrell
15. Birthplace Ireland

16 (a) Informant Mrs. Isabel Kleinschmidt
(b) Address 1621 Abbottston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUL 18 1946 (Date received by Registrar) (b) Huntingtown Williamsville, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16, 1946, at — M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1946 to July 16 1946, and that I last saw deceased alive on July 16 1946.

Immediate cause of death: Myocardial Insuficiency — Duration: 2 days
Due to Pulmonary Oedema — 4 days
Due to Chronic Bright's — years
Other Conditions age

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. L. Zimmerman M. D.
Address 2858 Harford Date signed 7/17/46

VS 100

X

G42165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

✓ G42165 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3055 Mayfield Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3055 Mayfield Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Lee Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Elijah Johnson
6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) April 15, 1865

8. AGE: Years	Months	Days	If less than one day
76	3	2	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name John Robinson
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Wood
15. Birthplace Md

16 (a) Informant Mr Elijah Johnson
(b) Address 3055 Mayfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/46 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Cem.
Location Harsey, Md

18 (a) Funeral director John F Kenny Inc
(b) Address 715 Light St.

(a) [illegible] (Name of registrar) (b) Huntington Williams, M.D.

JUL 18 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17th 1946, at 6:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1st 1946 to July 17 1946, and that I last saw her alive on July 16 1946.

Immediate cause of death Carcinomatosis of peritoneum & liver metastasis and portal obstruction & ascites — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Paracentesis

of autopsy: PARACENTESIS

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Harvey Hanna M. D.
Address 4218 Harford Rd. Date signed July 18 1946

VS 150

X

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G42166 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2572 West Baltimore Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20

(e) Length of stay in Baltimore (yrs., mos., or days) 56 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2572 West Baltimore Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Pius Bealis (Bila)

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-16-0149

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 15, 1873

8. AGE: Years	Months	Days	If less than one day
73	5	2	hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business Tailoring

FATHER
12. Name Not Known
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant (dtr.) Mrs. Aldona Gray
(b) Address 3725 Gibbons Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Joseph Kaminska
(b) Address 60 E Washington Blvd

19 (a) 7 18 1946 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17, 1946 19 , at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 11 1946, to July 17 1946, and that I last saw him alive on June 17 1946.

Immediate cause of death Coronary Thrombosis — Duration 24 hrs

Due to Coronary Sclerosis — Many Years

Due to

Other Conditions Senility

Congestive Heart Failure
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town), (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Mendelis

Address 651 No. Bentalou Str Date signed 7/17/46

VS 150

G42167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 144a

G42167 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 19-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 W Fairmount Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ESTHER ELLIS S33665

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	M

6 (b) Name of husband or wife Lawrence Ellis
6 (c) If alive, give age 36 years
7. Birth date of deceased (mo., day, yr.) Sept. 20, 1915

8. AGE: Years	Months	Days	If less than one day: hr.	min.
30	9	19		

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own home

FATHER
12. Name Charles Evans
13. Birthplace Davisville Md.

MOTHER
14. Maiden Name Bessie Hopkins
15. Birthplace Md.

16 (a) Informant Lawrence Ellis
(b) Address 1509 W Fairmount Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cemetery
Location
18 (a) Funeral director Mrs Katie R. Wilkinson
(b) Address 322 N. Schroeder St
19 (a) JUL 18 1946 (Signature of local registrar) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/15 1946, at 8:19A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/14 1946, to 7/15 1946, and that I last saw h Sr. alive on 7/15 1946.

Immediate cause of death Cardio respiratory failure — Duration: over
Due to Eclampsia
Due to
Other Conditions 34-36 wk. pregnancy
(Include pregnancy within 3 months of death)
Date of operation 7/15/46
Major findings of operation: Post mortem Cesarian section
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert E. Foreberg M.D.
Address Date signed 7/18/46

X

G42168 2082561

BALTIMORE CITY HEALTH DEPARTMENT ✓ G42168
Registered No.

CERTIFICATE OF DEATH 63a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 19-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12days
(e) Length of stay in Baltimore (yrs., mos., or days) 19yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1609 W. Mulberry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Laura Powell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Granville
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?- 1896 ?

8. AGE: Years: 50? | Months: ? | Days: ? | If less than one day: hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Abraham (D
13. Birthplace N.C.

MOTHER
14. Maiden Name Sarah (D
15. Birthplace N.C.

16 (a) Informant Baltimore City Hospitals Record
(b) Address 4940 Eastern Ave.

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof July 18 1946 (month) (day) (year)
(c) Cemetery or crematory Sparrows Pt. Md.
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) 7-18-1946 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15- 1946, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-3- 1946 to 7-15 1946, and that I last saw h alive on 7-15 1946

Immediate cause of death: Bronchopneumonia

Due to: Post operative

Due to:

Other Conditions: [redacted]

(Include pregnancy within 3 months of death)

Date of operation: 7-11-46

Major findings of operation: L. Gastric

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry L. Ryder M.D.
Address Balto. City Hosp. Date signed July 19 46

VS 150

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

G42169

AB-108921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G42169 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Middle River (If outside city or town limits, write RURAL and give town)
(d) Street No. Route 15- Box 20- Baltimore-20 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Francis Herbert Colburn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Margaret

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept- 25- 1886

8. AGE: Years	Months	Days	If less than one day
59	10	21	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Policeman-Sparrows Pt.

11. Industry or business

FATHER
12. Name Edward Colburn
13. Birthplace Md.

MOTHER
14. Maiden Name Miste?
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 20 46 (month) (day) (year)
(c) Cemetery or crematory Hastings
Location Balto Md

18 (a) Funeral director James J. Brydon
(b) Address 4820 Eastern Ave R.F.D.

19 (a) JUL 18 1946 (Date rec'd by registrar) (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16- 1946, at 9.11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-16 1946 to 7-16 1946, and that I last saw him alive on 7-16 1946.

Immediate cause of death	Duration
Respiratory Failure	6 min
Due to Myocardial infarction,	
Due to Coronary artery disease with occlusion	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Aut. Coroner art occlusion

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C.H. Boreham
Address Balto Co Md Date signed 7 Jul 46

VS 150

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 B

Registered No. G42170

The entries on this certificate should be typewritten or printed with permanent black ink. Every item of information should be carefully supplied. Where the exact information is not known, the best possible estimate should be given. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2209 Mulliken St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give county)
(d) Street No. 2209 Mulliken St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julia E. Barnes.

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-0101

4. Sex Female | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 8, 1877

8. AGE: Years 68 | Months 2 | Days 7 | If less than one day hr. min.

9. Birthplace Queen, Md.
(Town, county, and state)

10. Usual Occupation Cr Cleaner

11. Industry or business Balto. Transit Co.

FATHER
12. Name Jacob Barnes
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Elizabeth Woods
15. Birthplace Md

16 (a) Informant Irene Holland Hughes
(b) Address 1400 Eastlake Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19 1946 (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial Park
Location

18 (a) Funeral director Robert L. Young
(b) Address 1216 E. Carlside Ave.

19 (a) 7-18-1946 (Date rec'd by Registrar) (b) Huntingtor Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1946, at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1946 to July 16 1946, and that I last saw h[illegible] alive on July 14 1946.

Immediate cause of death	Duration
Mitral Insufficiency	4 Mos
Due to	
Due to	
Other Conditions Chronic Nephritis Carcinoma Liver (secondary) (Include pregnancy within 3 months of death)	4 Mos

Date of operation None

Major findings of operation: —

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph J. Young, M.D.
Address 1429 E Monument St Date signed July 19 1946

VS 180

X

G42171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

14 ✓

G42171 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Harford & Lerring Run

(c) Hospital or institution: Sydenham Hospital, Md. 12-6

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 11 E Ware St.

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country –

3 (a) FULL NAME Lavina Leatt

3 (b) If veteran, name war	3 (c) Social Security Account No.
–	–

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col.	Married

6 (b) Name of husband ~~or wife~~ Thomas Leatt

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) July 6, 1906

8. AGE: Years	Months	Days	If less than one day
40	.	10	. hr. . min.

9. Birthplace North Carolina

(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business –

FATHER — 12. Name	unknown
FATHER — 13. Birthplace	unknown
MOTHER — 14. Maiden Name	unknown
MOTHER — 15. Birthplace	unknown

16 (a) Informant Husband

(b) Address same

17 (a) (Burial, cremation, or removal) (b) Date thereof July 20 1946 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director J. Hopkins Hall

(b) Address 2 Eutaw Place

19 (a) JUL 18 1946 (Date received by local registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1946, at 7 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1946, to July 16 1946, and that I last saw h[illegible] alive on July 15 1946.

Immediate cause of death

? Tuberculous meningitis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Myron B. Green, M.D.

Address Sydenham Hosp Date signed 7/16/46

VS 150

X

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

G32172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170c

Registered No. G32172

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 637 Dale Rd. Middle River
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary L. Bartels

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Louis H. Bartels

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 12th 1873

8. AGE: Years 73 | Months 6 | Days 5 | If less than one day hr. min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Chas. Massan
13. Birthplace France

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Wm L. Bartels
(b) Address 502 Middle River Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 20 46 (month) (day) (year)
(c) Cemetery or crematory Mayland Burial
Location Balto Co. Md

18 (a) Funeral director Rosehurst Funeral Home
(b) Address 7401 Belair Rd

JUL 18 1946 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1946, at 5:15 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fracture Skull
Intracranial Hemorrhage
Due to
Other Conditions Multiple fractures, lacerations, abrasions & bruised body.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/17/46 at Balto. Co. 4:58 P. M.
(b) Where did injury occur? Bennett Rd. & Eastern Ave.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Struck by auto

23. Signature Howard J. Walden III M.D.
Medical Examiner.
Date signed 7/18/46

VS 151

G42173 G42178

ABE102408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1347 S. Clinton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Lyons

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Thomas (D

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5-1876

8. AGE: Years	Months	Days	If less than one day
69	9	9	hr. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry
13. Birthplace Va.

MOTHER
14. Maiden Name Anna
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/46 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location

18 (a) Funeral director Clarence F. Hoffman
(b) Address 639 Broadway Hunting Park Ave, Baltimore, Md.

19 (a) JUL 18 1946 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1946 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-27 1946 to 7-14 1946 and that I last saw h SE alive on 7-14 1946

Immediate cause of death
Pneumonia, Aspiration, Left Lung — Duration 1 day

Due to
Adenocarcinoma, Head of Pancreas with Multiple Metastasis — 2 years

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 7-12-46

Major findings of operation: See above

of autopsy See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ruth E. Netterville M.D.
Address Balt. City Hosp. Date signed 7-15-46

VS 150

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42174 (pencil) TN. 102939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G42174

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1-day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 S. Conkling St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Preston Baby Boy ([redacted]

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16th 1946

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Harry Preston
13. Birthplace Maryland

MOTHER
14. Maiden Name Anna Ruth Yarmuth
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/18/46 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location O'Donnell St

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 Broadway

19 (a) 18 1946 (Date rec'd by registrar) (b) Huntington Williams

MEDICAL CERTIFICATION A

20. DATE OF DEATH July 17th 1946 19 at 1.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 16 1946 to July 17 1946 and that I last saw him alive on July 17 1946

Immediate cause of death	Duration 10 days 4 hr
Respiratory failure	
Due to Possibly pulmonary atelectasis	30 min
Due to Prematurity	12 hours
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation

of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Lucas Evans M. D.
Address Date signed

VS 150

X

G42175 BALTIMORE CITY HEALTH DEPARTMENT G42175
CERTIFICATE OF DEATH 50 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eutaw Pl. & Wilson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 - 1
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Marlborough Apt. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Hennie Gusdorff Joseph

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Solomon Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 5, 1865

8. AGE: Years 81 Months 4 Days 13 If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Alexander Gusdorff,
13. Birthplace Germany.

MOTHER
14. Maiden Name Philipina Weisenstein,
15. Birthplace Germany.

16 (a) Informant Mrs. J. N. Steele,
(b) Address Washington D. C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/46 (month) (day) (year)
(c) Cemetery or crematory Ohef Shalom
Location Balto. Md.

18 (a) Funeral director Sonneborn & Sons
(b) Address 6 W. Eutaw Place

19 (a) JUL 18 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18 1946, at 5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1 1946, to 7-18 1946, and that I last saw h e alive on 7-17 1946.

Immediate cause of death Bronchopneumonia — Duration 10 hrs.
Due to Age and Inoperable Carcinoma of Breast. — Duration 5 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Baltimore, Md. Date signed 7-19-46

X

VS 190

The correct age is especially important. Physicians: please write the cause of death clearly and legibly. Every item of information should be carefully supplied. The

G42176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G42176 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 212 East st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 212 East st. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Felton

3 (b) If veteran, name war: Second World War
3 (c) Social Security Account No. 218-03-8493
4. Sex: M
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 1 1902
8. AGE: Years 44 Months 1 Days 16 If less than one day hr. min.
9. Birthplace Baltimore - Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William Felton
13. Birthplace North Carolina

MOTHER
14. Maiden Name Emma Jackson
15. Birthplace Baltimore - Md.

16 (a) Informant Emma Jackson Felton
(b) Address 212 E Ost. st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Baltimore, Maryland

18 (a) Funeral director Manola Bailey
(b) Address 1421 E. Jefferson st.

19 (a) JUL 18 1946 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July - 17 1946 at 4:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1 July 1946 to 17 July 1946 and that I last saw h/M alive on 16 July 1946.

Immediate cause of death: Myocardial dilatation — Duration
Due to: Bronchial pneumonia — 14 days
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. E. Purnell
Address 1V1 Crescent Date signed 7/17/46

VS 150

This certificate, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G42177

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2131 Penrose Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2131 Penrose Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grace Cecilia Schultz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1880.

8. AGE: Years 66 | Months 1 | Days 7 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Henry V. Schultz
13. Birthplace Md.

MOTHER
14. Maiden Name Mary E. Billups
15. Birthplace Md.

16 (a) Informant Mrs. Elsie E. Demme,
(b) Address 2131 Penrose Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19/46. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry A. Wiltse
(b) Address 4102 Edmondson Ave.

19 (a) JUL 18 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. (Medical Examiner)

MEDICAL CERTIFICATION

20. DATE OF DEATH 16 July 1946, at 5:30 P.M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Coronary Thrombosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Wm. H. Kanuna, Jr. M.D. (Medical Examiner)
Date signed 16 July 1946

VS 151

G42178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

G42178 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 421 2 Parkmount Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Howard C. Devlin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1870

8. AGE: Years	Months	Days	If less than one day: hr.	min.
75	10	2		

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Joseph Devlin
13. Birthplace Ireland

MOTHER
14. Maiden Name Amelia Carter
15. Birthplace Baltimore

16 (a) Informant Howard Devlin,
(b) Address 421 2 Parkmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19-1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location City

18 (a) Funeral director Mr. Mrs. John H. Teufel Sons
(b) Address 801 W. Fayette St

19 JUL 18 1946 (Date rec'd by registrar) Thomas Wilkinson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1946, at 8:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 12 1946, to July 17 1946, and that I last saw him alive on July 17 1946.

Immediate cause of death	Duration
Cardiac resp. failure	
Due to Mixed Tumor of Parotid Gland & Metastases	2 years
Due to & generalized Emaciation	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation July 2, 1945

Major findings of operation: Malignant Tumor of Parotid Gland

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Wilkinson M.D.
Address Mercy Hospital Date signed July 17, 46

VS 150

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42179

PALOMINA Picarello

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G42179

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2503. E. Preston St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2503. E Preston St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Palomina Picarello – Picarello

3 (b) If veteran, name war	3 (c) Social Security Account No.
none.	none.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female.	White.	married

6 (b) Name of husband or wife Raphael Pasquariello
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) November 4. 1878

8. AGE: Years	Months	Days	If less than one day
67 68.	8	13.11	hr. min.

9. Birthplace Italy (town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph.
13. Birthplace Italy

MOTHER
14. Maiden Name Sabina Moffei
15. Birthplace Italy

16 (a) Informant Raphael Pasquariello
(b) Address 2503 E. Preston St

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 7/18/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Beland Road

18 (a) Funeral director Wendell J. Dippel
(b) Address 312 S. Highland Ave

19 (a) JUL 18 1946 (Registrar's signature) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 15 July 1946, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 15 July 1946 to 15 July 1946 and that I last saw h[illegible] alive on 15 July 1946.

Immediate cause of death Arteriosclerotic Cardiovascular Renal

Duration
1 hr

Due to

Due to

Other Conditions Hemiplegia, left side with aphasia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard Feldman, M.D.
Address 1513 N. Milton Ave Date signed 16 July 46

VS 150

X

G42180 ave

BALTIMORE CITY HEALTH DEPARTMENT ✓ G42180 Registered No.

CERTIFICATE OF DEATH 159

Correct Age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St.,
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1603 N. Durham St., (If no No. give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Kenneth Thomas O'Malley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/13/46

8. AGE: Years	Months	Days	If less than one day
		4	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Francis Xavier O'Malley
13. Birthplace Md

MOTHER 14. Maiden Name Lillian Schrilla Krout
15. Birthplace Md

16 (a) Informant Mrs. Lillian O'Malley (Mother)
(b) Address 1603 N. Durham St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore, Md.

18 (a) Funeral director Inga A. Tyler
(b) Address Fulton Ave. Fayette

19 (a) 18 1946 (Date received by registrar) (b) Huntington Williams, M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/17/46 19 , at 5:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1946 to July 17 1946. and that I last saw h[illegible] alive on July 17 1946.

Immediate cause of death: Cardiac failure, partial Tetetetanus — Duration
Due to: Lenacturity
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Bon Secours Hospital Date signed 7-17-46

VS 3

X

G42181 over

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

G42181 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert + Saratoga

(c) Hospital or institution: Mercy Hospital 15

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 (-)

(e) Length of stay in Baltimore (yrs., mos., or days) 1 (-)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 2605 Queen Anne Rd. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Baby Price

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, '46

8. AGE: Years	Months	Days	If less than one day
			1 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Mr Willis Price

FATHER 13. Birthplace Denver, Colo.

MOTHER 14. Maiden Name Mrs Mary Price

MOTHER 15. Birthplace Pittsburgh, Penna.

16 (a) Informant

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19.46 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Wash, D. C.

18 (a) Funeral director George A. Farley

(b) Address Fulton + Fayette

19 (a) (b) Registrar

Date received by registrar JUL 18 1946

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH July 14 1946, at 2 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1946 to July 14 1946, and that I last saw h[illegible] alive on July 14 1946

Immediate cause of death Anoxemia — Duration

Due to Congenital Heart Disease

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence ~~July 14 at 2 45 P M~~

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H B Munson M. D.

Address Mercy Hospital Date signed 7/14/46

X

G42182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 D

G42182 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1214 Madison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 Madison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel C. Moody
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: James E. Moody
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 8 1891
8. AGE: Years 55 | Months July | Days 8 | If less than one day hr. min.
9. Birthplace Gloucester Co. Va.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name George Ramson
13. Birthplace Gloucester Co. Va.

MOTHER
14. Maiden Name Mary Jones
15. Birthplace Gloucester Co Va

16 (a) Informant Georgia P. Thornton
(b) Address 1214 Madison Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19 1946 (day, month)
(c) Cemetery or crematory Smithfield Cemetery
Location Gloucester Co. Va
18 (a) Funeral director Pruitt & Williams
(b) Address 1515 McElderry St
19 (a) (Date rec'd by registrar) (b) Registrar Williams, M

JUL 19 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1946 at 3:15 A M
21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1946 to July 16 1946, and that I last saw h[illegible] alive on July 16 1946.

Immediate cause of death: Coronary Thrombosis — Duration —
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature [signature]
Address 861 Ashland Ave Date signed July 19 1946 M. D.

I certify that the above is a correct age in especially important. Physicians: please write the causes of death clearly and legibly.

G42183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G42183 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1617 Jackson
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1617 Jackson (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Joseph Shipard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W.

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 27-1903

8. AGE: Years 42 Months 10 Days 20 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business B & O. RR

FATHER
12. Name Freeman H. Shipard
13. Birthplace Baltimore

MOTHER
14. Maiden Name Annie Cleary
15. Birthplace Baltimore

16 (a) Informant Miss Margaret Shipard
(b) Address 161 Jackson St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7-19-46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Cathedral Rd

18 (a) Funeral director Joseph Lahey & Sons
(b) Address 3218 Light St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Registrar

JUL 18 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1946 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 to July 16 1946 and that I last saw h[illegible] alive on July 8 1946

Immediate cause of death Coronary occlusion — Angina pectoris — Duration 2 yr.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore L. Graziano
Address 436 E. Fort Ave Date signed 7/16/46

Every item of information should be carefully supplied. UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133 B

Registered No. G42184

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Forest Hill
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thelma Joan Crouse

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/1940

8. AGE: Years 6 Months 6 Days If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Earl Crouse
13. Birthplace NC

MOTHER
14. Maiden Name Joan Jones
15. Birthplace N. C

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20 / 46 (month) (day) (year)
(c) Cemetery or crematory Chestnut Hill
Location Near Forest Hill, Md

18 (a) Funeral director Degan & Sons
(b) Address Bel Air Md

19 (a) (Date rec'd by registrar) (b) Registrar

VS 7111 18 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17, 1946 at 1 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1946 to July 17 1946 and that I last saw deceased alive on July 17 1946.

Immediate cause of death UREMIA — Duration ?

Due to CHRONIC RENAL INSUFFICIENCY — Duration 2 yrs

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul H. Mundy M. D.
Address Johns Hopkins Hosp. Date signed 7/18/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42185
Registered No.

74a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9ds
(e) Length of stay in Baltimore (yrs., mos., or days) 9ds

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County York
(c) City or town Delta RFD #3
(If outside city or town limits, write RURAL and give town)
(d) Street No. RFD #3
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. [redacted] Esther Westerman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife Eug N. Westerman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 21, 1887

8. AGE: Years	Months	Days	If less than one day
58	8 mos	27	hr. min.

9. Birthplace Pa.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name David R Griffith
13. Birthplace Pa.

MOTHER
14. Maiden Name Adelaide Stewart
15. Birthplace Pa

16 (a) Informant Eugene Westerman Hazel Fenton.
(b) Address Havre de Grace Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21 1946 (month) (day) (year)
(c) Cemetery or crematory Mt Hope
Location Delta, Pa.

18 (a) Funeral director W. P. Harbine
(b) Address Delta, Pa.

19 (a) [illegible] (b) [illegible] Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1946, at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1946 to July 18 1946 and that I last saw her alive on July 18 1946

Immediate cause of death	Duration
Intracranial hemorrhage c.?	?
Due to Cerebral Neoplasm	
Due to Chronic myelogenous leukemia	1½ years
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operations
None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Munster Fenton, Jr. M. D.
Address Union Memorial Hosp Date signed 7-18

Huntington Williams, MD

X

G42186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. G42186

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Sts.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 44 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 415 E. 20th St. #18
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Cora F. Robbins

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
W	none	Female	White	Widowed

6 (b) Name of husband Richard L. Robbins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 31st 1870

8. AGE: Years	Months	Days	If less than one day
75	10	16	hr. min.

9. Birthplace Dorchester Co. Md.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At Home

FATHER
12. Name Perry Cannon
13. Birthplace Dorchester Co. Md.

MOTHER
14. Maiden Name Eliza Macnair
15. Birthplace Dorchester Co. Md.

16 (a) Informant Lenna F. Robbins
(b) Address 415 E. 20th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/46 (month) (day) (year)
(c) Cemetery or crematory Green Lawn
Location Cambridge, Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 JUL 19 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 17 July 1946, at 3:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1 July 1946, to 17 July 1946, and that I last saw her alive on 17 July 1946.

Immediate cause of death Pulmonary hemorrhage

Due to Pulmonary embolus

Due to

Other Conditions Fracture left femoral neck

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: None

Duration: 17 hrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 12/4
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence June 3 1946 at 3:45 P. M.
(c) Where did injury occur? Baltimore Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No.
(e) Means of injury: Fell or tripped on rug

23. Signature M. T. M. Gorgan M. D.
Address Maryland Gen. Hospital Date signed 17 July 1946
For C. J. Schmeisser, M.D.
Howard J. Haddix, M.D.

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

G42187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G42187 Registered No.

Please type or print plainly in ink. Information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W Lexington St
(c) Hospital or institution:
Aged Men & Women's Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W Lexington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert S. Worthington

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 19 1869

8. AGE: Years	Months	Days	If less than one day
76	7		hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Nicholas Worthington
13. Birthplace Baltimore

MOTHER
14. Maiden Name Alice Simmons
15. Birthplace Baltimore

16 (a) Informant Aged Women's & Men's Home
(b) Address 1400 W Lexington St

17 (a) Burial (b) Date thereof 7/20/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery Mt. Olivet
Location Frederick Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) JUL 19 1946 (b) Huntington Williams, M.D.
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1946, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/17 1932 to 7/17/46 1946, and that I last saw him alive on 7/16/46 1946.

Immediate cause of death: Coronary occlusion-sudden — Duration

Due to

Due to

Other Conditions: Generalized arteriosclerosis.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin B. Jarrett.
Address 11 E. Chase St., City signed 7/18/46

VS 150

G42188

37 849 M42

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G42188

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The entries on this certificate should be carefully supplied. The information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) ~~3 mos 7 dys~~

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Calvert Court Apartments (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Robinson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-11-66

8. AGE: Years 80 | Months 3 | Days 17 | If less than one day hr. min.

9. Birthplace Massachusetts (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name John Wales Robinson
13. Birthplace Massachusetts

MOTHER
14. Maiden Name Mary Fenton
15. Birthplace Massachusetts

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof July 19 1946 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Govt to md

18 (a) Funeral director Henry W. Frankenstein Funeral Co.
(b) Address McCulloh & Orchard Sts

19 (a) 9 1946 (Date filed by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1946 at 8:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-9 1946 to 7-18 1946 and that I last saw her alive on 7-18 1946.

Immediate cause of death: Cardiac failure — Duration: 3 Mon

Due to: Hypertensive Cardio-Vascular disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice B. Wineland M.D.
Address J.H.H. Date signed 18 July '46

VS 150

G42189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 B

G42189 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 639 S. Paca St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 639 S. Paca St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Nathaniel B. Roseborough

3 (b) If veteran, name war: WW#2

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
Male	Colored	Single	—	years

7. Birth date of deceased (mo., day, yr.) 7/8/1920

8. AGE: Years	Months	Days	If less than one day
26	0	8	hr. min.

9. Birthplace Winnsboro, S.C. (Town, county, and state)
10. Usual Occupation Truck Driver
11. Industry or business

FATHER
12. Name John Roseborough
13. Birthplace Winnsboro, S.C.

MOTHER
14. Maiden Name Henrietta Kenedy
15. Birthplace Winnsboro, S.C.

16 (a) Informant Henrietta Broom (Mother)
(b) Address 639 S. Paca St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/46 (month) (day) (year)
(c) Cemetery or crematory Balto. Nat'l.
Location Baltimore, Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 510-512 N. Carrollton Ave.

19 (a) (Signature of registrar) (b) Huntington Williams, M.D.

JUL 19 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16th 1946 at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1946 to July 16 1946 and that I last saw him alive on July 16 1946.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hunt Williams M. D.
Address 1411 E. Lexington Date signed 7/18/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42190

BALTIMORE CITY HEALTH DEPARTMENT

AB-102202

CERTIFICATE OF DEATH 94a

Registered No. G42190

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29days
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 807 Avondale Rd. zone 22
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mattie Wake

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Married

6 (b) Name of husband or wife Oscar
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 29- 1887

8. AGE: Years	Months	Days	If less than one day
59	5	19	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Jimmy Braxton
13. Birthplace Va.

MOTHER
14. Maiden Name ?
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7-19-46 (month) (day) (year)
(c) Cemetery or crematory Asbury Memorial P.P.
Location Baltimore Md.

18 (a) Funeral director Archibald G. Gaddis
(b) Address 2101 McCulloh St.

19 (a) (b) Huntington Williams Mort

JUL 19 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 19 46 at 4:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-19- 19 46 to 7-18 19 46 and that I last saw her alive on 7-18- 19 46

Immediate cause of death Coronary Occlusion. Cardiac Failure.

Due to Coronary Occlusion, Thrombosis.

Due to

Other Conditions Hypertension. Chronic Nephritis.
Occlusion Femoral Artery, Syphilis.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: See above.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert A. Faulk M. D.
Address Balto City Hosps Date signed 7-18-46

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G42191 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1931 Eastern Ave
(c) Hospital or institution: Johns Hopkins Hospital V
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1931 Eastern Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Arthur Carroll Gaither

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Cora Gaither
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1900

8. AGE: Years	Months	Days	If less than one day
46	1	6 5	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Carroll Gaither
13. Birthplace Maryland

MOTHER
14. Maiden Name Mattie Brown
15. Birthplace " "

16 (a) Informant Cora Gaither
(b) Address 1309 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Wade Crockett
(b) Address 900 N Charles St

19 (a) Date received by registrar JUL 19 1946 (b) Registrar Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-16- 1946, at 11:20 AM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebro-vascular trauma

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mercer M.D. Medical Examiner.
Date signed 7-16-46

G42192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170c

G42192 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna. (b) County
(c) City or town Philadelphia (If outside city or town limits, write RURAL and give town)
(d) Street No. 1621 N. 12th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Pinnock

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Mildred Pennock
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
51	5a		hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Scott Pinnock
13. Birthplace Va.

MOTHER 14. Maiden Name Nellie Hubbard
15. Birthplace Va.

16 (a) Informant Mildred Pennock
(b) Address 1621 N. 12th St.

17 (a) Buried (burial, cremation, or removal) (b) Date thereof July 19, 1946 (month) (day) (year)
(c) Cemetery or crematory Philadelphia Pa.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) 7-19-1946 (Date received by registrar) (b) Huntingdon Williamsport Pa

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1946, at 9:22 P. M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑ suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Shock
Acute congestion cardiac failure
Fracture of ribs + sternum
Fracture + dislocation of
head of femur

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/15/46 at Balto, Md 11:55 P. M.
(b) Where did injury occur? Belair Rd - Pt 1 Towson
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Collision of automobiles

23. Signature Thomas J. Mullen M.D. Medical Examiner.
Date signed 7/18/46

VS 151

G42193
CHK-102934

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93E

Registered No. G42193

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 46 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 830 S. Bond Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Steve Trzcinski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Separated

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January - 1886

8. AGE: Years	Months	Days	If less than one day
60	6 ?	?	hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Walenty Trzcinski
13. Birthplace Poland

MOTHER
14. Maiden Name Rose Bestra
15. Birthplace Poland

16 (a) Informant Records-Balto. City Hospitals
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/46 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem.
Location Govans Hill Rd.

18 (a) Funeral director John M. Theiss
(b) Address 1940 S. Chester St

19 (a) 7/19/46 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1946, at 7:35P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 16 1946 to July 16 1946, and that I last saw him alive on July 16 1946

Immediate cause of death	Duration
Respiratory failure	Hrs.
Due to Congestive Heart failure	3 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edmund B. Beacham M.D.
Address Ballard, Hosp. Date signed 19 Jul 46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42194 (new) BALTIMORE CITY HEALTH DEPARTMENT G42194

CERTIFICATE OF DEATH 157a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette St.
(c) Hospital or institution: Franklin Sq. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 S. East ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Janowitz Baby Boy

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age 13 years

7. Birth date of deceased (mo., day, yr.) July 15-46

8. AGE: Years | Months | Days: 2 | If less than one day: hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER — 12. Name Michael Janowicz
13. Birthplace Balto

MOTHER — 14. Maiden Name Dorothy Gizinska
15. Birthplace Balto

16 (a) Informant M. Janowicz
(b) Address 1109 S. East Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19-46 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Balto. Co.

18 (a) Funeral director W.S. Fialkowski
(b) Address 2607 Eastern ave

19 JUL 19 1946 (Date rec'd by registrar) (b) Huntington Woods, Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1946, at 2:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1946 to July 15 1946, and that I last saw h[illegible] alive on July 15 1946.

Immediate cause of death: Respiratory Failure

Due to: Hydrocephalus

Due to:

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Hydrocephalus

Duration
2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Leuthold M.D.
Address Franklin Sq. Hosp. Date signed 7/19/46 M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G42195

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2010 North Fulton
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2010 North Fulton (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EMMA FLORENCE CANNOLES

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Howard Cannoles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Oct. 13, 1873

8. AGE: Years 72 | Months 9 | Days 4 | If less than one day: hr. min.

9. Birthplace: Balto., Md. (Town, county, and state)

10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Jeremiah Collins
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Charlotte Oyler
15. Birthplace: Penna.

16 (a) Informant: Mr. Howard Cannoles
(b) Address: 2010 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/46 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

JUL 19 1946 (a) (b) (Filed rec'd by registrar)

Huntington Mitchell, Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/17/46, 19, at 2:15 A M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH: Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Lewis M.D. Medical Examiner.
Date signed 7/17/46

X

G42196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G42196

61

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3401 Winterbourne Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) one month

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore Co.
(c) City or town Larchmont (If outside city or town limits, write RURAL and give town)
(d) Street No. 2413 Birch Drive (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME: RICHARD SAUIN WARNER

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 216-01-2724

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Cora R. Warner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 1873

8. AGE: Years 72 | Months 8 | Days 29 | If less than one day hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business U. S. Rubber Co.

FATHER
12. Name Andrew Ellicot Warner
13. Birthplace Md.

MOTHER
14. Maiden Name Barbara Wills
15. Birthplace Balto.

16 (a) Informant Mr. R. Gordon Warner
(b) Address 2413 Birch Drive, Larchmont

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUL 19 1946 (Date received by Registrar) (b) Huntington Mills, Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1946 at 2 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1937 to July 18 1946. and that I last saw alive on July 18 1946

Immediate cause of death

Due to Chronic Myocardial Degeneration — Duration 15 mos.

Due to Wisbetes Mellitus — 9 yrs
Arterio sclerosis — ?
Senile Dementia — 1 yr.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation no operation

Major findings of operation

of autopsy: No autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joshua H. Armacost M. D.

Address 6419 Windsor Mill Rd (93) Baltimore-7 Date signed July 19 1946

correct are is especially important. Physicians: please write the causes of death clearly and legibly.

G42197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

8-3a

G42197

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument St

(c) Hospital or institution: Sinai Hospital Baltimore 15-

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days.

(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md County

(b) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3826½ Boarman Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE HECKER

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-7023

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Lena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Butcher

11. Industry or business

FATHER

12. Name Abrahame

13. Birthplace Austria

MOTHER

14. Maiden Name Minnie

15. Birthplace Austria

16 (a) Informant Lena Hecker

(b) Address 3826½ Boarman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-46 (month) (day) (year)

(c) Cemetery or crematory

Location Metzger Herring Sun

18 (a) Funeral director Jack Lewis Inc

(b) Address 464 E. Balto St

19 1946 Harrington Williams M.D. Registrar

(Date received by local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1946, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1946 to July 18 1946 and that I last saw him alive on July 18 1946

Immediate cause of death Intestinal Hemorrhage — Duration

Due to ?

Due to

Other Conditions Pulmonary emphysema of unknown

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Henry Rother M. D.

Address Sinai Hospital Date signed 7/18/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

Rother. X

G42198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

G42198

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvedere Ave
(c) Hospital or institution: Aged Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. Greenspring & Belvedere (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WOLF KUSHNER

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Not Known

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1846

8. AGE: Years 90 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Wolf Leidler
(b) Address 2908 Parkwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-19-46 (month) (day) (year)
(c) Cemetery or crematory Windsor Hill Mem Park
Location Baltimore

18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Balto St.

19 (a) [illegible] Williams Funeral Home (b) Registrar

(Date received by Registrar) JUL 19 1946

VS 130

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-19 1946 at 6 45 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-12 1946 to 7-19 1946 and that I last saw him alive on 7-19 1946

Immediate cause of death Cerebral Hemorrage — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Vogel M. D.
Address Levindale Home Date signed 7-19-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G42199

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3706 Cranston Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3706 Cranston Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John P. Wode

3 (b) If veteran, name war

3 (c) Social Security Account No. 213 07 0983

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Julia M. Wode (nee Dyke)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5, 1902.

8. AGE: Years	Months	Days	If less than one day
44	3	13	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business B. & O. R. R.

FATHER
12. Name George H. Wode
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Hanley
15. Birthplace Md.

16 (a) Informant Mrs. Julia M. Wode
(b) Address 3706 Cranston Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22/46 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn, Md.

18 (a) Funeral director Harry H. Leitzke
(b) Address 4101 Edmondson Ave.

19 (a) July 19 1946 (Date filed) (b) Registrar Huntington Williams

JUL
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18/46. 19 . at M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1 19 46 to 7-18-46 19 ; and that I last saw h alive on 6-2-46 19 .

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration 3 yrs 1-5-1946

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry E. Gould M. D.
Address 2705 Edmondson Date signed 7-18-46

X

2 Trans.

G42200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45a

Registered No. G42200

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Wyman Pk. Drive & 31st St.

(c) Hospital or institution: US Marine Hospital 21

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 2

(d) Street No. 1125 Carroll St. (If rural give location)

(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Ross, William Henry

3 (b) If veteran, name war ?

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Barbara Beine Ross

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1868

8. AGE: Years	Months	Days	If less than one day
77	7	21	hr. min.

9. Birthplace Balto, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER

12. Name George W. Ross

13. Birthplace Balto, Md.

MOTHER

14. Maiden Name Elizabeth Perry

15. Birthplace Balto, Md.

16 (a) Informant Records

(b) Address US Marine Hospital

17 Entombment (Burial, cremation, or removal) (b) Date thereof July 20/46 (month) (day) (year)

(c) Cemetery or crematory Lorraine Pk. Location Woodlawn, Md.

18 (a) Funeral director Harry H. Little

(b) Address 401 E. Edmondson Ave.

19 (a) JUL 19 1946 (Signature of Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1946, at 6:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1946 to July 17 1946. and that I last saw him alive on July 17 1946.

Immediate cause of death Carcinoma; primary lip with metastasis to neck and generalized metastasis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

Duration: MORE THAN TWO YEARS

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Glen E. Ogden

Glen E. Ogden, Surgeon M. D.

Address US Marine Hospital Date signed 7/18/46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G42201

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D.O.A. University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 935 W. Franklin St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Essex Co. Va.
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Phillip Taylor
13. Birthplace Va

MOTHER
14. Maiden Name Miranda Parker
15. Birthplace Va.

16 (a) Informant Beatrice W Yatt
(b) Address 935 W Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/19/46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Elroy A Wilson
(b) Address 1000 Brantly Ave

19 JUL 19 1946 (Date rec'd by registrar) Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/16 1946 at 1 29 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to h.s death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic C.V. disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. J. Gerbracht M.D.
Medical Examiner.
Date signed 7/16/46

X

G42202

AB- 102857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. G42202

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 21
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 531 W. Cross St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Parker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?-?- 31?

8. AGE: Years	Months	Days	If less than one day
31 ?	?	?	hr. min.

9. Birthplace Accomac Co., Va.
(Town, county, and state)
Unable to obtain information
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 7/20/46
(Burial, cremation, or removal) (Month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Pleasant St.

19 (a) Date received by Local Registrar (b) Registrar
JUL 20 1946 Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1946 at 9:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-13 1946 to 7-15 1946 and that I last saw her alive on 7-15 1946

Immediate cause of death Resp. Failure. — Duration

Due to Bilateral Pulmonary Infarcts, Cause ? — Duration

Due to — Duration

Other Conditions Bronchopneumonia. — Duration

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert R. Faber M. D.
Address Balto. City Hosp. Date signed 7-15-46

111a

G42203

CHK-101914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

Registered No. G42203

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1- 7- 5-
(e) Length of stay in Baltimore (yrs., mos., or days) 58- 5- 23-

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1307 "H" Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frederick Wilson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 23-1946

8. AGE: Years	Months	Days	If less than one day: hr.	min.
58	5	23		

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Joseph Wilson
13. Birthplace Maryland

MOTHER
14. Maiden Name Josephine Milburn
15. Birthplace Maryland

16 (a) Informant Records-Balto. City Hospitals
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/46 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location

18 (a) Funeral director Elroy A Wilson
(b) Address 1307 E Saint Paul

19 JUL 19 1946 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1946 at 1:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1946 to July 16 1946 and that I last saw h im alive on July 16 1946

	Duration
Immediate cause of death: Cachexia	1 mo
Due to Generalized Carcinomatosis to adrenals,	3 mo.
Due to lung, Prostate, bladder & skin	
Other Conditions Carcinoma of rectum	19 mo

(Include pregnancy within 3 months of death)
Date of operation 2 wks ago.
Major findings of operation: as above
of autopsy: ; ;

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas J Oneill M.D.
Address Balto City Hosp Date signed 7-18-46

X

G42204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170c

G42204 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 3-
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 24 S. Bethel St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Vernon Jordan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years 53 | Months | Days | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Longshoreman

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Moses Evans

(b) Address 1622 E. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/46 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy A. Wilson

(b) Address 1000 Brantley Ave

19 (a) JUL 19 1946 (Date rec'd by registrar) (b) Huntingtown, Md. (Signature of local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1946, at 9 05 P. M

21. I certify that I took charge of the remains described above, held an autopsy Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Ruptured heart - Fractured spine

Hemopericardium - Hemothorax

Due to Lacerations of lungs

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 7/16/46 at 8 35 P. M. 6/5

(b) Where did injury occur? Baltimore & Broadway

(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No

Means of injury Hit + run

23. Signature Howard J. Mussens M.D. Medical Examiner.

Date signed 7/17/46

VS 151

X

G42205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190

Registered No. G42205

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd. + Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Kent
(c) City or town Rock Hall
(If outside city or town limits, write RURAL and give town)
(d) Street No. ?
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Carol Elaine Batchelor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife 0

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1946

8. AGE: Years 0 | Months 0 | Days 13 | If less than one day hr. 12 min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation 0

11. Industry or business

FATHER
12. Name Mr. William Batchelor (L)
13. Birthplace Maryland

MOTHER
14. Maiden Name Frances Helen Elbourne (L)
15. Birthplace Maryland

16 (a) Informant Hospital Records (UMH)
(b) Address 33rd. + Calvert Sts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20-46 (month) (day) (year)
(c) Cemetery or crematory Westby Chapel
Location Rock Hall

18 (a) Funeral director Allen & Lane
(b) Address Rock Hall Md

19 (a) JUL 19 1946 (Registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1946, at 11:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 16 1946 to July 18 1946 and that I last saw her alive on July 18 1946.

Immediate cause of death: Respiratory Failure — Duration

Due to Lobar pneumonia, Left Lower Lobe

Due to

Other Conditions Diarrhea due to undetermined cause
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. V. Lude, M.D.
Address Union Memorial Hospital Date signed 7/19/46

108

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 168

Registered No. G42206

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1637 Ellsworth St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24 1943

8. AGE: Years	Months	Days	If less than one day
3	-	22	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Ernest Davis

13. Birthplace Maryland

MOTHER 14. Maiden Name Lula Beasley

15. Birthplace Virginia

16 (a) Informant Ernest Davis

(b) Address 1637 Ellsworth St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7 20 46 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A. A. Co.

18 (a) Funeral director Raynor Sanders

(b) Address 1462 E Preston St.

19 JUL 19 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1946, at 6.55 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Ruptured Liver

" Advanced

Fractured ribs

Other Conditions Hemoperitoneum X multiple bruises & bruises.

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur? Auto

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury Blunt force

23. Signature Howard J. Madeira M.D. Medical Examiner.

Date signed 7/17/46

VS 151

G42207 ✓ G42207

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1313 N. Montford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret K Klein

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-7280

4. Sex: F | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Div.

6 (b) Name of husband or wife: William J. Klein

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. - 23 - 1877

8. AGE: Years 69 | Months 5 | Days 24 | If less than one day hr. min.

9. Birthplace: Baltimore Md.
(City, county, and state)

10. Usual Occupation: Seamstress

11. Industry or business: Holmes & Co

FATHER
12. Name: John Adolph Kuh
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: "

16 (a) Informant: Mrs Clarence Wehner
(b) Address: 1313 N. Montford Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7 - 22 - 46 (month) (day) (year)

(c) Cemetery or crematory: Holy Redeemer
Location: Belair Rd

18 (a) Funeral director: John A. Milby
(b) Address: 2438 E. Pleasant St

19 (a) Filed by registrar (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17, 1946, at 5:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24, 1946 to July 17, 1946 and that I last saw her alive on July 17 1946.

Immediate cause of death: Cardiac failure
Bronchopneumonia

Due to: Arteriosclerotic G V disease

Due to:

Other Conditions: Lymphosarcoma of stomach
(Include pregnancy within 3 months of death)

Date of operation: June 29, 1946

Major findings of operation: Lymphosarcoma of stomach

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Sidney Green M. D.
Address: Sinai Hospital Date signed 7/17/46

VS 150

* correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G42208 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3710 Elm Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Haidee L. Rodgers

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bruce C. Rodgers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19 1890

8. AGE: Years 56 | Months 2 | Days 29 | If less than one day: hr. min.

9. Birthplace Waynesboro, Pa. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER — 12. Name John Rowe
13. Birthplace Pennsylvania

MOTHER — 14. Maiden Name Georgianna Deloxier
15. Birthplace Maryland

16 (a) Informant Bruce C. Rodgers
(b) Address 3710 Elm Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21 1946 (month) (day) (year)
(c) Cemetery or crematory Harbaugh
Location Waynesboro, Pa.

18 (a) Funeral director Burgee Funeral Home
(b) Address 3631 Fifth Road

19 (a) (Date rec'd by registrar) (b) Registrar Wilmer Williams, M.D.
JUL 19 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1946, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1946 to July 18 1946 and that I last saw h[illegible] alive on July 18 1946

Immediate cause of death: Bronco Pneumonia — Duration 2 d.
Cerebral Hemorrhage — 5 d.
Due to Arterio Sclerosis — 5 d.
Hypertension — 5 d.
Due to Chr. Interstitial Nephritis — 5 d.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. A. Storm M. D.
Address 2878 Hartford Rd. Date signed

OS 100

Correct age is especially important. Physicians; please write the causes of death clearly and legibly.

G42209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G42209 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3450 Cardenas Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3450 Cardenas Ave.
(If no, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara M. Bohli

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frank J. Bohli
6 (c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): May 11th, 1873

8. AGE: Years: 73 | Months: 2 | Days: 7 | If less than one day: ########## min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: — Hamper
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Germany

16 (a) Informant: Frank J. Bohli
(b) Address: 3450 Cardenas Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/46 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Rd. Balto: Md.

18 (a) Funeral director: George J. Ruth, Inc.
(b) Address: 1735 Harford Avenue

19 (a) JUL 19 1946 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18th., 1946 at 3 50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 19, 1936 to July 18 1946 and that I last saw h[illegible] alive on July 17, 1946

Immediate cause of death: Cerebral Hemorrhage — Duration: 12 hours
Due to: Hypertension and Cardio-Vascular disease — 10 yrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Ed Tompunells, M.D.
Address: Medical Arts Bldg. Date signed: 7/19/46

Direct age is especially important. Physicians: please write the causes of death clearly and legibly. The [illegible] of information should be carefully supplied. The

G42210 ✓ G42210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1434 N. Broadway
(c) Hospital or institution: 8
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1434 N. Broadway (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John P. Baumgartner

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 213-26-5858

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Minnie Uhle
6 (c) If alive, give age: D years

7. Birth date of deceased (mo., day, yr.): Sept. 12, 1875

8. AGE: Years 70 | Months 10 | Days 5 | If less than one day ######### min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Laborer (Retired)

11. Industry or business: Balto: City

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant: John R. Baumgartner (Son)
(b) Address: 1434 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/46 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: E. North Avenue

18 (a) Funeral director: George J. Ruth, Inc.
(b) Address: 1735 Harford Avenue

19 (c) 1946 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17th., 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1946 to July 17 1946; and that I last saw him alive on July 17, 1946.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to Arteriosclerotic Cardiovascular Renal Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward C. Wolf
Address 1331 E. North Ave Date signed 7-18-46 M. D.

G42211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G42211 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1616 Holbrook Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1616 Holbrook Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara A. Wist

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John G. Wist

6 (c) If alive, give age D years

7. Birth date of deceased (mo., day, yr.) Aug. 8th, 1860

8. AGE: Years 85 | Months 11 | Days 10 | If less than one day ######### min.

9. Birthplace Littlestown Penna (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name John Adam Ruppert
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Byers
15. Birthplace Germany

16 (a) Informant Catherine E. Freyman
(b) Address West Minister, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Avenue

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 1946 (Date rec'd by registrar) (b) Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18th., 1946 at 4A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from JUL 17 1946 to JUL 17 1946 and that I last saw her alive on JUL 17 1946

Immediate cause of death
Cerebral Hemorrhage 3 days
with thrombosis
Due to of heart

Due to

Other Conditions Hypertention 15 yrs

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations: XXXX

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) ~~Accident, suicide, or homicide~~
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elliott Ruppert
Address 928 E. North Ave. Date signed 7/19 1946

VS 180

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 57E

G42212
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 625 St. Johns Road
(c) Hospital or institution: Harry's Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos. or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3313 Woodland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida E. Wright

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Frank L. Wright
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 19, 1868

8. AGE: Years	Months	Days	If less than one day
77	7	30	hr. min.

9. Birthplace Caroline Co., Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Lufkin Wheatley
13. Birthplace Caroline Co., Md.

MOTHER
14. Maiden Name Adline Collins
15. Birthplace Caroline Co. Md.

16 (a) Informant Mrs. Lina Wright
(b) Address 3313 Woodland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-20-46 (month) (day) (year)
(c) Cemetery or crematory Dundalk
Location Pikesville Md

18 (a) Funeral director Lemmon Bros.
(b) Address 5005 York Rd Baltimore

(c) Date rec'd by registrar JUL 19 1946
Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1946 at 1304 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 22 1941 to July 18 1946 and that I last saw her alive on July 16 1946.

Immediate cause of death	Duration
Gastric ulcer & final haemorrhage	1 day
Due to Arteriosclerosis	10 yrs.
Due to	
Other Conditions Abdominal tumor - type unknown (Include pregnancy within 3 months of death)	5 yrs

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton E. Lowman M. D.
Address 5013 Park Heights Ave Date signed 7/19/46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

X

G42213 ✓ G42213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wolfe & Monument
(c) Hospital or institution Sinai Hosp. 27

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3726 W Garrison Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry L. Klinefelter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Carbaugh

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3 1880

8. AGE: Years	Months	Days	If less than one day
66	5	5	hr. min.

9. Birthplace Hanover, Pa.
(Town, county, and state)

10. Usual Occupation Bartender

11. Industry or business Tavern

FATHER
12. Name Amos Klinefelter
13. Birthplace Hanover Pa.

MOTHER
14. Maiden Name Sarah Markley
15. Birthplace Hanover, Pa.

16 (a) Informant Wife. Rhonda
(b) Address Sinai Hosp.

17 (a) Burial (b) Date thereof 7/22/46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Olivet
Location Hanover, Pa.

18 (a) Funeral director Edgar A. Bosley
(b) Address 502 Park Ave.

19 (a) [illegible] (b) [illegible]
(Signature of registrar) (Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16, 1946, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1946 to July 16 1946, and that I last saw [illegible] alive on July 16 1946.

Immediate cause of death Myocardial Infarction — Duration 2 days

Due to Coronary Sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy Not asked

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Hunsicker M.D.

Address Sinai Hospital Date signed 7/17/46

VS 150

X

Please answer all questions. Information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G42214

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3119 Mareco Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3119 Mareco Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clara E. Gallatin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband James A. Gallatin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 2nd 1875

8. AGE: Years	Months	Days	If less than one day
70	8	17	hr. min.

9. Birthplace York Pa. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Jacob Sherfy
13. Birthplace Pa.

MOTHER
14. Maiden Name Veronica ?
15. Birthplace Pa.

16 (a) Informant Mabel Lockeman
(b) Address 3119 Mareco Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/46 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Parkville Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul st.

JUL 20 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19th 1946, at 1.58 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1944 to July 19, 1946, and that I last saw h alive on July 19, 1946.

Immediate cause of death Myocardial Insufficiency — Duration
Due to Arteriosclerosis
Due to
Other Conditions Diabetes Mellitus Diabetic Retinitis
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Victor A. Levy M.D.
Address 2322 Eastern Place Date signed 7/19/46

93 D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G42215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G42215

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2241 Eutaw Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2241 Eutaw Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellen M Hughes

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Thomas J
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 9 1880

8. AGE: Years 66 | Months 5 | Days 10 | If less than one day: hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name John Hughes
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Kane
15. Birthplace Ireland

16 (a) Informant Mrs Thompson
(b) Address 2241 Eutaw Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St

19 (a) Date received JUL 20 1946 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1946 at 26 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 14, 1946 to July 19, 1946 and that I last saw her alive on July 19, 1946.

Immediate cause of death	Duration
Uremia	7 days
Due to Chronic Nephritis	4 months
Due to ✓	
Other Conditions Chr. Cholecystatis	6 months

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations ✓
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at ✓ M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓
(e) Means of injury

23. Signature Frank M. Ogden M. D.
Address 2701 N. Calvert St Date signed July 19, 46

VS 150

G42216

492 11 E.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G42216

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 14 S Fremont Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mary Ward.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~ widowed, or ~~divorced~~
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-6-84.

8. AGE: Years	Months	Days	If less than one day
62	3	13	hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Home-wife

11. Industry or business

FATHER 12. Name Marshall-Jefferson.

13. Birthplace Va.

MOTHER 14. Maiden Name Anna Hawley

15. Birthplace Va

16 (a) Informant Records.

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/22/46 (month) (day) (year)

(c) Cemetery ~~or crematory~~ London Park

Location Balto. Md.

18 (a) Funeral director William Cook Inc.

(b) Address 1217 St. Paul St.

19 JUL 20 1945 (Date rec'd by Registrar) (d) Huntington Woods, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1946, at 10 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1946 to July 19 1946 and that I last saw her alive on July 19 1946.

Immediate cause of death	Duration
Myocardial degeneration	3 mos.
Due to Arteriosclerotic Heart Disease	12+ yrs.
Due to generalized arteriosclerosis	12+ yrs.
Other Conditions Terminal pneumonia	4 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. M. Knight, Jr. M. D.

Address J. H. Hospital Date signed 7/19/46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

G42217

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. Be

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4703 Hamonett Ave

(c) Hospital or institution: Pinewood Convelesant Home 13

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2007 Bolton St

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Stefanie Lindenberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife late Herman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation

11. Industry or business None

FATHER

12. Name Wolf Frisch

13. Birthplace Austria

MOTHER

14. Maiden Name Ethel Smith

15. Birthplace Ausrtia

16 (a) Informant Mrs HerminaNeuburger

(b) Address 2117 Linden Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21, 1946 (month) (day) (year)

(c) Cemetery or crematory Hebrew Rosedale Cem

Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros

(b) Address 1124-1126 W North Ave

JUL 20 1946 (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1946, at 7 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1946 to 7/19 1946 and that I last saw her alive on 7/19 1946

Immediate cause of death Hypertension Cardio-Vascular Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Kyle W. Golley M. D.

Address 5103 Harford Rd Date signed 7/19/46

KYLE W. GOLLEY

VS 150

G42218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93c

Registered No. G42218

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2725 N. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2725 N. Charles St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES JAMES SCHEFFENACKER

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 215-01-0672 A

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Irene C. E. Schaffenacker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31, 1879

8. AGE: Years	Months	Days	If less than one day
66	11	18	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Salesman- retired 8 yrs.
11. Industry or business H. B. Davis Co.

FATHER
12. Name -
13. Birthplace Germany

MOTHER
14. Maiden Name -- Pruller
15. Birthplace Md.

16 (a) Informant Mr. C. Preston Scheffenacker
(b) Address 5015 Greenleaf Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUL 20 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18, 1946, at 1:15p M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1944 to July 18, 1946. And that I last saw him alive on July 18, 1946.

Immediate cause of death: Circulatory failure — Duration: yrs.

Due to Rheumatic + arteriosclerotic heart disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Edward Leach M. D.
Address 14 E. Eager St. Date signed 7/19/46

VS 180

Every question must be answered. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42219 TOFT

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. G42219

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4705 Pennington
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 26 (If outside city or town limits, write RURAL and give town)
(d) Street No. 4705 Pennington (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Charles Acton Taft

3 (b) If veteran, name war —
3 (c) Social Security Account No. 213-05-3646

4. Sex male | 5. Color or race wh. | 6 (a) Single, (married), widowed, or divorced.

6 (b) Name of ~~husband or~~ wife Viola C. Taft
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Dec. 18 1877

8. AGE: Years	Months	Days	If less than one day
68	7	0	hr. min.

9. Birthplace Howard Co. Md. (Town, county, and state)
10. Usual Occupation Floor room clerk.
11. Industry or business American Oil Co.

FATHER
12. Name James Taft.
13. Birthplace Unknown

MOTHER
14. Maiden Name Josephine Mathews
15. Birthplace Ohio.

16 (a) Informant daughter Beulah Hurley
(b) Address 4705 Pennington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/46 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUL 20 1946 (Registrar's signature) Registrar for Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18 1946 at 6 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1945 to July 1946 and that I last saw him alive on July 1 1946.

Immediate cause of death — Duration

Bronchopneumonia. — 10 days
Due to Bronchiectasis and Asthma. — 6 yrs
Due to Cerebral arteriosclerosis. — 2

Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature H. J. Summers M. D.
Address 1845 Eutaw Place Date signed 7-19-46

VS 3

G42220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

G42220 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 r N. Gay Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ethel Clayton

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 28, 1909

8. AGE: Years	Months	Days	If less than one day
36	8	21	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housework
11. Industry or business Home

FATHER
12. Name ? Benzinger
13. Birthplace Balto., Md

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Pauline Schultz
(b) Address 1103 South Bradford

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Frederick Road.

18 (a) Funeral director Bayard H. Blight Jr.
(b) Address 4914 Belair Road.

19 (a) JUL 20 1946 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19, 1946 at 9 10 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Acute Congestive Cardiac Failure
Acute Pulmonary Edema
Due to

Other Conditions Shock

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☑ cause of death, fill in the following:
(a) Date of injury 7-16-46 at ? P.M.
(b) Where did injury occur? Bay Shore Park
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Drowning in Chesapeake Bay.

23. Signature Howard J. Wheeler M.D. Medical Examiner.
Date signed 7-19-46

VS 151

X

G42221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931

G42221 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) DOA

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 309 Ostorbin St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EMMA BOSIER

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col.	W

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Erlanda J. Cogdell
(b) Address 1412 Myrtle ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy O Wilson
(b) Address 1000 Brantly Ave

19 (a) Filed JUL 20 1946 (Date filed) Huntington Williams M.D. Registrar

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MEDICAL CERTIFICATION

20. DATE OF DEATH 7/15/46 19 , at 4:00 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John C Ward, M.D. Medical Examiner
Date signed 7/16/46

Please write plainly with pen and ink. Please write the causes of death clearly and legibly.

G42222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1246

Registered No. G42222

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1302 Mc Culloh St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Johnson

3 (b) If veteran, name war World War #2

3 (c) Social Security Account No. 212-01-7637

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Mildred

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 6-15-1912

8. AGE: Years	Months	Days	If less than one day
34	1	3	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation unemployed

11. Industry or business

FATHER
12. Name Geo. W. Johnson
13. Birthplace Maryland

MOTHER
14. Maiden Name Rosa Ridgley
15. Birthplace Maryland

16 (a) Informant Mildred Johnson
(b) Address 1215 Argyle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 22 46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundel County Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Pennsylvania ave

19 (a) JUL 20 1946 (Delivered by registrar) (b) Huntington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1946 at 11:50 A.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Fatty degeneration of heart
Due to Acute Congestive Cardiac Failure

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature: Howard J. Mullen M.D. (Medical Examiner)
Date signed 7-18-46

VS 151

G42223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42223 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Waterdale, Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 7823 Fairgreen Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert Bender

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male | 5. Color or race white | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Ina Lewis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 13, 1882

8. AGE: Years 64 | Months 3 | Days 26 | If less than one day hr. min.

9. Birthplace West Virginia (Town, county, and state)

10. Usual Occupation Retired Railroad Engineer

11. Industry or business

FATHER 12. Name John Bender

13. Birthplace W. Va.

MOTHER 14. Maiden Name Susan —

15. Birthplace W. Va.

16 (a) Informant Mr Bender

(b) Address 7823 Fairgreen Rd. Dundalk

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 19, 1946 (month) (day) (year)

(c) Cemetery or crematory Heavener

Location Buchanan, W. Va.

18 (a) Funeral director Roland L. Fisher

(b) Address 2142 Dundalk Ave.

19 (a) JUL 20 1946 (Date rec'd by registrar) (b) Huntington, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1946, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1946 to July 19, 1946 and that I last saw h alive on July 19 1946

Immediate cause of death: Intracerebral hemorrhage — Duration

Due to Hypertension Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jno Porter M. D.

Address Sinai Hospital Date signed 7-19-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G42224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E

Registered No. G42224

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Okla (b) County
(c) City or town Atoka
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sandra Gay McNeil

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-20-45

8. AGE: Years | Months: 7 | Days: 29 | If less than one day: hr. min.

9. Birthplace Okla
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Homer McNeil
13. Birthplace Okla

MOTHER
14. Maiden Name Mary McEachern
15. Birthplace Tupa

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 7/27/46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Myrtle Lotan

18 (a) Funeral director John J. Whitehill & Sons
(b) Address 1900 Eutaw Place

19 (a) JUL 20 1946 (b) Huntington Williams, M.D.
(Registered by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1946, at 11:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1946 to July 19 1946 and that I last saw h.. alive on July 19 1946.

Immediate cause of death: acute glomerulo nephritis

Due to: Uremia

Due to: Congenital heart disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George L Palmer, M.D.
Address Harriet Lane Home Date signed 7-19-46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G42225

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2914 Evergreen Av.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2914 Evergreen Av
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Wilhelm Steinmann

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Mitchell Steinmann
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) June 11, 1871

8. AGE: Years	Months	Days	If less than one day
75	1	9	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business

FATHER
12. Name William Steinmann
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Kraft
15. Birthplace Germany

16 (a) Informant Wife
(b) Address 2914 Evergreen

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-46 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Baltimore Md

18 (a) Funeral director A. J. Rusk
(b) Address 5305 Harford Rd

19 (a) JUL 20 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1946, at 2:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1946, to July 20 1946, and that I last saw him alive on July 19 1946.

Immediate cause of death Cerebral thrombosis — Duration 7 days

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R Donald Jandorf M. D.
Address 6077 Harford Rd Date signed 7-20-46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42226 new

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 157E

Registered G42226

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 Caroline St. 9
(c) Hospital or institution:
St Joseph's Hospital Balt. Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1503 Holbrook Ct.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Carol Ann Schmidt

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Child.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 13-1946

8. AGE: Years | Months: 6 | Days: 7 | If less than one day: hr. min.

9. Birthplace Baltimore City. Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Wm. J. Schmidt
13. Birthplace Balto

MOTHER
14. Maiden Name Anna T. Schmidt MOLZ
15. Birthplace Balto

16 (a) Informant William J. Schmidt
(b) Address 1503 Holbrook St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/46 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Buck
(b) Address 5305 Harford Road

19 JUL 20 1946 (b) Huntington Williams, M.D.
(Date filed by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20th 1946, at 6.50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1946 to July 20 1946 and that I last saw her alive on July 20 1946.

Immediate cause of death	Duration
Cardiac failure.	
Due to anemia	
Due to Tetrology of Fallot.	
Other Conditions None (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry T. Nelson Jr.
Address St. Joseph's Hosp Date signed July 21 1946

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G472227 ✓ Brown - 55 - Kazan Minsk

BALTIMORE CITY HEALTH DEPARTMENT 93E Registered G472227

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Marine Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Odessa
(If outside city or town limits, write RURAL and give town)
(d) Street No. 81 - Sverdlov
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Russia

3 (a) FULL NAME Peter Yakovlevich Zaitzev

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1918

8. AGE: Years	Months	Days	If less than one day
28			hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name ?
13. Birthplace

MOTHER 14. Maiden Name ?
15. Birthplace

16 (a) Informant Russian Embassy
(b) Address

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7/20/46 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto. Md.

18 (a) Funeral director Wm Cook Lyle
(b) Address 2[illegible] St. Paul St.

19 (a) JUL 20 1946 (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1946 at 1:40 A.M

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH - Acute congestive cardiac failure, acute pulmonary edema, acute congestion of viscera

Due to — Thickened dura - pachymeningitis with slight softening of right frontal lobe

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Thomas J. Mancini M.D.
Medical Examiner
Date signed 7-19-46

VS 151

G42228 CHK-100404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42228 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3m 13d
(e) Length of stay in Baltimore (yrs., mos., or days) 1y 6m 0d

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 329 Dolphin Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Wesley McKenen, Jr.

3 (b) If veteran, name war: --

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife: --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 18-1945

8. AGE: Years	Months	Days	If less than one day
1	6	0	hr. min.

9. Birthplace Maryland (Balto.) (Town, county, and state)

10. Usual Occupation --

11. Industry or business

FATHER
12. Name James Wesley McKenen, Sr.
13. Birthplace West Virginia

MOTHER
14. Maiden Name Myrtle Abbott
15. Birthplace West Virginia

16 (a) Informant Records-Balto. City Hospitals
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) July 20 1946 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 19 46 at 6:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1946, to July 18 1946, and that I last saw h im alive on July 18 1946.

	Duration
Immediate cause of death Cardiac Failure	24 hrs.
Due to Tranithion	3 months
Due to Chronic Eczema	1 yr.
Other Conditions Pulmonary Hemorrhage	24 hrs.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy Generalized Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gustav P. Griffin, M. D.
Address Baltimore City Hospo. Date signed July 19 1946

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G42229 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7118 Park Heights Ave (Zone 15)
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank M. Hottendorf

3 (b) If veteran, name war: --
3 (c) Social Security Account No.:

4. Sex: M.
5. Color or race: W.
6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Laura E. Hottendorf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1863

8. AGE: Years 83 | Months 0 | Days 22 | If less than one day: hr. min.

9. Birthplace: Athens, Greece
(Town, county, and state)

10. Usual Occupation: Bakery

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: "

MOTHER
14. Maiden Name: "
15. Birthplace: "

16 (a) Informant: Miss Joan Hottendorf
(b) Address: 7118 Park Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/46 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge Cem.
Location: Pikesville, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) ~~July 20 1946~~ (b) Huntington Nielsen, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1946 at 12 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1946 to July 19 1946.
and that I last saw h[illegible] alive on July 18 1946

Immediate cause of death: Cachexia

Due to: Carcinoma of sigmoid

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation July 2 and 9, 1946

Major findings of operation: Ca of sigmoid

of autopsy:

Duration: 2

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: John F. Nogueira M. D.
Address: Md Gen Hosp Date signed 7/21/46

VS 150

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170B

G42230
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 84 Shipway - Dundalk
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Atlas.

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lelia Mae Atlas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1908

8. AGE: Years	Months	Days	If less than one day
37	7	14	hr. min.

9. Birthplace Philadelphia, Pa.
(Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business Bethlehem Steel Co.

FATHER
12. Name Jacob Atlas
13. Birthplace Russia

MOTHER
14. Maiden Name ?
15. Birthplace Russia

16 (a) Informant Mr. Joseph Atlas
(b) Address 1361 Kaighn Ave., Camden, N.J.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/46 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem. Pk.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUL 20 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19, 1946, at 12.06 P. M

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Fracture of 1st & 4th Cervical Vertebrae
multiple fractures

Due to

Other Conditions Lacerations - brush burns

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following
(a) Date of injury 7/18/46 at Cantor. bet 11.50 P. M.
(b) Where did injury occur? Willow Springs Rd-Crossing
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Auto, motorcycle in front of car

23. Signature Thomas J. Williams M.D.
Medical Examiner.
Date signed 7/19/46

VS 151

G42231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. G42231

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 430 N. Hilton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 430 N. Hilton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET E. D'UNGER

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John D'Unger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1875

8. AGE: Years	Months	Days	If less than one day
71	0	22	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Secretary
11. Industry or business City of Balto.

FATHER
12. Name Joseph S. Raffle
13. Birthplace Portugal

MOTHER
14. Maiden Name Margaret Meads
15. Birthplace Md.

16 (a) Informant Mr. John D'Unger
(b) Address 430 N. Hilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) JUL 20 1946 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19, 1946 at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 5 1946 to July 19 1946 and that I last saw h[illegible] alive on July 18 1946.

Immediate cause of death Generalized Carcinomatosis — Duration 6 months
Due to Carcinoma of intra-abdominal Organs, original anatomical
Due to site not determined.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Michel M. D.
Address 2901 Edmondson Ave. Date signed July 20 1946

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

Beasley ✓

G42232 BALTIMORE CITY HEALTH DEPARTMENT G42232

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltimore
(b) Street address 602-E Madison st.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days) 45yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 602-E. Madison st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Beasley

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	CR	

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Snuffletown S. C.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Freddie Gray
(b) Address 642-E. Madison st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/46 (Month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location R. R. Co. Md.

18 (a) Funeral director Metropoletan Funeral Home
(b) Address 947. N. Mount st

19 JUL 20 1946 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1946 28 M

21. I certify that death occurred on the date above stated, that I attended deceased from July 15 1946 to July 18 1946
and that I last saw h— alive on July 18 1946

Immediate cause of death

	Duration
Cerebral Accident	3 days
Due to Hypertension & Arteriosclerosis	
Due to Senility	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. D. Hatcher
Address 1725 Park Date signed 7/19/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 180

G42233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126

Registered No. G42233

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore - 1
(If outside city or town limits, write RURAL and give town)
(d) Street No. 637 W. Pratt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Zwingel

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife ANTON Zwingel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 2, 1881

8. AGE: Years	Months	Days	If less than one day
64	10	19	hr. min.

9. Birthplace Lithuania
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at home

FATHER
12. Name Joseph Rollins
13. Birthplace Lithuania

MOTHER
14. Maiden Name Margaret Predenkas
15. Birthplace Lithuania

16 (a) Informant ANTON Zwingel
(b) Address 637 W. Pratt St.

17 (a) burial (b) Date thereof 7/23/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location 3801 Frederick Ave.

18 (a) Funeral director John J. Coppersmith & Son
(b) Address 901-03 Hollins St.

19 (a) [illegible] 1946
(Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1946 at 3:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h alive on 19

Immediate cause of death Cerebral embolism, pulmonary

Due to a complication after cholecystectomy

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 7-18-46

Major findings of operation: acute cholecystitis with cholelithiasis

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Richard C. Manion M. D.
Address Maryland Gen. Hos. Date signed 7-19-46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

G42234 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 904 E. Baltimore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joe Campanello -

3 (b) If veteran, name war

3 (c) Social Security Account No. 287-22-6250

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mamie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1st 1903

8. AGE: Years 42 | Months 8 | Days 18 | If less than one day hr. min.

9. Birthplace Naples Italy
(Town, county, and state)

10. Usual Occupation Sportsman

11. Industry or business

FATHER
12. Name Vincent Campanello
13. Birthplace Italy

MOTHER
14. Maiden Name Clorinda Ruderina
15. Birthplace Italy

16 (a) Informant Mamie Campanello
(b) Address 1507 Sycamore St.

17 (a) Removal (b) Date thereof 7/21/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Providence R.I.

18 (a) Funeral director Frank R Della Rocca
(b) Address 52 N. Morley St.

19 (a) (b)

JUL 21 1946
(Date rec'd by registrar)

Registrar Huntington Hollins, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1946, at 7.07 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

Autopsy, Inspection or Inquiry

IMMEDIATE CAUSE OF DEATH
Multiple bullet wounds of body involving vital organs &
Due to lungs

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/19/46 at 7.22 P. M.
(b) Where did injury occur? Pratt & Peter Sts.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Firearms - automatic

23. Signature Howard J. Moellis M.D.
Medical Examiner.
Date signed 7/20/46

G42235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 B

Dr. L. Johnson

Reg. G42235

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1204 Springfield AVE
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1204 Springfield AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Married

6 (b) Name of husband or wife Rufus Thompson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29-1893

8. AGE: Years	Months	Days	If less than one day
53	1	20	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Charles Garret
13. Birthplace Va.

MOTHER
14. Maiden Name Eliza Booth
15. Birthplace Md

16 (a) Informant Rufus Thompson
(b) Address 1204 Springfield AVE

17 (a) Burial (b) Date thereof 7 22 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest
Location Towson Md

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) Huntington Williams M.D.
(Date rec'd by registrar)

7-21-1946
VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1946 at 1205 A M

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 1 1946 to July 19 1946 and that I last saw h[illegible] alive on July 19 1946.

Immediate cause of death	Duration
Pectus Angunis	7 mo
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Anne A. Johnson M.D.
Address 2329 Guilford Ave Date signed July 20 1946

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. This

G42236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47a

G42236
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 272 days
(e) Length of stay in Baltimore (yrs., mos., or days) 272 days

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town New York
(If outside city or town limits, write RURAL and give town)
(d) Street No. 25 South Street
(If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Norway

3 (a) FULL NAME
Iversen, Iver

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 7, 1887

8. AGE: Years 58 | Months 11 | Days 12 | If less than one day hr. min.

9. Birthplace Norway
(Town, county, and state)

10. Usual Occupation AB seaman

11. Industry or business Seafarer

FATHER
12. Name Hans Iversen
13. Birthplace Norway

MOTHER
14. Maiden Name Berta Munson
15. Birthplace Norway

16 (a) Informant Records
(b) Address U. S. Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22-1946 (month) (day) (year)
(c) Cemetery or crematory Govans Presb. Cem.
Location Baltimore Md.

18 (a) Funeral director Osler Funeral Home Inc.
(b) Address [illegible]

19 (a) [illegible] (Signature of registrar) Registrar
21 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1946, at 9:45AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 20 1945 to July 19 1946, and that I last saw h im alive on July 19 1946.

Immediate cause of death Hemorrhage, left internal jugular vein — Duration: 2 days

Due to Carcinoma of larynx — Duration: unknown

Due to — Duration: more than one week

Other Conditions Pneumonia, bronchial, right lung
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joe M. Chisolm M. D.
Address U. S. Marine Hospital Date signed 7/20/46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42237

BALTIMORE CITY HEALTH DEPARTMENT ✓ G42237

CERTIFICATE OF DEATH 46E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospital Inc.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) 47

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2900 Auchentorly Terr. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Eva Hirschhorn

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
F	W	married	James	years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Samuel Zeitler
13. Birthplace Russia

MOTHER
14. Maiden Name Bertha Hyman
15. Birthplace Russia

16 (a) Informant James Hirschhorn
(b) Address 2900 Auchentorly Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-46 (month, day) (year)
(c) Cemetery or crematory Balto. Hebrew
Location Belair Road

18 (a) Funeral director Jack Lewis Inc
(b) Address 1479 E Balto St

19 (a) 21 (Date received by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1946 at 10:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 16 1946 to July 20 1946, and that I last saw her alive on July 20 1946

Immediate cause of death Hepatic - cardio-renal failure

Due to Carcinoma of colon with liver metastasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation April 15, 1946

Major findings of operation: Carcinoma of colon & metastasis

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature allan H macht M. D.
Address Sinai Hosp. Date signed July 20 1946

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

To be Approved by Chief Medical Exam

G42238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

Registered No. G42238

1. PLACE OF DEATH:
(a) Baltimore City, Maryland.
(b) Street address Sinai Hospt
(c) Hospital or institution: Monument St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 34 S. Caroline St (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Mrs. Celia Luckman

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Hoff
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1871
8. AGE: Years 75 | Months | Days | If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home Work
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-46 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Fernon Hyfl Rd
18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Baltimore St
19 (a) Huntington Williams, M.D. (Signature of registrar) Registrar
(b) Date received JUL 21 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1946, at 10 24 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1946 to July 19 1946, and that I last saw her alive on July 19 1946.

Immediate cause of death Unknown

Due to

Due to

Other Conditions Fracture - right femur
Bronchopneumonia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 2/1
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence July 8, 1946 at the hours M
(c) Where did injury occur? Baltimore Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? no
(Specify type of place)
(e) Means of injury Fall on floor

23. Signature Appie Robert Friedman M. D.
Address Sinai Hospital Date signed 7-20-46

Howard J. Moldgin, M.D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

C42239

C42239

CERTIFICATE OF DEATH

55E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2413 Crest Rd. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William B. Eckhart

If U. S. Veteran specify WAR

(a) Residence: No. 2413 Crest Rd, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lizzie E. Eckert

6. DATE OF BIRTH (month, day, year) Jan 1, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Forest Court Apts.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Wm. Eckhart

14. BIRTHPLACE (city or town) (State or country) Persia

MOTHER

15. MAIDEN NAME Amanda Jane Wesley

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mr. S.H. Eckhart

(Address) Phoenix Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 7/23/46 19

19. UNDERTAKER Wm. J. Tickner & Sons

(Address) North and Pa. Avse

20. [illegible] 21 1946 [illegible] Williams, M.D., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 20 July, 1946

22. I HEREBY CERTIFY, That I attended deceased from 14 April, 1946 to 20 July, 1946

I last saw him alive on 19 July, 1946 Death is said to have occurred on the date stated above, at 1:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Squamus cell Carcinoma Left Cheek - buccal surf.	?Sept 42
Metastages cervical area bilateral	Dec 42
Other contributory causes of importance: Cachexia	May 46

Was an operation performed? YES Date of 18 Oct 43

For what disease or injury? Carcinoma.

Name of operation Radical Neck, Left Side

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur L. Lavinski M. D.

(Address) 214 medical Arts Bldg.

OCCUPATION is very important. See instructions on back of certificate.

G42240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

G42240 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3502 Clifton Ave.
(c) Hospital or institution:
Federhoff Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1701 Normal Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MAZIE LOUISE OVERHOLT

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: no

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Merton L. Overholt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 24, 1892

8. AGE: Years 53 | Months 11 | Days 24 | If less than one day: hr. min.

9. Birthplace: Balto., Md.
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: "

MOTHER
14. Maiden Name: -- Reynolds
15. Birthplace: Unknown

16 (a) Informant: Mr. Merton L. Overholt
(b) Address: 1701 Normal Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/46 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cem.
Location: Balto., Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) [illegible] (b) [illegible]
(Signature of registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18, 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1946 to July 18 1946.
and that I last saw h[illegible] alive on July 18 1946.

Immediate cause of death: Bronchopneumonia
Streptococcus Hemolyticus

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy:

Duration
5 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: John H. Crane M. D.
Address 612 N 40 St Date signed

VS 150

X

G42241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42241 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3708 Chesholm Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3708 Chesholm Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CAROLINE A. WISSEL

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Henry F. Wissel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 8, 1871

8. AGE: Years	Months	Days	If less than one day
75	6	11	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Stoll
13. Birthplace Mass.

MOTHER
14. Maiden Name Margaret Heter
15. Birthplace Balto.

16 (a) Informant Mrs. Ethel Lang
(b) Address 3708 Chesholm Rd.

17 (a) Burial (b) Date thereof 7/22/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.
18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.
19 (a) 7-21 1946 (b) [illegible] Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19, 1946 at 2:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1946 to July 19 1946 and that I last saw h[illegible] alive on July 19 1946

Immediate cause of death Rt Cerebral hemorrhage — Duration 2 Wks

Due to

Due to

Other Conditions Arteriosclerosis with hypertension — 2

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 537 [illegible] Date signed 7/19/46

VS 180

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 36

G42242 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Rd & Herring Run
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1216 Southview Rd
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Christine P. Bodine

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Seobert Bodine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 25 Dec 1915

8. AGE: Years	Months	Days	If less than one day
30	6	24	hr. min.

9. Birthplace Atlantic City New Jersey
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Fred Plum
13. Birthplace Atlantic City

MOTHER
14. Maiden Name Frances Alexander
15. Birthplace Atlantic City

16 (a) Informant Seobert Bodine
(b) Address 1216 Southview Rd

17 (a) Burial (b) Date thereof 7/22/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) 7 21 1946 (b)
(Date filed by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1946, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1946, to July 19 1946, and that I last saw her alive on July 19 1946.

Immediate cause of death Acute anterior Poliomyelitis, Bulbar type — Duration 9 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. B. Tuck M.D.
Address Sydenham Hosp Date signed 7/19/46

VS 180

Huntington Williams, M.D.

X

G42243 ✓ G42243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 101 - N. Wheeler Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter S. Bosley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lita L. Bosley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5 - 1894

8. AGE: Years	Months	Days	If less than one day
52	4	15	hr. min.

9. Birthplace McMechen W. Va. (Town, county, and state)
10. Usual Occupation Boiler Maker
11. Industry or business Bethlehem Steel Corp.

FATHER
12. Name Not Known
13. Birthplace " "

MOTHER
14. Maiden Name Not Known
15. Birthplace " "

16 (a) Informant Mrs. Lita L. Bosley
(b) Address 101 N. Wheeler Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof J. 23. 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Lincoln
Location Prince Georges Co., Md.

18 (a) Funeral director Clarence Bowersox
(b) Address Mitchellsville, Md.

21 1946 (Date received by reg.) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1946, at 12:30 AM

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Ward M.D. Medical Examiner.
Date signed 7/30/46

VS 151

Please write the cause of death clearly and legibly.

G42244 Dr. 97869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 B

G42244 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3326 Hollins St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Viola Disharoon

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Wilson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 13th 1913

8. AGE: Years	Months	Days	If less than one day
32 Sl	10	7	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Alton , (D
13. Birthplace ?

MOTHER
14. Maiden Name Rose (?
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (records

17 (a) Burial (b) Date thereof 7/23/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Stockton Bur
Location Stockton Md.

18 (a) Funeral director Lilly & Zeiler
(b) Address 402 S. Fulton Ave

19 (a) JUL 21 1946 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20th 1946 at 6.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 15 1945 to July 20 1946 and that I last saw h or alive on July 20th 1946

Immediate cause of death: Tuberculosis pulmonary for advanced — Duration 10 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward Huff M.D.
Address Bal City Hosp Date signed 20 July 46

VS 150

G42245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. G42245

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 320 S. CLINTON ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 320 S. CLINTON ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY M. HARTMAN

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 24 1868

8. AGE: Years 78 | Months 5 | Days 25 | If less than one day hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WORK
11. Industry or business AT HOME

FATHER
12. Name JOHN HARTMAN
13. Birthplace GERMANY

MOTHER
14. Maiden Name MARGARET MADER
15. Birthplace BALTO. MD.

16 (a) Informant MISS IDA IMMLER (FRIEND)
(b) Address 320 S. CLINTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 23/46 (month) (day) (year)
(c) Cemetery or crematory PARKWOOD
Location TAYLOR AVE.

18 (a) Funeral director Leilly & Zeiler Inc.
(b) Address 403 S. WOLFE ST.

19 (a) 7-21-1946 (Date received by Registrar) Huntington for Williams, M.D. Registrar

MEDICAL CERTIFICATION 46 AM.

20. DATE OF DEATH JULY 19 1946 at 1/30M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-15 1946 to 7-19 1946 and that I last saw her alive on 7-19 1946.

Immediate cause of death: Carcinoma of liver — Duration ?
Due to: Primary site not determined
Due to:
Other Conditions: Arteriosclerosis, arteriosclerotic heart disease (Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J. Gould M. D.
Address 471 East ave. Date signed

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G42246
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3001 Eastern Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3001 Eastern Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theresa K. Gruebl

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widow

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26 - 67

8. AGE: Years	Months	Days	If less than one day
78 79	11	24	hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at home

FATHER
12. Name Charles Kopp
13. Birthplace Germany

MOTHER
14. Maiden Name Theresa Horn
15. Birthplace Germany

16 (a) Informant Olga J. Gruebe
(b) Address 3001 Eastern Ave

17 (a) Burial (b) Date thereof 7 [illegible] 46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Tilly J. Zeiler
(b) Address 403 S. Wolfe St.

19 (a) [illegible] 1946 (b) [illegible] for Milligan, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20 1946, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-15 1946 to 7-20 1946 and that I last saw h[illegible] alive on 7-20 1946.

Immediate cause of death	Duration
Myocardosis	
Due to Arteriosclerotic heart disease	
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John J. Gould M.D.
Address 141 East Ave Date signed 7-20-46

VS 150

X

cogent age is especially important. Physicians: please write the causes of death clearly and legibly.

G42247 ✓ G42247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 522 Union Mem. Hosp.
(c) Hospital or institution: 33rd. Calvert St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5728 Govans ave
(If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country

3 (a) FULL NAME Lester W Brown

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Elyana K. Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1896

8. AGE: Years	Months	Days	If less than one day
49	11	21	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Manic Stepper
11. Industry or business

FATHER 12. Name	James Brown
13. Birthplace	Glasgow, Scotland
MOTHER 14. Maiden Name	Katarine McCarty
15. Birthplace	Md.

16 (a) Informant Mrs L. D. Brown
(b) Address 5728 Govans AVE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/46 (month) (day) (year)
(c) Cemetery or crematory Cokesbury
Location Old Frederick Rd

18 (a) Funeral director D. J. Foley & Sons
(b) Address 1318 Dyer St.

19 (a) (b)
Registrar Registrar

JUL 27 1946
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1946, at 11:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1946, to July 18 1946, and that I last saw deceased alive on July 18 1946.

Immediate cause of death	Duration
Atelectasis	
Due to post. op. complication	
Due to Adrenal tumor	
Other Conditions	

over

(Include pregnancy within 3 months of death)
Date of operation 7-12-46
Major findings of operation Adrenal tumor - ?
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul B. Towne, M. D.
Address UMH. Date signed 7/18/46

Huntington Williams, M.D.

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information printed on this certificate is currently supplied. The

G42248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G42248

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 ld.
(e) Length of stay in Baltimore (yrs., mos., or days) 61 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Wash
(c) City or town Williamsport
(If outside city or town limits, write RURAL and give town)
(d) Street No. Route #1
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James R. Walch

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Lula Mauk
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace [redacted] Cedarville Va.
(Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Farmer

FATHER
12. Name Charles W [illegible]
13. Birthplace Not known Va.

MOTHER
14. Maiden Name Mauk Shiflett
15. Birthplace Va.

16 (a) Informant Mrs. John Walch
(b) Address Downsville Md
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof [illegible] (month) (day) (year)
(c) Cemetery or crematory Frontiers. Va
Location Hagerstown Md.
18 (a) Funeral director Edith V Feat
(b) Address Williamsport Md
19 JUL 22 1946 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 20 July 1946 at 4 P M
21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1946 to July 20 1946 and that I last saw him alive on July 20 1946
Immediate cause of death Pulmonary Edema — Duration 2 hrs
Due to Miliary Carcinomatosis — Duration ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
Findings of autopsy Miliary Carcinomatosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature R. M. N. Crosby
Address Univ. Hosp Balto. Md. Date signed 7/21/46 (M.D.)

VS 150

G42249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 c

Registered No. G42249

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 132 S.WASHINGTON ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 132 S.WASHINGTON ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PHOEBE SHERPINSKI

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: CHARLES SHERPINSKI
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): MAR. 24 1885

8. AGE: Years 61 65 | Months 3 4 | Days 25 | If less than one day hr. min.

9. Birthplace: POLAND (Town, county, and state)
10. Usual Occupation: HOUSE WIFE
11. Industry or business: AT HOME

FATHER
12. Name: THEODORE PERCOSKI
13. Birthplace: POLAND

MOTHER
14. Maiden Name: UNKNOWN
15. Birthplace: POLAND

16 (a) Informant: VIOLET SHERPINSKI (DAUGHTER)
(b) Address: 132 S.WASHINGTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 22/46 (month) (day) (year)
(c) Cemetery or crematory: SACRED HEART
Location: GERMAN HILL ROAD

18 (a) Funeral director: Lally & Zeiler Inc.
(b) Address: 403 S.WOLFE ST.

19 (a) [illegible] (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: JULY 18 1946 at 10 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from July 14 1946 to July 18 1946.
and that I last saw her alive on July 14 1946

Immediate cause of death

	Duration
(a) Acute Coronary occlusion	Acute
(b) Acute Coronal disease	?
(c) Coronary Heart disease	

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: [signature] M. D.
Address 500 - E. Fayette Date signed 7/20/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G42250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 ✓

Registered No. G42250

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any person who wilfully makes any false statement or information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 Caroline St.
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1528 N. Washington St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Walter H. Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Laura Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-24-1883

8. AGE: Years	Months	Days	If less than one day
62	6	26	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Night Watchman
11. Industry or business Continental Can Co

FATHER
12. Name Charles Williams
13. Birthplace Balto Md

MOTHER
14. Maiden Name Margaret Seifert
15. Birthplace Balto Md

16 (a) Informant Mrs. Laura V. Williams
(b) Address 1528 N Washington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-46 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location North Ave & Rose St

18 (a) Funeral director Albert L. Hilt Jr
(b) Address 1140 N Chester St

19 (a) ~~July 22 1946~~ Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1946 at 12 noon M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1946 to July 20 1946 and that I last saw h[illegible] alive on July 20 1946

Immediate cause of death Generalized carcinomatosis — Duration

Due to Carcinoma of the esophagus — Duration

Due to primary lesion — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 1528 N Washington St Date signed 7/24/46

VS 150

G42251

388.17

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

460

Registered No. G42251

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
1601 Mc Elderry Apt C
(d) Street No. [redacted] (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Beatrice Sklar

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced	6 (b) Name of husband or wife	6 (c) If alive, give age
Female	White	widow		years

7. Birth date of deceased (mo., day, yr.) 12 - - 71

8. AGE: Years	Months	Days	If less than one day hr.	min.
76	7			

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ???????
13. Birthplace ???????

MOTHER
14. Maiden Name ???????
15. Birthplace ???????

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-46 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Pulaski Hwy & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Baltimore St

19 Date 7-24-1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-21 1946, at 3 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-11 1946, to 7-21 1946, and that I last saw h[illegible] alive on 7-21 1946.

Immediate cause of death Respiratory failure due to lobular pneumonia following operation -

Due to Post-operative complication of resection by esophageal cancer.

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation July 15 th

Major findings of operation: Carcinoma of esophagus -

of autopsy: Not obtained

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. C. Saffron M.D.
Address Johns Hopkins Hospital Date signed 7-24-46

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 150

G42252 677851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G42252 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 N. Carrollton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dr Julius Guy Bowley

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	married

6 (b) Name of husband or wife Mary Bowley
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) 7-9-88

8. AGE: Years	Months	Days	If less than one day
57	-	12	hr. min.

9. Birthplace Md. (town, county, and state)
10. Usual Occupation physician
11. Industry or business

FATHER 12. Name Harkless A Bowley
13. Birthplace ?

MOTHER 14. Maiden Name Rachel Saunders
15. Birthplace ?

16 (a) Informant records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25 - 46 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Balto Md.

18 (a) Funeral director James A Davies
(b) Address 142 W Lee St.

19 JUL 22 1946 (Date received by local registrar) Huntington Williams M.D. (Signature of local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1946 at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 5-28- 1946 to 7-21- 1946 and that I last saw him alive on 7-21- 1946.

Immediate cause of death Carcinoma of the liver with Lymph fistula

Due to Carcinoma of the Liver

Due to Lymph infiltration of unknown etiology

Due to Pulmonary Tuberculosis,

Other Conditions Diabetes mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Laurence Barbour M. D.
Address The Johns Hopkins Hospital Date signed 7-21-46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46

Registered No. G42253

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution West Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Brooklyn.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3621 St. Victor St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. LUCRETIA JEFFERSON

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed or divorced.

6 (b) Name of husband or wife James A. Jefferson

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 26, 1865

8. AGE: Years 80 Months 8 Days 24 If less than one day hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name John Pattie
13. Birthplace Virginia

MOTHER
14. Maiden Name Luiza May.
15. Birthplace Virginia.

16 (a) Informant Mrs. Helen Moreland
(b) Address 3621 St. Victor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22/46 (month) (day) (year)

(c) Cemetery or crematory Woodlawn.
Location

18 (a) Funeral director Chenowith & Donovan
(b) Address 3615-17 Edmondson Ave

19 JUL 22 1946 (Date rec'd by registrar) (b) Huntington for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1946, at 1:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/8 1946, to 7/19 1946 and that I last saw h alive on 7/19. 1946

Immediate cause of death Peritonitis. Duration

Due to Carcinoma of head of pancreas 9 months

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Carcinoma of pancreas

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leonard E. Blumenthal M. D.

Address W B & H Date signed 7/19/46

X

VS 150

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

G42254 BC# D 50455 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 46H Registered No. G42254

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Bon Secour Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5134 Old Orchard Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ALBERT GIRVIN WINCHESTER 3rd

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/17/46

8. AGE: Years	Months	Days	If less than one day
0	0	20	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and State)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Albert Girvin Winchester Jr.
13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name Annette Rogan
15. Birthplace Pennsylvania.

16 (a) Informant Albert Girvin Winchester, Jr.
(b) Address 5134 Old Orchard Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral.
Location Baltimore, Maryland

18 (a) Funeral director H. Thos. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) JUL 22 1946 (Registrar's signature) Remington Millis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1946 at 8.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1946, to July 21 1946, and that I last saw h[illegible] alive on July 21 1946.

Immediate cause of death	Duration
Intussusception	
Due to Bowel obstruction	
Due to mesenteric neoplasm	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation July 17, 1946
Major findings of operation: mesenteric neoplasm
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Bon Secour Hosp. Date signed 7/21/46 M. D.

VS 180

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. G42255

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 51st St.
(c) Hospital or institution: US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 358 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 564 Presstman St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Miles, George
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	col	

6 (b) Name of husband or wife Marietta Morton Miles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1920

8. AGE: Years	Months	Days	If less than one day
25	11	17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Messman
11. Industry or business Seafarer

FATHER
12. Name Melvin Miles
13. Birthplace NC.

MOTHER
14. Maiden Name Bernice Miles
15. Birthplace VA.

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Maryland

18 (a) Funeral director Mrs. George A. Holland
(b) Address 1691 Druid Hill Ave.

19 (a) Date received JUL 22 1946 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1946, at 6:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1945 to July 18 1946 and that I last saw h. im alive on July 18 1946

Immediate cause of death Chondrosarcoma left ilium with massive bilateral pulmonary metastases.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy As above

Duration
UNKNOWN

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. E. Glendinning, Surgeon M. D.
Address US Marine Hospital Balto, Md. Date signed 7/19/46

VS 180

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 H

Registered No. G42256

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore - East
(If outside city or town limits, write RURAL and give town)
(d) Street No. E-A-By-Way. S-Middle River (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wayne Gordon Spidle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Florena Spidle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1913

8. AGE: Years	Months	Days	If less than one day
32 35	10 9	21	hr. min.

9. Birthplace York Pa. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name Harry A. Spidle
13. Birthplace Pa.

MOTHER
14. Maiden Name Elizabeth Blinchbaugh
15. Birthplace Pa.

16 (a) Informant Florena Spidle
(b) Address E-A. By Way. South. Middle R.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof June 23, 1946 (month) (day) (year)

(c) Cemetery or crematory
Location Denton Md.

18 (a) Funeral director Ulfuds Funeral Home
(b) Address 700 Bellamy Ave Huntington Williamsport, Md.

19 (Date rec'd by registrar) JUL 22 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20, 1946, at 8:39 a. M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Asphyxiation

Due to Hanging

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/20/46 at 7:45 a. M.
(b) Where did injury occur? 1911 - Fleet St.
(c) Did injury occur at home, on farm, industrial place, in public place? Room of Dwelling 1911 Fleet St. While at work? Yes
(d) Means of injury Hanging - a rope was tied around neck

23. Signature Howard J. Mallonee M.D.
Medical Examiner.
Date signed 7/20/46

VS 151

G42257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1390

Registered No. G42257

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St.
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Worcester
(c) City or town Pocomoc Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Madelin D Mason

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Mr. Allen Mason

6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) Nov 6 - 1918

8. AGE: Years	Months	Days	If less than one day
27	8	14	hr. min.

9. Birthplace Va Accomac Va
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Dont Know Dryden
13. Birthplace Va

MOTHER
14. Maiden Name Dont Know Alice Taylor
15. Birthplace Va

16 (a) Informant Alley Mason
(b) Address Pocomoc Md

17 (a) (Burial, cremation, or removal) (b) Date thereof July 23 (month) (day) (year)
(c) Cemetery or crematory Salem M E
Location Pocomoke Md

18 (a) Funeral director Dennis & Watson
(b) Address Pocomoke Md

JUL 22 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1946 at 7 35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1946 to July 20 1946 and that I last saw h.. alive on July 20 1946

Immediate cause of death Abdominal Peritonitis — Duration

Due to Perf of Pelvic Pan Appendicitis & T.E.O.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 16 July 46

Major findings of operation Chr. P.I.D. & Hydrosalpinx

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H H Solomon M. D.
Address Date signed

VS 180

Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

G42258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

Registered No. G42258

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) ~~23~~ 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1425 Homestead St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Louis Stengel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife Mrs. John Louis Stengel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7, 1880

8. AGE: Years	Months	Days	If less than one day
65	11	13	— hr. — min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Shipping Clerk
11. Industry or business

FATHER
12. Name ? Stengel
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Mary Blight
15. Birthplace Baltimore, Md.

16 (a) Informant Hospital record.
(b) Address 33rd & Calvert

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 (month) (day) (year)
(c) Cemetery or crematory Balto Cemetery Co.
Location

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St

19 JUL 22 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1946, at 7:14 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1946 to July 20 1946, and that I last saw h[illegible] alive on July 20 1946.

Immediate cause of death Uremia — Duration

Due to Cardiac decompensation

Due to

Other Conditions Cholecystostomy 3 days before death
(Include pregnancy within 3 months of death)

Date of operation July 16, 1946

Major findings of operation: Many gall stones

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Crawford W. Kirkpatrick M. D.
Address Union Memorial Hosp. Date signed 7-20-46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G42259 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3315 E Monument
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3315 E Monument
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Evans

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Henry Evans
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 8 - 1867

8. AGE: Years 79 | Months 6 | Days 13 | If less than one day hr. min.

9. Birthplace Wales
(Town, county, and state)

10. Usual Occupation
11. Industry or business At home

FATHER
12. Name Stephen Hicks
13. Birthplace Wales

MOTHER
14. Maiden Name Don't Know
15. Birthplace Wales

16 (a) Informant Mrs Ethel Duncan
(b) Address 3315 E Monument

17 (a) Burial (b) Date thereof June 24, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md

18 (a) Funeral director Ulman Funeral Home
(b) Address 2496 Gelsons St

19 (a) JUL 22 1946 (b) Washington Nebraska, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 - 1946, at 2 12 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 8 1946 to July 21 1946, and that I last saw h. alive on July 20 1946.

Immediate cause of death Pleural atherosclerosis

Due to

Due to

Other Conditions Hypertension CA. Hysterectomy
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm D Johnson
Address 701 N. Kenwood Ave Date signed 6/W D. 7/46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42260

HEALTH DEPARTMENT—CITY OF BALTIMORE

G42260

CERTIFICATE OF DEATH

93D

1. PLACE OF DEATH Magdelen Monastery, Convent of Good Shepherd — Registered No.

CITY OF BALTIMORE: (No. 15 S. Mount St. Ward) 1946

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sister Magdelen of St Rose (Annie Schmidt)

(a) Residence: No. Convent of the Good Shepherd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/8/1864

7. AGE 82 Years	Months 6	Days 12	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lucerne Switzerland

FATHER

13. NAME Andrew Schmidt

14. BIRTHPLACE (city or town) (State or country) Lausanne Switzerland

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Sr Mary of St Veronica
(Address) 15 S Mount St

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Date 7/23/46 19

19. UNDERTAKER Tobey Home
(Address) 1101 E Lafayette Ave

20. FILED JUL 22 1946 Huntington for Williams M.D.
(Registrar)

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 20, 1946

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1946 to July 20th 1946

That saw h.. alive on July 18th 1946. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	June 1st '46
Myocardial degeneration	June 1st '46

Other contributory causes of importance:

Arteriosclerosis	Yrs

Name of operation to Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. A. Shatard M. D.

(Address) 300 N. Calvert St.

G42261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13D

Registered No. G42261

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 764 Carroll St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 764 Carroll St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles F. Lang

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Henrietta V. Lang
Nee Huber

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29, 1865

8. AGE: Years 80 | Months 11 | Days 20 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Piano Polisher

11. Industry or business Retired

FATHER
12. Name Charles F. Lang
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Lang
15. Birthplace Germany

16 (a) Informant Mrs. Henrietta V. Lang
(b) Address 764 Carroll St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22/46 (month) (day) (year)
(c) Cemetery or crematory Louden Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry A. Luhtje
(b) Address 4101 Edmondson Ave

19 JUL 22 1946 (Date received by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1946 at 5:20 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from July 7 1946 to July 19 1946 and that I last saw h[illegible] alive on July 17 1946

Immediate cause of death

Cardiac Thrombosis

Due to Senile Myocarditis

Due to Arterio Sclerosis

Duration 3 days / 3 mos / 3 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Williams M.D.

Address 10 Randallstown Date signed 7/22/46

VS 150

X

G42262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. G42262

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 822 N. Carrollton Av
(c) Hospital or institution: M.M. Carroll Aged Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 822 N. Carrollton Av
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nellie ~~Davis~~ Brooks

3 (b) If veteran, name war: /
3 (c) Social Security Account No.:
4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife:
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): 1862
8. AGE: Years: 84 Months: Days: If less than one day: hr. min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual Occupation:
11. Industry or business:

FATHER
12. Name: Henry Davis
13. Birthplace: Md

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Md

16 (a) Informant: Mrs. Rosie Stewart
(b) Address 822 N. Carrollton Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-46 (month) (day) (year)
(c) Cemetery or crematory: Mt. Auburn Cem
Location: Baltimore - Md

18 (a) Funeral director: Mrs. Frances A. Wemsley
(b) Address 578 W. Biddle St.

19 (a) 7-22-1946 (Date received by registrar) (b) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19, 1946, at 3:00 P M
21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1946, to July 19, 1946, and that I last saw her alive on July 18, 1946.

Immediate cause of death: Arteriosclerotic Cardio-renal disease — Duration: 2 Mos.?
Due to: Generalized Arteriosclerosis
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation: NONE
Major findings of operation: —
of autopsy: NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Thomas W. Harris, Jr. M. D.
Address 824 N. Franklin St Date signed 7-19-46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any known information should be carefully supplied.

VS 150

(OVER)

G42263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 E

Registered No. G42263

Taylor

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3802 Woodhaven Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3802 Woodhaven Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Henry Taylor

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Jane Taylor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15, 1867

8. AGE: Years 79 | Months 6 | Days 5 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James Taylor
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Sauerhoff
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Mary Jane Taylor
(b) Address 3802 Woodhaven Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/46 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Ave.

19 (Date rec'd by registrar) JUL 22 1946 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1946, at 10:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1946 to July 20 1946 and that I last saw h alive on July 20 1946

Immediate cause of death: Bronchopneumonia

Due to: Generalized Carcinomatosis

Due to: Carcinoma of the Colon

Other Conditions: None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

Duration: One Yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel V. Taylor M. D.
Address 3431 Roland Ave Date signed July 22 1946

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 120

342264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940 Registered No. G42264

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: D-4 Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2910 Riggs Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Franklin E. Jones

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife Ruth Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 31, 1887

8. AGE: Years	Months	Days	If less than one day
59	3	19	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business Self

FATHER
12. Name Charles Jones
13. Birthplace North Carolina

MOTHER
14. Maiden Name Alethea P. Jones
15. Birthplace North Carolina

16 (a) Informant Mr. C. Edward Jones, Jr.
(b) Address 4628 Rokeby Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23, 1946 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Ave.

19 (a) JUL 22 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/20 1946, at 12:45 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to h-s death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature D. L. Lubinski M.D. Medical Examiner.
Date signed 7/22/46

VS 151

G42265

JL - 96885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

42C

G42265 Registered No.

Typewriting necessary. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 - 28
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4814 Curtis Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Mikalajunas or George Mrkalajuno

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. ? 1878

8. AGE: Years	Months	Days	If less than one day
67 68 ?	?	?	hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd

18 (a) Funeral director Joseph Kaminskas
(b) Address 641 E Washington Ave

19 (a) 7-20-1946 Washington Williamsville
(Date received by local registrar) (Signature of local registrar)

JL

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1946, at 12:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 23 1945 to July 20 1946 and that I last saw h im alive on July 20 1946.

Immediate cause of death — Duration: 2 hours

Due to Bronchopneumonic carcinomatosis

Due to Carcinomatosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: No autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Russell Huffington M. D.
Address Baltimore City Hosp. Date signed July 20 46

G42266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G42266 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town write RURAL and give town)
(d) Street No. 4129 - 5th St Brooklyn (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry C Von Hausen

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-05-3361

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife EMILY ANN PATZER

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) JUNE 14, 1894

8. AGE: Years 52 50 | Months 1 | Days 7 | If less than one day hr. min.

9. Birthplace HANOVER, GERMANY (Town, county, and state)

10. Usual Occupation SALESMAN

11. Industry or business WARD BAKING CO

FATHER
12. Name UNKNOWN
13. Birthplace "

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace "

16 (a) Informant CHARLES PATZER
(b) Address 4129 5TH ST. BROOKLYN

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/23/46 (month) (day) (year)
(c) Cemetery or crematory LOUDON PK
Location FREDERICK RD.

18 (a) Funeral director JOHN F. DENNY, INC.
(b) Address 715 LIGHT ST.

19 (a) JUL 22 1946 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 21 July 1946, at 11 05 A M

21. I certify that I took charge of the remains described above, held an Autopsy and Inq thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Cerebral Hemorrhage

Due to Hypertensive Cardio-Vascular disease

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William L Pettigrew M.D.
Date signed 21 July 46 Medical Examiner

VS 151

C42267.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

469

Registered No. C42267.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1713 Belt St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7+
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1713 Belt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie E Horner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife George E. Horner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1871

8. AGE: Years 74 | Months 9 | Days 10 | If less than one day hr. min.

9. Birthplace Charlestown Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joshua Bennett
13. Birthplace Charlestown Md

MOTHER
14. Maiden Name Mary E. Alexandria
15. Birthplace Charlestown Md.

16 (a) Informant Mrs. Ida Tacher
(b) Address 1713 Belt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23/46 (month) (day) (year)
(c) Cemetery or crematory Groves Cemetery
Location Edgewood Md.

18 (a) Funeral director Craven Funeral Home
(b) Address 1216 E. Chase St.

19 (a) 22 1946 (Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/20/1946 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May / 1946 to 7/20/1946.
and that I last saw her alive on 7/20/1946

Immediate cause of death
Cerebral Hemorrhage — Duration 3 days
Due to Arteriosclerosis — 1 year
Due to Hypertension — 2 years
Other Conditions Carcinoma of Head of pancreas — 1 mo
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: No
of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isaac Miller M. D.
Address 1216 Eastern Ave Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 100

83a 7/24/46

G42268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G42268 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 308 S Robinson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 302 S. Robinson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Kulinski

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Cecilia Kulinski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29 /1892

8. AGE: Years	Months	Days	If less than one day
54	5	22	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business Balto. City Fire Dept.

FATHER
12. Name Michael Kulinski
13. Birthplace Poland

MOTHER
14. Maiden Name M. Zazarski
15. Birthplace Poland

16 (a) Informant Cecilia Kulinski
(b) Address 302 S. Robinson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23/46 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozazewski
(b) Address 1930 Eastern Ave

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 22 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1946 at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1946 to July 20 1946 and that I last saw him alive on July 20 1946.

Immediate cause of death Acute Heart Failure — Duration

Due to Coronary Occlusion with Arterio-Sclerotic Heart

Due to Diabetes

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. A. Flannigan Jr. M. D.
Address 3503 First ave Date signed 22 July

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42269 Vickers ✓ 042269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 211 Patapsco Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 211 Patapsco Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert G Vickers

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	none	Male	White	Widower

6 (b) Name of husband or wife Katherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 6 1859

8. AGE: Years	Months	Days	If less than one day
87	5	15	hr. min.

9. Birthplace West Virginia (Town, county, and state)
10. Usual Occupation Carpenter Chief
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Blanche Funston Mitch
(b) Address 211 Patapsco Ave
17 (a) Funeral (Burial, cremation, or removal) (b) Date thereof 7 22 46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Charleston 2 16
18 (a) Funeral director Wilson Adams
(b) Address 1218 E Lanvale St
19 JUL 22 1946 Date filed by registrar Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1946, at 2 15 M
21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1946 to July 21 1946 and that I last saw him alive on 7/16 1946.

Immediate cause of death: Hypostatic pneumonia — Duration
Due to: Cardiovascular renal disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Leonard Rubin M. D.
Address 203 Patapsco Ave Date signed

VS 150

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

G42270

JL - 105048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122a

Registered No. G42270

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 44 W. West St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1863

8. AGE: Years	Months	Days	If less than one day
82	8	2	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Benjamin (D)
13. Birthplace Md.

MOTHER
14. Maiden Name Lizzy (D)
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23-1946 (month) (day) (year)
(c) Cemetery or crematory Mt Calv. Cem
Location

18 (a) Funeral director Elroy D. Wilson
(b) Address 1000 Bradley Ave

19 (a) 7-22-1946 (Date signed by registrar) (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1946, at 5:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1946, to July 20 1946, and that I last saw h alive on July 20 1946.

Immediate cause of death Acute Congestive Heart failure with Pul Edema — Duration Hours

Due to generalized Arterio-sclerosis — Duration Unknown

Due to Incarcerated Inj. Hernia, Left — Duration Unknown

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 7-19-46

Major findings of operation: Incarcerated Left Inguinal Hernia

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul H. Patterville M. D.
Address Bal. City Hosp. Date signed 7-19-46

VS 150

G42271 MW

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G42271

The information requested on this certificate is required by law (Ordinances 1007 and 1008, City of Baltimore). Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Williams Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 902 Adams Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Baumann

3 (b) If veteran, name war

(c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/21/46

8. AGE: Years	Months	Days	If less than one day
			11 hr. 45 min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Louis Baumann
13. Birthplace —

MOTHER
14. Maiden Name Evelyn Smith
15. Birthplace Maryland

16 (a) Informant
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7/22/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Martin Fahy & Son
(b) Address 1827 N. Howard Ave.

19 (a) JUL 22 1946 Huntington Williams, M.D. Address St Agnes Hosp. Date signed 7/22/46

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/21 1946, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/21 1946, to 7/21 1946 and that I last saw him alive on 7/21 1946

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. H. Williams M.D.

VS 150

G42272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74a

Registered No. G42272

495592.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3423 Hudson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANDREW [redacted] George Fleury.
3 (b) If veteran, name war
3 (c) Social Security Account No. 215-07-1078

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Margaret Fleury.
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) 10-12-98

8. AGE: Years	Months	Days	If less than one day: hr.	min.
47.	9	8		

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Standard Oil Co.
11. Industry or business

FATHER
12. Name Andrew Fleury.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Ella Mackaway.
15. Birthplace Baltimore, Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-46. (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Jesus
Location Germans Hill Rd. Baltimore, Md

18 (a) Funeral director Charles S. Siler
(b) Address 3625 Fait Ave.

19 (a) [illegible] (b) Huntington Williams, M.D.

JUL 22 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1946 at 6.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1946 to July 20 1946 and that I last saw him alive on July 20 1946

Immediate cause of death Hemorrhage

	Duration
Due to Leukemia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip D. Wagley M. D.
Address Johns Hopkins Hospital Date signed July 22 1946

VS 150

X

G42273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47

Registered No. G42273

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkins & Caton Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2524 Harlem Ave
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME John A. Flynn

3 (b) If veteran, name war
3 (c) Social Security Account No. 219-09-6524-A

4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. WIDOWED
6 (b) Name of husband or wife MARY KERR FLYNN
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 15. 1886
8. AGE: Years 59 Months 7 Days 15 If less than one day hr. min.
9. Birthplace Balto. Maryland (Town, county, and State)
10. Usual Occupation Clerk
11. Industry or business Brewery Super Ref.

FATHER
12. Name John J. Flynn
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary C. Tighe
15. Birthplace Maryland

16 (a) Informant Brother
(b) Address 1702 Pittsfield

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/23/46 (month) (day) (year)
(c) Cemetery or crematory CATHEDRAL
Location

18 (a) Funeral director Clay F. Evans Sons Inc.
(b) Address 118 W. Mt. Royal Ave

19 (a) JUL 22 1946 Hunting for Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20-46 19 at 2 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-29 1946 to 7-20 1946 and that I last saw him alive on 7-20 1946.

Immediate cause of death: Respiratory and Cardiac Failure
Due to: Bronchogenic Carcinoma
Due to:
Other Conditions: Cachexia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry West Hobbies M.D.
Address St. Agnes Hosp Date signed 7-20

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181a

Registered No. G42274

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution: Elmhurst Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2671 Wickens Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lena Horstman

3 (b) If veteran, name war: W
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband William Horstman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18 1864

8. AGE: Years	Months	Days	If less than one day
82	1	7	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Patient
11. Industry or business Nursing Home

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs Serani
(b) Address 2671 Wickens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/46 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul

19 JUL 22 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20th 1946 at 9:55 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1946 to July 20 1946, and that I last saw h[illegible] alive on July 20 1946

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Adv. Arteriosclerosis	
Due to	
Other Conditions Chr Nephritis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
(f) Signature Louis Gaul
Address 1700 Eutaw Pl. Date signed 7-20-46 M. D.

VS 150

(17) X

G42275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42275

Registered No. 937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street City
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jessie Garrison Knebler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	widowed

6 (b) Name of husband or wife Alfred Knebler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1861

8. AGE: Years	Months	Days	If less than one day
85	4	10	hr. min.

9. Birthplace York, Pa (Town, county, and state)
10. Usual Occupation Pianist
11. Industry or business

FATHER
12. Name Geo W. Garrison
13. Birthplace

MOTHER
14. Maiden Name Caroline ?
15. Birthplace

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley Street City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23 1946 (Month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 900 East Biddle St.

19 (a) JUL 23 1946 (Date received by Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JUL 20 1946 19 9 a.m. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from JULY 1946 to JUL 20 1946 19..., and that I last saw h[illegible] alive on JUL 16 1946

Immediate cause of death	Duration
Cerebral Hemorrhage	5 days
heart thrombosis	
Due to Chronic Hyper-tension	
Due to Myocarditis	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings: None
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following.
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edw H Hunter M. D.
Address 928 E. Monument Date signed 7/22/46

G42276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87c

G42276 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Convent of Notre Dame
(b) Street address 901 Aisquith Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10-2
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 901 Aisquith Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sr. M. Medulpha Rose Wolfe

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1898

8. AGE: Years	Months	Days	If less than one day
48	5	6	hr. min.

9. Birthplace Cumberland Md. (Town, county, and state)
10. Usual Occupation Teacher
11. Industry or business Religious

FATHER
12. Name George Wolfe
13. Birthplace Cumberland Md.

MOTHER
14. Maiden Name Alice Miltenberger
15. Birthplace Philadelphia

16 (a) Informant Sr. M. Stan. Kostka
(b) Address 901 Aisquith Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24/46 (month) (day) (year)
(c) Cemetery or crematory North Cliff
Location Glen Arm

18 (a) Funeral director Geo. M. Fritchow
(b) Address 811 N. Eutaw St.

19 (a) 22 1946 (Filed by registrar) (b) Registrar

VS 188

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1946, at 6.35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1943 to July 1946, and that I last saw her alive on July 19 1946.

Immediate cause of death Acute Congestive Heart Disease

Due to Parkinson's Syndrome

Due to following unestablished

Other Conditions 16 years ago

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. L. Kirby M. D.
Address 110 E. North Ave. Date signed 7/24/46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G42277
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 332 Rosaiter Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 332 Rosaiter Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie E. Blair

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Thomas O. Blair

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1- 1857

8. AGE: Years 89 | Months 4 | Days 20 | If less than one day: hr. min.

9. Birthplace Baltimore Co. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business Housework

FATHER
12. Name Edward Robertson
13. Birthplace Baltimore Co. Md

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant W. Daniel Blair
(b) Address 332 Rosaiter Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-1946 (month) (day) (year)

(c) Cemetery or crematory St. John's
Location Kingsville Baltimore Co. Md.

18 (a) Funeral director J. Gurney & Sons
(b) Address 1426 Light St.

19 (a) (Date of death or burial) (b) Williamsport Md.

JUL 22 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1946, at 6 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1946 to July 21 1946, and that I last saw him alive on July 20 1946.

Immediate cause of death: Myocardial failure — Duration: 3 wks.

Due to: Arteriosclerotic — 30 yrs.
Cardio-vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas L. Wardley M.D.
Address 2900 Alameda Blvd Date signed July 21, 1946

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-150

G42278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

39C

G42278
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hosp.
(c) Hospital or institution: Greene & Loudred Sts
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 day
(e) Length of stay in Baltimore (yrs., mos., or days) 3 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Ga-Anne
(c) City or town Schuylkill Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Thompson

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
F	C	

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1885

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace Schuylkill Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name James Thompson
13. Birthplace Schuylkill Md

MOTHER
14. Maiden Name Mary Thompson
15. Birthplace Schuylkill

16 (a) Informant Celeste Thompson
(b) Address Schuylkill

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24, 1946 (month) (day) (year)
(c) Cemetery or crematory Hampton Lyon
Location Schuylkill Md

18 (a) Funeral director W. E. Staudt & Son
(b) Address Galesville Md

19 (a) JUL 22 1946 (Date received by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-22-46 19 , at 8 40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-20 1946, to 7-22-1946
and that I last saw HER alive on 7-21 1946.

Immediate cause of death Pneumonia — Duration

Due to Rocky Mt. Spotted Fever

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. Dreen Coard
Address University Hosp Date signed 7-22-46

VS 150

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42279

BALTIMORE CITY HEALTH DEPARTMENT ✓ G42279 Registered No.

CERTIFICATE OF DEATH 46B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2407 W. Lombard St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 40
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2407 W. Lombard St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Frank Benjamin Heil

3 (b) If veteran, name war None | 3 (c) Social Security Account No. 709-05-7796

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife Ella C. Heil | 6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) June 1, 1883

8. AGE: Years 63 | Months 1 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (town, county, and state)

10. Usual Occupation Trucker
11. Industry or business B. & O. R. R.

FATHER 12. Name Valentine Heil
13. Birthplace Germany

MOTHER 14. Maiden Name Theresa Lauterbach
15. Birthplace Germany

16 (a) Informant Ella C. Heil
(b) Address 2407 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27, 1946 (Month) (Day) (Year)
(c) Cemetery or crematory Loudon Park Location Baltimore, Maryland

18 (a) Funeral director George L. Dehaval
(b) Address 2101 Frederick Avenue

19 (a) JUL 22 1946 (Date) (Year) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22, 1946 at 12:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1942 to July 22 1946, and that I last saw him alive on July 22 1946.

Immediate cause of death Carcinoma of Stomach — Duration 1 Yr.

Due to

Due to

Other Conditions Pernicious anaemia (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

5 P.M.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Palás M. D.
Address 41 N. Fulton Date signed 7/22.

X

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42280 BALTIMORE CITY HEALTH DEPARTMENT G42280
Registered No.

CERTIFICATE OF DEATH 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3208 Garrison Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3208 Garrison Blvd
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sadie Behrend (SADIE BEHREND)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age / years

7. Birth date of deceased (mo., day, yr.) Nov 3 1887

8. AGE: Years	Months	Days	If less than one day
58	8	18	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Manicurist

11. Industry or business

FATHER
12. Name Aaron Behrend
13. Birthplace Germany

MOTHER
14. Maiden Name Jennie Cohn
15. Birthplace Germany

16 (a) Informant Hattie Behrend
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/46 (month) (day) (year)
(c) Cemetery or crematory Sharon Memorial Park
Location Balto & Conkling Sts

18 (a) Funeral director J. Wrenn & Co
(b) Address 2402 Reisterstown Rd

19 (a) (Date received) (Registrar) Washington Williams Registrar

L 7 22 1946

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1946, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1946, to July 21 1946, and that I last saw her alive on July 21 1946.

Immediate cause of death Acute Coronary Thrombosis — Duration: 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hattie Behrend
Address 7904 Reisterstown Rd Date signed 7/22/46 M. D.

X

G42281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46a

Registered No. G42281

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 529 S. East ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 529 S. East ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Piskor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary Piskor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 3 1886

8. AGE: Years 59 Months 60 Days 11 If less than one day hr. 16 min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Piskor
13. Birthplace Poland

MOTHER
14. Maiden Name Anna Sobus
15. Birthplace Poland

16 (a) Informant Mrs Mary Piskor
(b) Address 529 S. East ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-46 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart (Cem)
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 461 S. Chester Street

19 (a) Date filed July 23 1946 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1946, at 9:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1946, to July 19 1946, and that I last saw him alive on July 18 1946.

Immediate cause of death
Carcinoma of Lower 1/3 Esophagus + cardiac end of Stomach — Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None.

Major findings of operations:

of autopsy: None

Duration
1-15-46

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. A. Schumacher M. D.
Address 942 S. East Ave Date signed 7-20-46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G12282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. G12282

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 422 N. Gilmor (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter E Hayes Jr.

3 (b) If veteran, name war WW-2

3 (c) Social Security Account No. 260-03-5436

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 6 1922

8. AGE: Years	Months	Days	If less than one day
23	9	13	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

MOTHER / FATHER

12. Name Walter Hayes Jr

13. Birthplace Md

MOTHER

14. Maiden Name Louella Clark

15. Birthplace Va

16 (a) Informant Louella Clark

(b) Address 3287 Belmont St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 23 46 (month) (day) (year)

(c) Cemetery or crematory

Location Americus Ga

18 (a) Funeral director Isaiah L Brown Jr

(b) Address 1080 Montgomery St

19 JUL 23 1946 (Date received by Local Registrar) Huntington Williams M.D. (Signature of Local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1946 at 10:49 a.m.

21. I certify that I took charge of the remains described above, held an formal autopsy / inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Ruptured Liver, Diaphragmatic hernia.

Due to

Other Conditions Evisceration; Hemoperitoneum.

(Including pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:

(a) Date of injury 7-18-46 at 9:25 a.m.

(b) Where did injury occur? Bethlehem - Fairfield Shipyard

(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? Yes

(d) Means of injury Fell 35' to concrete

23. Signature Howard J. Greene M.D. Medical Examiner.

Date signed 7-19-46

VS 151

X

G12283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170c

Registered No. G12283

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore - Furnace Station
(If outside city or town limits, write RURAL and give town)
(d) Street No. 313 - Tompkins Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bella Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1912

8. AGE: Years	Months	Days	If less than one day: hr.	min.
34				

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Payton
13. Birthplace N.C.

MOTHER
14. Maiden Name Rosalee Gilbert
15. Birthplace N.C.

16. (a) Informant Lambert Coleman
(b) Address 313 Tompkins Court

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23 46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A A Co Md

18 (a) Funeral director Isaiah L Brown Sons
(b) Address 108 W Montgomery St

JUL 23 1946 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1946 at 12:39 AM

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractured Skull
Ruptured Liver

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/19/46 at Balto. 4 P. M.
(b) Where did injury occur? Derry Lane & Breckenridge
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Fell off motor scooter - in motion

23. Signature Howard J. Mercer M.D.
Medical Examiner.
Date signed 7/20/46

VS 151

G42284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G42284

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1422 Hollins Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1422 Hollins St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John A. Noll

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NO

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sarah M. Noll
6 (c) If alive, give age 82 years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1864

8. AGE: Years	Months	Days	If less than one day
81 82	7	25	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John A. Noll
13. Birthplace Germany

MOTHER
14. Maiden Name Martha ?
15. Birthplace Germany

16 (a) Informant Mrs. Geo. L. Prince
(b) Address 2401 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/46 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director Geo. W. Little
(b) Address 2700 Edmondson Ave.
(c) JUL 23 1946 Huntington Williams Md.
(Date received by Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/21 1946 8:15AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 43 to July 21 19 46 and that I last saw h[illegible] alive on July 20 19 46

Immediate cause of death Arteriosclerotic Cardiac - Vascular Disease — Duration ?

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Shankel
Address 2302 Edmondson Ave Date signed 7/22/46 M. D.

VS 150

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42285 BC# 150457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G42285

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 625 Biddle St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy "C" Jones

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-2-46

8. AGE: Years	Months	Days	If less than one day
		11	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Jones
13. Birthplace

MOTHER
14. Maiden Name Matte
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School JUL 16 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 (Date received by Registrar) JUL 23 1946 (Signature of Registrar) Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1946 at 6:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1946 to July 13 1946 and that I last saw he alive on July 13 1946.

Immediate cause of death	Duration
Aspiration pneumonia	8 hours
Due to Prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert J. Sheldon
Address Date signed 7/13/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

3661

X

G42286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G42286 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1520 Clifton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph P. H. Richardson Sr.
3 (b) If veteran, name war
(c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife Norma F
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 25 1872

8. AGE: Years	Months	Days	If less than one day
73 73	10	26	hr. min.

9. Birthplace Caroline Co Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Wilhom C Richardson
13. Birthplace Md

MOTHER
14. Maiden Name Anna L Ashman
15. Birthplace Md

16 (a) Informant Joseph P H Richardson Jr
(b) Address 4704 Harford Rd
17 (a) Interment (b) Date thereof 7/24/46 (month) (day) (year)
(burial, cremation, or removal)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md
18 (a) Funeral director Wilhom Cook Co
(b) Address 1217 E Fort Ave
19 (a) JUL 23 1946 (b) Huntington Williams, M.D.
(Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1946, at 4 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mullis M.D.
Medical Examiner.
Date signed 7/22/46

VS 151

G42287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G42287

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 806 N. Bradford Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 806 N. Bradford street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNA M. PRODEY

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Emil

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1864

8. AGE: Years 81 | Months 10 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Own Home

FATHER
12. Name (Unknown) P
13. Birthplace Unknown

MOTHER
14. Maiden Name Caroline Pottkiser
15. Birthplace Unknown

16 (a) Informant Harry Prodey
(b) Address 3609 Hollins Ferry Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Maryland

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul Street

19 (a) 7-22-1946 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-21 1946 7A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-16-1946 to 7-21-1946; and that I last saw h[illegible] alive on 7-21-1946

Immediate cause of death

Due to Pneumonia

Due to Cardiac Decomp

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration: day

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ? at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Address [illegible] Date signed 7-22-46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G42288

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1707 Rosedale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 Rosedale St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara V. Hesse

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John B. Hesse

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19, ~~1880~~ 1886

8. AGE: Years 79 (59) | Months 9 | Days 2 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Reider
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Elizabeth Weigeal
15. Birthplace Unknown

16 (a) Informant Mr. Wilmer P. Hesse
(b) Address 1707 Rosedale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Ave.

19 (a) JUL 23 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION 23

20. DATE OF DEATH July 22nd 1946, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 1946, to July 22 1946 and that I last saw her alive on July 21 1946.

	Duration
Immediate cause of death: Cerebral Apoplexy.	8 days
Due to: Arteriosclerosis	several yrs
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. Jarrison and Lord M. D.
Address 2200 Garrison Blvd Date signed 7/24/46

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

G42289 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1917 W. Mulberry St.
(c) Hospital or institution:

20

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1917 W. Mulberry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret (Maggie) Williams

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife June? 22, 1871

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 1871

8. AGE: Years 75 | Months 0 | Days 28 | If less than one day: hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Martha Washington Candy Co

FATHER
12. Name George Westenberger
13. Birthplace Baltimore

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. John L. Savage, Sr.
(b) Address 4320 Kelway Road 18

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pa. Aves.

19 (a) [illegible] 23 1946 Huntington Williams, M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20, 1946, at 7 25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1946 to July 20 1946, and that I last saw h[illegible] alive on July 19 1946.

Immediate cause of death: Arteriosclerosis, cerebral — Duration: 2 wks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Gilbert E. Rudman, M.D.
Address 2517 W. Baltimore St Date signed 7/22/46

VS 190

X

Please write PLAINLY, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42290 Registered No.

497432. 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson. (If outside city or town limits, write RURAL and give town)
(d) Street No. 67 Seminary Court. Apt. H (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Dekker-Van-Ghyl. WILLEM DEKKER VAN GHYL

3 (b) If veteran, name war: World #2

3 (c) Social Security Account No. no

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Lucille ... Dekker Van Ghyl

6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) 6-18-94

8. AGE: Years 52 | Months 1 | Days 4 | If less than one day ... hr. ... min.

9. Birthplace Rotterdam Holland. (Town, county, and state)

10. Usual Occupation Veterinarian

11. Industry or business

FATHER
12. Name J.W. Dekker-Van-Ghyl
13. Birthplace Holland.

MOTHER
14. Maiden Name Johanna Gabel
15. Birthplace Holland

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/46 (month) (day) (year)
(c) Cemetery Parkwood
Location Baltimore Md.

18 (a) Funeral director WM. J. TICKNER & SONS INC.
(b) Address North & Pa Ave. Baltimore Md.

19 (a) JUL 23 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1946, at 5.13 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1946, to July 22 1946, and that I last saw him alive on July 22 1946.

Immediate cause of death Coronary thrombosis and myocardial infarction — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip J. Nagley M. D.
Address Johns Hopkins Hosp. Date signed 7/24/46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G42291 Registered No.

Please write plainly, with unfading ink. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 41 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1129 N. Carey St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Archie Cook

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex Male | **5. Color or race** Negro | **6 (a) Single, married, widowed, or divorced** Widowed

6 (b) Name of husband or wife Gertrude Cook
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1885

8. AGE: Years 61 | Months 0 | Days 4 | If less than one day hr. min.

9. Birthplace Dalton, Howard County, Md.
(Town, county, and state)

10. Usual Occupation Pipe layer
11. Industry or business

FATHER
12. Name William Warner Cook
13. Birthplace Dalton, Howard County, Md.

MOTHER
14. Maiden Name Matilda Bruce
15. Birthplace Montgomery County, Md

16 (a) Informant Hallie Cook
(b) Address 1616 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** July 23 1946 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St.

(c) JUL 23 1946 (Date received by registrar) **(d)** Thurlington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1946 at 1[illegible] M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19 .

Immediate cause of death Carcinoma of Larynx

Due to Hypertensive Arteriosclerotic Heart Disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Arteriosclerosis Pul. Edema

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address Provident Hosp. Date signed 7/19/46

VS 150

X

G42292

BALTIMORE CITY HEALTH DEPARTMENT

TH. 102767

CERTIFICATE OF DEATH 30E

Registered No. G42292

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 267 Colvin St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Celeste Arrington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Herman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1st 1899

8. AGE: Years 47 | Months 5 | Days 19 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Howard
13. Birthplace Maryland

MOTHER
14. Maiden Name Estelle Gibson
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 23 46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. R. Co.

18 (a) Funeral director Rayner Sanders
(b) Address 1413 E. Preston St

19 (a) 7-23-1946 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20th 19 1946 6.35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10th 46 to July 20th 46 and that I last saw h er alive on July 20th 46

Immediate cause of death: Myocardial Insufficiency — Duration 1 year

Due to: Syphilitic heart disease — Duration —

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Dr. Abrams

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Rowell Hoffman M.D.
Address Balt City Hosp Date signed 21 July 46

VS 150

G42293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G42293

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2359 - W North Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (County)
(b) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2359 - W. North Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Roland Golden

3 (b) If veteran, name war	3 (c) Social Security Account No. 218-09-8719

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mildred
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Phila Pa (Town, county, and state)
10. Usual Occupation Guard
11. Industry or business

FATHER
12. Name Richard
13. Birthplace Romania

MOTHER
14. Maiden Name Daty
15. Birthplace Romania

16 (a) Informant Mildred Golden
(b) Address 2359 W North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-46 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel
Location

18 (a) Funeral director Jack Lewis Inc
(b) Address 1609 E Balto St

19 (a) Date received JUL 23 1946 (Registrar) (b) Filed Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1946, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1945 to July 22 1946
and that I last saw him alive on July 18 1946

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Steele

Address 2314 - W North Ave Date signed 7/22/46 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42294

JL - 108981

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

Registered No. G42294

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1311 Eager St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ruth Thurston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1945

8. AGE: Years | Months: 7 | Days: 23 | If less than one day: 22 hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George
13. Birthplace Md.

MOTHER
14. Maiden Name Bertha Jones
15. Birthplace Md.

16 (a) Informant: B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof July 24 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Robert L. Crumpt
(b) Address 1216 N. Carlisle St.

19 (a) (Signature of registrar) (b) Huntington Williams, M.D.

JUL 23 1946

VS 15b

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1946, at 10:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1946, to July 20 1946 and that I last saw h. alive on July 20 1946.

Immediate cause of death: Idiopathic Congenital Cardiac Hypertrophy — Duration: Life

Due to

Due to

Other Conditions Atelectasis, lung, left

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: same as above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wilson E. Hughes, M.D.
Address Baltimore City Hospitals Date signed 7-22-46

Every item or information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

G42295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46a

Registered No. G42295

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1728 E. Madison St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Earl Ware

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace Washington D. C.
(Town, county, and state)

10. Usual Occupation Helper

11. Industry or business

FATHER 12. Name William Ware

13. Birthplace Va

MOTHER 14. Maiden Name Rosalee Baker

15. Birthplace Md

16 (a) Informant Cerelia Wilson

(b) Address 1728 E. madison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23, 46 (month) (day) (year)

(c) Cemetery or crematory Mt Calv. Cem

Location

18 (a) Funeral director Elroy O. Wilson

(b) Address 1000 Bentley ave

19 JUL 23 1946 (Date received by local registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1946, at 6:10 a. M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry)
by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Carcinoma, Esophagus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 7/20/46

VS 151

G42296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 79B

Registered No. G42296

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1409 Myrtle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julia Mason

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frank J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-?-86

8. AGE: Years 40 | Months 6 | Days | If less than one day: hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Maid

11. Industry or business

FATHER — 12. Name John Fleacher

13. Birthplace Va.

MOTHER — 14. Maiden Name Ida Grisby

15. Birthplace Va

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-46 (month) (day) (year)

(c) Cemetery or crematory Forbidden Mausoleum

Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Frances A. Fennelly

(b) Address 578 W. Biddle St

Filed 7-23-1946 (Date received by local registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1946 at 10 55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1946 to July 20 1946 and that I last saw her alive on July 20 1946

	Duration
Immediate cause of death: UREMIA	8 DAYS
Due to: ACUTE TOXIC NEPHRITIS	SAME
Due to: SULFATHIAZOLE TOXICITY (ADMINISTERED BEFORE ADMISSION)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 7-15-46

Major findings of operation: (INSERTION OF PERITONEAL LAVAGE TUBES)

of autopsy: LARGE KIDNEYS WITH HEMORRHAGE

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Maxwell Williams M. D.

Address Johns Hopkins Hospital Date signed 7-24-46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

42297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G42297

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1821 Etting Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1821 Etting Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bertha M. Cooper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4, 1877

8. AGE: Years	Months	Days	If less than one day
68	10	16	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Allen Dorsey
13. Birthplace Md.

MOTHER
14. Maiden Name Cox
15. Birthplace Md.

16 (a) Informant Mrs. Mable C. Green
(b) Address 1821 Etting Street

17 (a) Burial (b) Date thereof 7-24-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 JUL 23 1946 (b) Huntington Williams M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION P

20. DATE OF DEATH July 20, 1946 at 3:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1946 to July 20 1946 and that I last saw her alive on July 20 1946

Immediate cause of death: Pulmonary edema — Duration 48 hrs

Due to cardiac failure due to compensation — 6 wks

Due to hypertensive cardio-vascular renal disease — 6 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James D. Carr M. D.
Address 515 Mulberry St Date signed 7-22-46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G12298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G12298

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5635 Ready Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5635 Ready Avenue
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME MARY E. BITTORF

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 26, 1871

8. AGE: Years 74 yrs. | Months 9 | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Schaeffer
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant William Hartman Bittorf - son
(b) Address 404 Rosebank Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/46 (month) (day) (year)
(c) Cemetery or ~~Crematory~~ Loudon Park
Location Frederick Rd. Baltimore, Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601-05 E. Madison Street

19 JUL 23 1946 Huntington Williams, M.D.
(Date received by Registrar) D

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 46, at 5:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 46 to July 19 46, and that I last saw h[illegible] alive on July 19 46

Immediate cause of death Coronary Thrombosis — Duration [illegible]

Due to

Due to

Other Conditions Arteriosclerosis (Hypertension)
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard Hartman

Address 513 N. Milton Ave Date signed 7-23-46

VS 150

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C42299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. C42299

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address D.S.H.
(c) Hospital or institution: South Balto General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1918 Burgundy St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henry H Purper ~~Mike Porper~~

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-5465

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2, 1882

8. AGE: Years 67 | Months 5 | Days 20 | If less than one day hr. min.

9. Birthplace Balto Co. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name William Purper

13. Birthplace Balto Co.

MOTHER 14. Maiden Name Isabelle Frank

15. Birthplace Balto Co.

16 (a) Informant Lillian Johnson

(b) Address 2304 Avon St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/46 (month) (day) (year)

(c) Cemetery or crematory Balto Nat'l

Location Frederick Rd

18 (a) Funeral director Edward Lowe

(b) Address 2319 Wash Blvd

JUL 23 1946 (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/22/46 19 . at 6 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature C. J. Subinski M.D. Medical Examiner.

Date signed 7/27/46

VS 151

G42300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G42300 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Sinai Hosp.

(c) Hospital or institution: Sinai Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3456 Reisterstown Road (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah Silver

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Late Isaac

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
80			hr. min.

9. Birthplace Lith. (Town, county, and state)

10. Usual Occupation

11. Industry or business House Work

FATHER

12. Name Solomon Joffe

13. Birthplace Lith

MOTHER

14. Maiden Name Reba ?

15. Birthplace Lith.

16 (a) Informant Charles Silver

(b) Address 3456 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24, 1946 (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship Cem

Location 3600 E Baltimore St

18 (a) Funeral director Sol Levinson & Bros

(b) Address 1124-1126 W North Ave

19 JUL 23 1946 (Date rec'd by registrar) (b) Signature Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1946, at 12:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1946 to July 23 1946, and that I last saw h[illegible] alive on July 22 1946.

Immediate cause of death Cardiac Failure

Due to Myocardial Infarction

Due to Coronary Occlusion

Other Conditions Bronchopneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Huntington Rother

Address Sinai Hosp Date signed July 23/46

ROTHER

G42301 F. Hermann ✓ G42301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 938

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2100 W. Baltimore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4718 Frederick Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie E. Fehrmann.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John H. Fehrmann
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) 11/8/1892

8. AGE: Years	Months	Days	If less than one day
53	9	12.	___ hr. ___ min.

9. Birthplace Baltimore - Md.
(Town, county, and state)
10. Usual Occupation House wife
11. Industry or business At Home

FATHER
12. Name George Spittel.
13. Birthplace Maryland

MOTHER
14. Maiden Name Louise Voll
15. Birthplace Maryland

16 (a) Informant Mr. John H. Fehrmann
(b) Address 4718 Frederick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 23 July 46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Baltimore Md.

18 (a) Funeral director C. B. Shipley & Son
(b) Address 1300 Eutaw Place.

19 23 1946 (Date received by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 20 July 1946 at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1946 to July 20 1946 and that I last saw h. alive on July 20 1946.

Immediate cause of death: Pulmonary Edema — Duration 7/20/46
Due to: Hypertensive Cardio Vascular Disease — ? ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. H. Kopitzky M. D.
Address 1314 W Lombard St Date signed 7/23/46

VS 150

G42302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G42302

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 415 Orchard Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Matthews

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1905

8. AGE: Years	Months	Days	If less than one day
41			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business Bulaney-Vernay

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mary Matthews
(b) Address 415 Orchard Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Cedar Hill Md.

18 (a) Funeral director A. J. Halstead
(b) Address 918 Druid Hill Ave.

19 (a) JUL 23 1946 (Date rec'd by registrar) Registrar for Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1946, at 8:30 A M

21. I certify that I took charge of the remains described above, held an Inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Hypertensive Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R. Weirs M.D.
Medical Examiner.
Date signed 7/30/46

VS 151

C42303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. C42303

TYPE OR WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 223 S. Ann St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 223 S Ann St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leopold Dutkiewicz

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Roselie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Shoemaker

11. Industry or business

FATHER 12. Name Andrew Dutkiewicz

13. Birthplace Poland

MOTHER 14. Maiden Name Rose Pijewska

15. Birthplace Poland

16 (a) Informant Roslie

(b) Address 223 S. Ann St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24/46 (month) (day) (year)

(c) Cemetery or crematory St. Stanislaus

Location Baltimore

18 (a) Funeral director Fred W Ozazewski

(b) Address 1802 Eastern Ave.

JUL 23 1946

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1946, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1946 to July 22 1946 and that I last saw h— alive on July 21 1946

Immediate cause of death: Hemiplegia (Completed) Duration 12 days

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John V Jerzykiewicz M.D.

Address 1802 Eastern Ave. Date signed 7-22-46

VS 150

642304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170c

Registered No. 642304

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3807 Frankfort Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Otto Kahn

3 (b) If veteran, name war	3 (c) Social Security Account No.
10	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widow

6 (b) Name of husband or wife Josephine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 25, 1868

8. AGE: Years	Months	Days	If less than one day
78	2	27	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Richard E. Schneider
(b) Address 3807 Frankfort Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md
18 (a) Funeral director Wilson Sons Inc
(b) Address 1214 E Pond St
19 JUL 23 1946 Registrar for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1946, at 8 50 A.M. P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Bronchopneumonia

Due to Fractured pelvis

Other Conditions Multiple contusions bruises & brush burns
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/14/46 at 2 P.M. 8 30 P.M.
(b) Where did injury occur? Frankfort ave - Hillsboro
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Struck by auto

23. Signature Howard J. Davis M.D. Medical Examiner.
Date signed 7/23/46

VS 151

G42305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G42305

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 1732 E. 28th St
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1732 E. 28th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Schuman) (William Schuman)

3 (b) If veteran, name war: no

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Schuman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 22, 1875

8. AGE: Years 71 | Months 6 | Days 0 | If less than one day hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation: R.R. Yardman, Ret.

11. Industry or business: Penna. R.R.

FATHER
12. Name: Frederick Schuman
13. Birthplace: Germany

MOTHER
14. Maiden Name: Cristiene Schulten
15. Birthplace: Germany

16 (a) Informant: Mr. Harry Schuman - son
(b) Address: 1732 E. 28th. Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-46 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cemetery
Location: Baltimore, Maryland

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY

19 (a) JUL 23 1946 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1946 at 9 30 a.M.

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH: Coronary Occlusion and Pneumonia

Due to:

Other Conditions: Ruptured intraventricular septum.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mueller M.D. Medical Examiner.
Date signed

VS 151

G42308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G42306

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1925 W. Fayette St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1925 W. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John W. Kerr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife Rose A. Kerr
nee Stembler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1886

8. AGE: Years	Months	Days	If less than one day
60	1	10	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Bartender
11. Industry or business

FATHER
12. Name Edward Kerr
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Healy
15. Birthplace Ireland

16 (a) Informant Mrs. Rose A. Kerr
(b) Address 1925 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location 2930 Frederick Road

18 (a) Funeral director Harry H. Whitelee
(b) Address 410 Edmondson Ave

19 (a) Date received (by registrar) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22/46 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 43 19 to July 22 1946 and that I last saw h alive on July 21 1946

Immediate cause of death
Acute cardiac dilatation — Duration 2 days

Due to Chronic Bronchitis

Due to chronic myocarditis
Hypotension. — 8 yrs

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 47 Fallon Date signed

X

G42307 G42307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Little Sisters of the Poor
(c) Hospital or institution: 1200 Valley State City
Little Sisters

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 85 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 60 S Caloraine Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Fannie R Chairs

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1861

8. AGE: Years	Months	Days	If less than one day
84	7	24	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Franklin Chairs
13. Birthplace Md

MOTHER
14. Maiden Name Mary Walker
15. Birthplace Md

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley State City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25 / 46 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Rd. a.a. Co. Md.

18 (a) Funeral director Harry H. Smith
(b) Address 4101 E Monument Ave

JUL 23 1946 (b) [illegible] Registrar
(Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 / 46 19 , at 12 30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1946 to July 22 1946 and that I last saw her alive on July 1 1946.

Immediate cause of death	Duration
Decubitus	
Bronchopneumonia	
Due to Chronic Hypertension	17 days
Due to Myocarditis	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. H. Decker M. D.
Address 628 E. North Ave Date signed 7/23/46

G42308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. G42308

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3604 Duvall Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3604 Duvall Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Ann Burley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Charles H. Burley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 25 1854

8. AGE: Years	Months	Days	If less than one day
91.	8.	26.	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Home Duties
11. Industry or business

FATHER
12. Name Cyrus Gault.
13. Birthplace Bow New Hampshire

MOTHER
14. Maiden Name Margaret Ann Atkinson
15. Birthplace Baltimore Md

16 (a) Informant Mr. Chas. H Curley Jr
(b) Address Pequanock. New Jersey

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25 1946 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md

18 (a) Funeral director Francis C. Lefer
(b) Address 1600 W. North Ave

19 (a) JUL 23 1946 (Signature and title) Lefer Funeral Home, Inc. Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1946 at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-12 - 1946 to 7-21 - 1946 and that I last saw her alive on 7-20 - 1946

Immediate cause of death	Duration
Bronchopneumonia Contributed	
Due to Fracture of neck of Femur	
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 15/8
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 7-12-46 at 7 A.M.
(c) Where did injury occur? 3604 Duvall Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Slipped & Fell to floor

23. Signature A. H. Lemmon M.D.
Address 4209 Hurd Ave Date signed 7/23/46

VS 150

Howard J. Mazzeo, M.D.

G42309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42309 Registered No.

1 31a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Filbin & Caton Aves
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 1229 Light St Rear
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Clara Kohlepp

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Georgian Kohlepp
6 (c) If dead, give age years

7. Birth date of deceased (mo., day, yr.) Dec 27 - 1892

8. AGE: Years	Months	Days	If less than one day
53	6	23	hr. min.

9. Birthplace Maryland (State, county, and state)
10. Usual Occupation Poultry Dresser
11. Industry or business —

FATHER
12. Name Benjamin Kohlepp
13. Birthplace Md.

MOTHER
14. Maiden Name Bertha Holle
15. Birthplace Md.

16 (a) Informant Wife (Benjamin Kohlepp)
(b) Address 1229 Light St Rear

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-46 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto Md

18 (a) Funeral director Geo. L. Boyer Jr.
(b) Address 1512 Harlem Ave

19 (a) JUL 23 1946 (b) Washington Nathaniel Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1946, at 1:03 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/13 1946 to 7/20 1946 and that I last saw him alive on 7/20 1946

Immediate cause of death
Cardiac & Respiratory Failure
Due to Acute cardiac dilatation
Due to Hypertensive cardio-vascular renal disease
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Wirt Hollyes M.D.
Address St Agnes Hosp Date signed 7/20

VS 150

PENCIL MARKS, ERASURES, OR PAINT, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Egbert Mortimer
2706 St. Paul Street

G42310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42310 Registered No.

$3.00

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5403 Tramore Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5403 Tramore Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah E. Boyle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife William J. Boyle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1858

8. AGE: Years	Months	Days	If less than one day
87	8	16	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name George Giepe
13. Birthplace Pa.

MOTHER
14. Maiden Name Elizabeth Lyons
15. Birthplace ?

16 (a) Informant Mrs. J. Milton Reynolds
(b) Address 5403 Tramore Road, -14-

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-46 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road. 14

19 (a) Huntington Williams, M.D.
Name to be signed by registrar

JUL 23 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21st, 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1946 to July 4 1946.
and that I last saw alive on July 20 1946.

Immediate cause of death
Cerebral Thrombosis — Duration 2 weeks

Due to
arteriosclerosis — 2 years

Due to
old age.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Egbert H. Mortimer Jr. M. D.
Address 2706 St Paul st Date signed 7/24/46

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

C42311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Register No. C42311

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1208 Maryland (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rita Kay Cool

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-5-35

8. AGE: Years 10 | Months 7 | Days 17 | If less than one day hr. min. 11

9. Birthplace W. Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Cool
13. Birthplace W. Va.

MOTHER
14. Maiden Name Jeanette Fanning
15. Birthplace W. Va.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-26-46 (month) (day) (year)
(c) Cemetery or crematory DIANA.
Location DIANA. W. Va.

18 (a) Funeral director John O. Mitchell & Son
(b) Address 1900 Eutaw Pl.

19 (a) JUL 23 1946 (Delivered by registrar) (b) Washington, Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1946, at 6 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1946, to July 22 1946 and that I last saw him alive on July 22 1946.

Immediate cause of death: pulmonary edema
cardiac failure
Due to: acute myocarditis
Due to: acute rheumatic fever
Other Conditions

Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George L Palmer
Address Johns Hopkins Hosp. Date signed 7-25-46

VS 150

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

G42312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. G42312

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: MARYLAND GENERAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Essex (If outside city or town limits, write RURAL and give town)
(d) Street No. 505 Riverside Dr. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT HARRY BARBAKOS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 1 - 1945

8. AGE: Years | Months | Days: 2 | If less than one day: hr. min.

9. Birthplace Dundalk, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

MOTHER / FATHER

12. Name Louis Barbakos

13. Birthplace Phila. Pa.

14. Maiden Name Ella Lyons.

15. Birthplace Pleasantville N. J.

16 (a) Informant Mr. Louis Barbakos.

(b) Address 505 Riverside Dr.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/46 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn.

Location Eastern Ave. Rd.

18 (a) Funeral director John D Connelly.

(b) Address 718 Eastern Ave. Essex 21

19 (a) [illegible] (b) Huntington Williams, Pa

JUL 24 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/22 1946, at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/21 1946 to 7/22 1946, and that I last saw H IM alive on 7/21 1946.

Immediate cause of death LOBAR PNEUMONIA (RIGHT) — Duration: 1/2 DAY

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charles W. Stewart, Jr. M. D.

Address MD. GEN. HOSP. Date signed 7/22/46

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G42313 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rayner & Dukeland
(c) Hospital or institution: Mer't Baltimore Gen Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5208 Cuthbert Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kathryn LaMott KATHRYN R. La MOTTE

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband: Francis J. LaMotte

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 21, 1886

8. AGE: Years 59 Months 10 Days 2 If less than one day hr. min.

9. Birthplace Clearfield Co. Pa (Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER
12. Name Peter Rodgers
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. Francis E. LaMotte
(b) Address 1612 Rickenbacker Rd.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/24/46 (month) (day) (year)
(c) Cemetery Houtzdale Pa
Location Same

18 (a) Funeral director WM. J. TICKNER & SON INC.
(b) Address North & Pa Aves. Balto. Md.

19 JUL 24 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 23 July 1946, at 6:05 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 1 July 1946 to 23 July 1946 and that I last saw h[illegible] alive on 23 July 46.

Immediate cause of death: Cardio Resp. Failure — Duration

Due to: Cerebral Thrombosis & Congestive Heart Failure

Due to: Hypertensive Art. C.V. Dis

Other Conditions: Bronchopneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leslie A Peele M. D.
Address Mer't Balto Gen Hosp Date signed 7/23/46

VS 180

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C42314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

Registered No. C42314

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2703 Strathmore Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Constance McNab

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife James McNab
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1864

8. AGE: Years	Months	Days	If less than one day
81	8	5	hr. min.

9. Birthplace Richmond Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Holloway
13. Birthplace Richmond, Va.

MOTHER
14. Maiden Name Virginia Gordon
15. Birthplace Richmond, Va.

16 (a) Informant Mr. William Holloway, Sr.
(b) Address 2707 Strathmore Rve.

17 (a) Burial (b) Date thereof 7/24/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Teikner & Sons Inc
(b) Address North & Pa. Aves.

19 (a) JUL 24 1946 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21, 1946, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1946, to July 21 1946 and that I last saw h[illegible] alive on July 20 1946.

Immediate cause of death Chronic myocarditis — Duration 5 years

Due to

Due to

Other Conditions Chronic bronchitis — 3 years
Hypertension
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 5706 Rayford Rd Date signed 7-22-46

VS 180

PLEASE PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42315 Registered No.

PRINT IN WHITE PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 552 Wilson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 552 Wilson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida B Hunter.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race Col.

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife William

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2-22-1885

8. AGE Years 61 | Months 5 | Days — | If less than one day hr. min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual Occupation Hshse Wife

11. Industry or business

FATHER
12. Name Owen Hall
13. Birthplace Md

MOTHER
14. Maiden Name Anna M. Gwynn
15. Birthplace Md

16 (a) Informant Wm A Hunter
(b) Address 552 Wilson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 25 46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore Md

18 (a) Funeral director Gilliam a Jackson
(b) Address 916 Pierce Ave

19 (a) JUL 24 1946 (Registered by registrar) Washington Ave Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1946, at 6:35 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/19 1946 to 7/22 1946, and that I last saw h.e.r alive on 7/22 1946.

Immediate cause of death: Cerebral Hemorrhage — Duration 3 days
Due to: Hypertensive Cardio Renal Disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Franklin Phillips M.D.
Address 1543 Penna. Ave Date signed 7/23/46

VS 150

G42316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47D

G42316 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1105 Eager St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 Eager St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank M. Regan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Single

6 (b) Name of husband or wife

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) June 14 1877

8. AGE: Years	Months	Days	If less than one day
74	5	27	hr. min.

9. Birthplace Balto Md (town, county and state)
10. Usual Occupation retired
11. Industry or business Regular

FATHER
12. Name John Regan
13. Birthplace Balto Md

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Mrs. Helen Finnan
(b) Address 1105 Eager St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUL 24 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUL 24 1946 (Date rec'd by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1946 at 1 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1946 to July 10 1946 and that I last saw h[illegible] alive on July 10 1946

Immediate cause of death: Pulmonary Hemorrhage — Duration 2 days
Due to Carcinoma of Lung — 6 mos
Due to Primary
Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm J Finnigan
Address 1100 E Fayette Date signed 7/23/46

VS 8

3672

G42317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94A

Registered No. G42317

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 636 W. REDWOOD & GREENE STS.
(c) Hospital or institution:
UNIVERSITY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) UNKNOWN

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County NONE
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 636 W. MULBERRY
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

17

3 (a) FULL NAME THOMAS E. BRISCOE

3 (b) If veteran, name war	3 (c) Social Security Account No.
UNKNOWN	UNKNOWN

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	SINGLE

6 (b) Name of husband or wife NONE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) UNKNOWN

8. AGE: Years	Months	Days	If less than one day
67	—	—	hr. min.

9. Birthplace UNKNOWN
(Town, county, and state)
10. Usual Occupation STALL HELPER
11. Industry or business STABLE

FATHER
12. Name UNKNOWN
13. Birthplace

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUL 24 1946
18 (a) Funeral director Commissioner of Health
(b) Address
19 JUL 24 1946 (Date rec'd by registrar) Hastings H. Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1946, at 7:40 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 6:30 PM 7-1946, to 7:40 PM 7-11 1946, and that I last saw him alive on 7-11 1946.

Immediate cause of death	Duration
CORONARY OCCLUSION	
Due to	
Due to	
Other Conditions ASTHMA	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Joseph B. Workman M. D.
Address University Hosp. Date signed 7-19-46

VS 150

F3673

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1220

G42318 Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1900 N. Caroline St.
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3509 Northern Parkway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HANNAH FITZGERALD

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	SINGLE

6 (b) Name of husband or wife —

6 (c) If alive, give age ~~64~~ years

7. Birth date of deceased (mo., day, yr.) 3-17-82

8. AGE: Years	Months	Days	If less than one day
64	4	6	hr. min.

9. Birthplace IRELAND (Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER
12. Name John Fitzgerald
13. Birthplace Ireland

MOTHER
14. Maiden Name Hannah Fitzgerald
15. Birthplace Ireland

16 (a) Informant Mrs Mae E. Henderson
(b) Address 3509 Northern Parkway

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 7/26/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location 4300 Old Frederick Rd.

18 (a) Funeral director John F. Cuppa & Son
(b) Address 918-20 Hollins St.

19 JUL 24 1946 (Date filed by Registrar) (Signature of Registrar) for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 23 July 1946 at 11 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 21 July 1946 to 23 July 1946 and that I last saw her alive on 23 July 1946.

Immediate cause of death Circulatory failure — Duration

Due to gangrene of small intestine

Due to strangulated right femoral hernia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 7-22-46

Major findings of operation: Strangulated femoral hernia with gangrene of bowel

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature X J. Hayes M. D.
Address Date signed 7/23/46

VS 150

G42319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

832 ✓

Registered No. G42319

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1012 E. Hoffman Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) 55Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 E. Hoffman Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Delia A. Roberts

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ruthford Ray Roberts
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) March 16, 1883

8. AGE: Years 63 | Months 4 | Days 6 | If less than one day ####### min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John O'Connell
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret O'Connell
15. Birthplace Ireland

16 (a) Informant Ruthford R. Roberts (Husband)
(b) Address 1012 E. Hoffman Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/46 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Avenue

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) JUL 24 1946 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22nd., 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 8 July 1946 to 22 July 1946, and that I last saw h[er] alive on 21 July 1946.

Immediate cause of death: Cerebral hemorrhage — Duration: 2 weeks
Due to: Hypertension — 15 years
Due to: Arteriosclerosis — ?
Other Conditions: Hemiplegia from former hemorrhage
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature Samuel Lalenger M. D.
Address 714 E. Preston Date signed 23 July 46

X

...correct age is especially important. Physicians: please write the causes of death clearly and legibly.

642320

BALTIMORE CITY HEALTH DEPARTMENT — SS, Brocady — Registered 1862 642320

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution U.S. Marine Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State New York
(c) City or town Do (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Norway

3 (a) FULL NAME Erling Gellein [redacted] (27)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1921

8. AGE: Years	Months	Days	If less than one day
25			hr. min.

9. Birthplace NORWAY (Town, county, and state)

10. Usual Occupation MOTORMAN

11. Industry or business G.S. MOTORTANKER BRACOLA

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Cremation (b) Date thereof 7/24/46 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory GREEN MOUNT
Location BALTIMORE MD

18 (a) Funeral director Gilbert Funeral Co
(b) Address 1219 E Fort Ave

19 Date received by local registrar 7/24/1946 (Signature of local registrar) Huntington Williams M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1946, at 12:59 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to ~~his~~ death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fracture Skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause ~~was primary~~ ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/21/46 at 2:30 P.M. 25/6
(b) Where did injury occur? 110 Key Highway - Pier 6
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Fell to dock

23. Signature Howard J. Madden M.D. Medical Examiner
Date signed 7/22/46

(over)

G42321

497317

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G42321

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1315 May St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Joseph

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-11-95

8. AGE: Years 50 | Months 8 | Days 10 | If less than one day hr. min.

9. Birthplace N. Co. (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER

12. Name ? ?

13. Birthplace N. Co.

14. Maiden Name Florence Williams

15. Birthplace N. Co.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/46 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy O Wilson

(b) Address 1000 Bloomfield ave

19 (JUL 24 1946) (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

D

20. DATE OF DEATH July 21 1946, at 8:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1946 to July 21 1946, and that I last saw him alive on July 21 1946

Immediate cause of death: PULMONARY INFARCTION — Duration: MINUTES

Due to: HYPERTENSIVE CARDIO-VASCULAR DISEASE — YEARS

Due to:

Other Conditions: MYOMATA OF UTERUS

(Include pregnancy within 3 months of death)

Date of operation: AUTOPSY

Major findings of operation: LARGE HEART LIVER AND SPLEEN

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maxwell Williams M.D.
Address Johns Hopkins Hospital Date signed 7-22-46

VS 150

*Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

642322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. 642322

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 18 N. Bruce st

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 y

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 18 N. Bruce st (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James E. Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elizabeth Robinson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1876

8. AGE: Years 69 70 | Months 11 | Days 5 | If less than one day hr. min.

9. Birthplace West moreland Co. Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Newton Robinson

13. Birthplace Va

MOTHER

14. Maiden Name Mary ?

15. Birthplace

16 (a) Informant Mary E. Robinson

(b) Address 18 N. Bruce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/46 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy O Wilson

(b) Address 1100 Brantly ave

19 JUL 24 1946 (Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1946 at 7 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1946 to July 20 1946 and that I last saw h[illegible] alive on July 20 1946.

Immediate cause of death Uremia

Duration 1 week

Due to Hypertension Cardiovascular Renal Disease

Due to

Other Conditions Hypertrophy of Prostate

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. W. Nesbitt M.D.

Address 714 N. Gilmor Date signed 7/23/46

VS 150

C42323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55 D

Registered No. C42323

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5219 Eastern Ave.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5219 Eastern Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lee Alexander Urban

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Rose L. Urban
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18, 1895

8. AGE: Years	Months	Days	If less than one day
51	0	4	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business

FATHER
12. Name Adam Urban
13. Birthplace Italy

MOTHER
14. Maiden Name Katherine Conn
15. Birthplace Italy

16 (a) Informant Mrs. Rose Urban
(b) Address 5219 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/46 (month) (day) (year)
(c) Cemetery or crematory Second Unit of Mary
Location Germany Hill Road.

18 (a) Funeral director John J. Linder
(b) Address 19 Fellows St.

JUL 24 1946

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1946, at 10:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 20 1945 to July 22 1946 and that I last saw him alive on July 22 1946.

Immediate cause of death Carcinomatosis —

Due to Carcinoma of right hip —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

Duration 12/20/45

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — — —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature Louis F. Krumen M.D.
Address 722 N. Kenwood Ave. Date signed July 23 1946

VS 180

G42324 CWK-50024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. G42324

The following WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 78- 11- 0- 5- 6-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore B. C. Hosp.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Chase Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henrietta Grob

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Joseph Grob
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 22-1867

8. AGE: Years	Months	Days	If less than one day
78	11	0	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Nathan Wolf
13. Birthplace ?

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Maryland

16 (a) Informant Records-Balto. City Hospitals
(b) Address 4940 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-46 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location paltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 July 24 1946 (Huntington Williams M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 19 46 at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 17 19 38 to July 22 19 46, and that I last saw her alive on July 22 19 46.

Immediate cause of death	Duration
Cerebral Embolism	
Due to Arteriosclerotic cardiovascular disease	
Due to	
Other Conditions Carcinoma of Pancreas	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Baltimore City Hosp. Date signed July 24 1946

VS 150

G42325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940

G42325 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1257 N. Bentalou St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1257 N. Bentalou St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LEWIS HOWSER McCREARY

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elizabeth M. McCreary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1887

8. AGE: Years 58 | Months 10 | Days 14 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Bank Clerk
11. Industry or business

FATHER
12. Name John McCreary
13. Birthplace West. Va.

MOTHER
14. Maiden Name Mary Howser
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Mary Howser
(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25, 1946 (month) (day) (year)
(c) Cemetery Loudon Park
Location Baltimore Md.

18 (a) Funeral director W. J. TICKNER & SONS INC.
(b) Address North & Pe... Balto Md.

19 (a) Kathryn Williams, M.D. Registrar
(Date rec'd by Registrar) 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 19 46 8:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1946 to July 22 1946 and that I last saw h[illegible] alive on July 21 1946.

Immediate cause of death: Coronary Thrombosis — Duration: 15 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm R. Johnson M. D.
Address 403 Medical Arts Bldg Date signed 7-23-46

X

(Typewrite or print PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.)

G42326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. G42326

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution: 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1527 Linden Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Andrew J. Barrett

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Alberta Barrett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 17, 1867

8. AGE: Years 79 | Months 6 | Days 4 | If less than one day: hr. min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)

10. Usual Occupation Retired Motorman

11. Industry or business Balto. Transit Co.

FATHER
12. Name Edward Barrett
13. Birthplace Fork - Balto. Co. Md.

MOTHER
14. Maiden Name Elizabeth William
15. Birthplace Fork & Balto. Co. Md.

16 (a) Informant Mrs. Agnes N. Sneeringer
(b) Address 623 St. Dunstans Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/46 (month) (day) (year)
(c) Cemetery or crematory St. Johns Episcopal
Location Kingsville, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Ave.

1946 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION 15

20. DATE OF DEATH July 21, 1946, at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1946, to July 21, 1946 and that I last saw [illegible] alive on July 21 1946

Immediate cause of death: Cerebral Hemorrhage — Duration 72 hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Sneeringer M. D.
Address 402 E. Lanvale St. Date signed 7-23-46

VS 150

G42327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

G42327
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 90 N. Wolfe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) born

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 90 N. Wolfe St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Barborka

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Emma Barborka
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 16, 1860

8. AGE: Years	Months	Days	If less than one day
85	7	6	hr. min.

9. Birthplace Bohemia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Municipal

FATHER
12. Name Matey Plzbonka
13. Birthplace Bohemia

MOTHER
14. Maiden Name Barbara Nomolka
15. Birthplace Bohemia

16 (a) Informant Anthony Barborka
(b) Address 90 N. Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-46 (month) (day) (year)
(c) Cemetery or crematory Oakhill
Location Bello Md

18 (a) Funeral director Frank Brachman
(b) Address 900 N Eutaw

19 JUL 24 1946 (Date rec'd by registrar) Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1946, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1946 to July 22 1946 and that I last saw [illegible] alive on July 22 1946.

Immediate cause of death Chronic Cause — Duration 7/1946

Due to Chr. Nephritis — 1/1/45

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Rosenau M. D.
Address 801 N. Kenwood Ave Date signed 7/22/46

VS 150

103777
642328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

642328 13B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 101N. Janney St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Addison Little

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Div.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 2, 1888

8. AGE: Years 57 | Months 10 | Days 21 | If less than one day hr. min.

9. Birthplace Md. Balto
(If not in U.S.A., give country and state)

10. Usual Occupation Plumber

11. Industry or business Self

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/46 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Ritchie Highway

18 (a) Funeral director Tilly & Reiter Inc.
(b) Address 403 S. Belle Street

19 (a) July 24 1946 (Date received by local registrar) Huntington Williams, M. D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23, 1946 19 , at 1:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1946 to July 23 1946, and that I last saw him alive on July 23 1946

Immediate cause of death: Pulmonary tuberculosis bilateral, far advanced — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard D. Joe Williams M. D.
City Hospital Date signed 7/25/46

FOREIGN WORDS, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered G42329

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1338 N. Monak.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1338 N. Monak (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lillie Wynona Lyle

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C.	S.

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March-30-1930

8. AGE: Years	Months	Days	If less than one day
16	3	23	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Edward Augusta Lyle
13. Birthplace Baltimore. Md.

MOTHER
14. Maiden Name Eloia Morris
15. Birthplace North Carolina

16 (a) Informant Eloia Lyle.
(b) Address 1338 N. Mount st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/46 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem Park
Location Baltimore, Maryland

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 E. Jefferson st.

19 (a) JUL 24 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1946, at 1.05 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from June 10 1933 to July 22 1946 and that I last saw h alive on July 22 1946

Immediate cause of death Pulmonary Phthisis

Duration
3
3 hr

Due to PHTHSIS

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 1 [illegible] Date signed 7/24/46 M. D.

VS 150

G42330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 115

Registered No. G42330

The Correct age is especially important. Physicians: please write the causes of death clearly and legibly. ENTRIES MUST BE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division ST
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1100 Whitelock ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Sifford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: N

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-7-39

8. AGE: Years 7 | Months 3 4 | Days 10 13 | If less than one day hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name John S. Sifford
13. Birthplace Charlotte, N.C.

MOTHER
14. Maiden Name Catherine Hurd
15. Birthplace Baltimore, Md.

16 (a) Informant Catherine Sifford
(b) Address 1100 Whitelock St

17 (a) Burial (b) Date thereof July 24, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co. Md.

18 (a) Funeral director Mc. Lyn. H. Stallings
(b) Address 1601 Druid Hill Ave

19 (a) 7-24-1946 (b) Received by registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20 1946, at 1 55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-18 1946 to 7-20 1946, and that I last saw h[illegible] alive on 7-20 1946.

Immediate cause of death: Thymus Staticus Lymphaticus — Duration

Due to Enlarged Thymus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 7-20-46

Major findings of operation: Enlarged Tonsils

of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Hogging M. D.
Address Provident Hosp. Date signed 7-20-46

VS 150

G42331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 940

G42331 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8327 Philadelphia Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Paul J. Collins

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-16-5867

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/4/1906

8. AGE: Years 39 40 | Months 9 10 | Days 18 | If less than one day hr. min.

9. Birthplace Missouri (Town, county, and state)

10. Usual Occupation Chauffeur, Salesman

11. Industry or business Federal Yeast Corp.

FATHER
12. Name Jester Collins
13. Birthplace Kan.

MOTHER
14. Maiden Name Mable Harding
15. Birthplace Kan.

16 (a) Informant Ida Collins
(b) Address 8337 Philadelphia Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 1946 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Taylor Ave.

18 (a) Funeral director John A. Moran
(b) Address 3000 E. Baltimore St.

19 (a) Date received JUL 24 1946 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1946, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/22/46 to 7/22/46 and that I last saw h i alive on 7/22/46.

Immediate cause of death Cardiac failure

Due to Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. M. Feeney M. D.
Address St. Joseph Hosp. Date signed 7/24/46

Registrar

VS 150

(over)

Dr. Grott

G42332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48Q

Registered No. G42332

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3209 Northern Parkway
(c) Hospital or institution: 71
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3209 Northern Parkway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Phoebe Elizabeth Denton

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Howard L. Denton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 30, 1862

8. AGE: Years	Months	Days	If less than one day
84	2	24	hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Charles Weeks
13. Birthplace New York

MOTHER
14. Maiden Name Phoebe Mollineaux
15. Birthplace New York

16 (a) Informant Mrs. Edna V. Potter
(b) Address 3209 Northern Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/ /46 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road -14

19 (a) Filed JUL 24 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24th, 1946 at 10 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1946 to July 24 1946 and that I last saw h.. alive on July 24, 1946.

Immediate cause of death

Due to Generalized carcinomatosis

Due to Carcinoma of ovary

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration
1 Yr 6 Mo

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold A. Grott M. D.
Address 6100 Harford Rd Date signed 7/24/46

PRESS WHITE PLATES, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G42333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G42333 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madeira Ave
(c) Hospital or institution Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3224 Dudley Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Theodore A. Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Florence Virginia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1871

8. AGE: Years	Months	Days	If less than one day
74	8	17	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Western Union

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mrs. Marie Walter
(b) Address 3227 Dudley Avenue

17 (a) Burial (b) Date thereof 7/26/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 3805 Harford Road-14

19 (a) JUL 24 1946 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23rd 1946 at 5 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1946 to July 23 1946. and that I last saw him alive on July 23 1946.

Immediate cause of death
Auricular fibrillation
Due to C. V. Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
21 hr.

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. C. Gonzalez M.D.
Address Maryland General Hospital Date signed 7/23/46

VS 150

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10 8 ✓

Registered No. G42334

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3299 W. Biddle St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 ✓
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3299 W. Biddle St
(If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Florence West Ringgold

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col.	Widow

6 (b) Name of husband or wife Isaac Ringgold
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18, 1894

8. AGE: Years	Months	Days	If less than one day
52	-	10	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Thomas H. West
13. Birthplace Annapolis Md.

MOTHER
14. Maiden Name Sarah J. Gross
15. Birthplace St. Mary's Co. Md

16 (a) Informant Sophie F. Flemming
(b) Address 623 N. Carrollton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 1946 (month) (day) (year)
(c) Cemetery or crematory W. Arlington Cem
Location

18 (a) Funeral director Mrs. Katie B. Williams
(b) Address 922 N. Eutaw St.

19 (a) JUL 24 1946 (Registrar's signature) Thurlington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1946, at 2:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1946 to July 20 1946.
and that I last saw her alive on July 19 1946.

Immediate cause of death Lobar Pneumonia — Duration 9 dys

Due to

Due to

Other Conditions Bronchitis — Duration 9 dys
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. C. Pelteakian M. D.
Address 847 Hamilton Ter Date signed July 24 1946

VS 150

G42335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G42335 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1423 McCulloh St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1423 McCulloh St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosa Pollard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col.	Widow

6 (b) Name of husband or wife William Pollard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 1877

8. AGE: Years	Months	Days	If less than one day
68	11		hr. min.

9. Birthplace Princess Anne Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Stephen Waters
13. Birthplace Princess Anne Md.

MOTHER
14. Maiden Name Ellen —
15. Birthplace Princess Anne Md

16 (a) Informant Henry Thomas
(b) Address 1423 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25 1946 (Month) (Day) (Year)
(c) Cemetery or crematory Mt Auburn Cem.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 922 N. Schroeder St.

19 (a) JUL 24 1946 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1946, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1946 to July 21 1946 and that I last saw he alive on July 19 1946.

	Duration
Immediate cause of death Coryza	
Vascular Disease	1 yr
Due to Cerebral Hemorrhage	6 mo's
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William Frey, M. D.
Address 1124 Penna Ave Date signed 7/23/46

VS 150

G42336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. G42336

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1408 N. Dallas St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1408 N. Dallas St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Sanders

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Dona Sanders

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 29-1900

8. AGE: Years: 46 | Months: 3 | Days: 24 | If less than one day: hr. min.

9. Birthplace S. C (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Steven Sanders

13. Birthplace S.C

MOTHER 14. Maiden Name Georgianna Kinley

15. Birthplace S.C

16 (a) Informant Dona Sanders

(b) Address 1408 N Dallas St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 27 46 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A-A cs

18 (a) Funeral director Rayner Sanders

(b) Address 1412 E. Preston St

19 (a) Date received JUL 24 1946 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-22- 1946 at 6.9 A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/10 1946 to 7/22 1946 and that I last saw h[illegible] alive on 7/22 1946.

Immediate cause of death: Uremia Secondary to [illegible] Duration 12 days, 3 mos.

Due to [illegible]

Due to Indefinite

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jas. R. Blake

Address 1327 N. Central Ave

VS 150

7-24-d

G42337 full

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160a

Registered No. G42337

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette & Johns Sts.
(c) Hospital or institution: Hosp. for Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2823 Indiana Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Howard Francis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1946

8. AGE: Years	Months	Days	If less than one day
			21 hr. 21 min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Howard Francis
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Marjorie Evelyn Prince
15. Birthplace Baltimore, Maryland

16 (a) Informant Marjorie Evelyn Prince
(b) Address 2823 Indiana Ave.

17 (a) BURIAL (b) Date thereof JULY 25 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Forest Lawn
Location O'Donnell St. Balto

18 (a) Funeral director Bernard C Hafer
(b) Address 621 E West St

19 (a) JUL 24 1946 (Date Rec'd by registrar) (Registrar) Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24, 1946, at 5:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 23, 1946 to July 24 1946, and that I last saw him alive on July 24 1946.

Immediate cause of death	Duration
Respiratory failure	
Due to Intracranial hemorrhage	
Due to Traumatic injury at childbirth	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leah Rosenbluth M. D.
Address Hospital for Women of Md. Date signed 7/24/46

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42338 B C# B48308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161Q

Registered No. G42338

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 104 N. Green St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Rumfelt

3 (b) If veteran, name war | 3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/28/46

8. AGE: Years	Months	Days	If less than one day
	2	26	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER 12. Name Laurance Rumfelt
13. Birthplace Baltimore

MOTHER 14. Maiden Name Nellie Messick
15. Birthplace Baltimore

16 (a) Informant Laurance Rumfelt
(b) Address 104 N. Green St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 24 46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Beloit Rd

18 (a) Funeral director Joseph Cassimatis
(b) Address 602 Cook Bldg

19 (a) JUL 24 1946 (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/23 1946, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/20 1946 to 7/23 1946 and that I last saw him alive on 7/23 1946.

Immediate cause of death Respiratory failure

Due to Atelectasis

Due to Aspiration

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Clif. Leguton M.D.
Address Univ. Hosp. Date signed 7/23/46

VS 150

G42339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940

G42339

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 13
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1607 Harford Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Frank J. Eisenhauer

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-3089

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Marrianne
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1 - 12 - 1882

8. AGE: Years	Months	Days	If less than one day
64	6	11	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation doorman, Broadway theater
11. Industry or business

FATHER
12. Name Frank J. Eisenhauer
13. Birthplace Maryland

MOTHER
14. Maiden Name Priscilla Fletcher
15. Birthplace Maryland.

16 (a) Informant Hospital record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26-46 (month) (day) (year)
(c) Cemetery or crematory Howard Memorial Cem
Location Taylor Ave, Parkville Md

18 (a) Funeral director Milton Schilling
(b) Address 3914 S. Hanover St

19 (a) July 24 1946 (Date received by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1946, at 6 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1946 to July 23 1946 and that I last saw him alive on July 22 1946

Immediate cause of death: heart failure — Duration: 12½ hrs
Due to coronary insufficiency
Due to generalized matched arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: marked generalized arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James J. Faelach M. D.
Address Mercy Hospital Date signed 7-23-46

X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

G42340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42340 Registered No.

114E

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 219 Cedar Croft Rd.
(c) Hospital or institution:

27

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 219 Cedar Croft Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma L. Exon

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Ernest Exon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 21, 1872

8. AGE: Years	Months	Days	If less than one day
74	5	3	hr. min.

9. Birthplace Cinn. Ohio.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Jacob Bollinger
13. Birthplace Switzerland

MOTHER
14. Maiden Name Mary Kroeger
15. Birthplace Cinn. Ohio.

16 (a) Informant Mrs. Wilmer Welsh
(b) Address 219 Cedar Croft Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25, 1946 (month) (day) (year)
(c) Cemetery or crematory ******* Spring Grove
Location Cincinnati, Ohio.

18 (a) Funeral director John O. Mitchell Sons Inc
(b) Address 1900 Eutaw Place

19 (a) Date JUL 24 1946 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24, 1946 at 8.00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 19 43 to July 24 19 46
and that I last saw her alive on July 24 1946

Duration
Immediate cause of death Pulmonary Hemorrhage	4 days.
Due to Chronic pulmonary fibrosis	10 years
Due to undetermined Cause (non-tuberculous)	
Other Conditions Senile Arteriosclerosis	10 yrs.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature A.S. Chaffee M. D.
Address 6210 York Road Date signed July 24 1946

4 P.M.

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G42341 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 West 40th St.
(c) Hospital or institution: Home for Incurables 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2yr, 3 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 West 40th St
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME ~~Dan~~ FRANK J. La Motte

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Widowed

6 (b) Name of ~~husband~~ or wife Julia G. White (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Aug 10, 1886

8. AGE: Years	Months	Days	If less than one day
59	11	23	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Wholesale Shoe Business
11. Industry or business

FATHER
12. Name Frank W. La Motte
13. Birthplace ~~York~~ Pa. Md

MOTHER
14. Maiden Name Elizabeth Linton
15. Birthplace Philadelphia Pa

16 (a) Informant Mrs F. W. Burns (Dau) 2nd
(b) Address 119 Edgewood Rd. Towson Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/46 (month) (day) (year)
(c) Cemetery or crematory Black Rock Army
Location Butler, Md.

18 (a) Funeral director John O. Mitchell & Son
(b) Address 1900 Eutaw Place
(c) (Date rec'd by registrar) JUL 24 1946 (d) Livingston Williamson, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1946 at 2:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 2nd 1944, to July 23rd 1944, and that I last saw ~~him~~ alive on July 23rd 1944.

Immediate cause of death	Duration
Congestive Heart Failure	10 days
Due to Coronary Thrombosis	12 days
Due to Hypertensive Cardio Vascular Disease	10 years
Other Conditions Bronchial Pneumonia	7 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Conway M. D.
Address 11 E. Chase St. Baltimore MD Date signed 7/27/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42342 497 478.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

G42342 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 605 N. Montford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rose Anne Benny.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-12-44.

8. AGE: Years	Months	Days	If less than one day
1	9	11	hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name George Benny.
13. Birthplace md.

MOTHER 14. Maiden Name Violet Rumiszky
15. Birthplace Pa.

16 (a) Informant Rec mda.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27/46 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Cem.
Location Shamokin Pa.

18 (a) Funeral director John A. Meffley
(b) Address 2334 Jefferson St.

19 (a) [illegible] (Signature of registrar) Washington Williams M.D.
(b) Date [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1946, at 9.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1946 to July 23 1946, and that I last saw her alive on July 23 1946.

Immediate cause of death: Shock

Due to Hemo peritoneum and Hemothorax

Due to

Other Conditions: Broncho pneumonia (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Lung lacerated

of autopsy Lung, Heart, Lung Thorax

Duration
shock

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hamilton D. Leggin M. D.
Address Johns Hopkins Hospital Date signed 7/24/46

VS 150

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G42343

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 85 Murdock Rd
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas L. Dempsey Jr.

3 (b) If veteran, name war	3 (c) Social Security Account No. 216-09-1962.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Elizabeth M Dempsey
6 (c) If alive, give age
7. Birth date of deceased (mo., day, yr.) Oct 2 1902 1903

8. AGE: Years	Months	Days	If less than one day
43	9	22	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Material Dept, Yard
11. Industry or business Motors

FATHER
12. Name Thomas L. Dempsey Sr
13. Birthplace ~~Pennsylvania~~ Scotland

MOTHER
14. Maiden Name Mary McKenna
15. Birthplace England

16 (a) Informant Mrs. Elizabeth J. Dempsey
(b) Address 85 Murdock Rd, Balto 12, Md.

17 (a) REMOVAL (b) Date thereof 7/25/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory CALVARY
Location PITTSBURGH PENNA.

18 (a) Funeral director Chas. J. Graner & Son Inc
(b) Address 118 W. Mt. Royal Ave.

19 (a) Huntington Williams, M.D.
(Date received by registrar) (Registrar)

JUL 25 1946
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1946, at 1.50 P M
21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1946 to July 24 1946 and that I last saw him alive on July 24 1946.

Immediate cause of death Carcinoma as brain secondary to Carcinoma of left antrum — Duration ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W. Saunders Pepper, Jr. M. D.
Address U. M. H. Date signed 7/24/46

X

G42344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 24a

Registered No. G42344

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Rd. & Herring Run
(c) Hospital or institution: Sydenham Hospital 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 525 S. Charles St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country —

3 (a) FULL NAME Jean Smallwood

3 (b) If veteran, name war: World War II
3 (c) Social Security Account No. —

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Feb. 26, 1925
8. AGE: Years 21 | Months 4 | Days 27 | If less than one day — hr. — min.
9. Birthplace Hagen, Virginia (Town, county, and state)
10. Usual Occupation Shipyard Worker
11. Industry or business —

FATHER
12. Name Thomas O. Smallwood
13. Birthplace Scott County, Va.

MOTHER
14. Maiden Name Bessie Collins
15. Birthplace Sellico, Tenn.

16 (a) Informant Rex Smallwood (brother)
(b) Address 525 S. Charles St.

17 (a) Final disposition (Burial, cremation, or removal) (b) Date thereof July 25/46 (month) (day) (year)
(c) Cemetery or crematory National
Location Baltimore Md.

18 (a) Funeral director Wilson & Cook Inc.
(b) Address 1217 E. Cold St.

19 (a) Date received by Registrar JUL 25 1948 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23, 1946 at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 23, 1946 to July 23, 1946 and that I last saw him alive on July 23, 1946.

Immediate cause of death: Septicemia — Duration: 3 days

Due to: Staphylococcus

Due to:

Other Conditions: Pneumonia

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mary Allen Engle M. D.
Address Sydenham Hosp. Date signed 7-28-46

VS 150

642345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

642345 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1331 Sargeat St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1331 Sargeant St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Franklin Bell

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	213-05-9984

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sadie E
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Oct 7, 1887

8. AGE: Years	Months	Days	If less than one day
68	9	17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Balto Transit Co

FATHER
12. Name George Bell
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Sadie E Bell
(b) Address 1331 Sargeant St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27,46 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Cemetery
Location Elkridge, Md.

18 (a) Funeral director Wm Cook Inc.
(b) Address 1217 St Paul St. Balto., Md.

19 (a) Filed [illegible] 1946 (b) Huntington Ave. Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 19 46 at 5:15A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 29 19 46 to July 24 19 46, and that I last saw him alive on July 24 19 46.

Immediate cause of death Coronary Thrombosis — Duration 2 months

Due to

Due to

Other Conditions Chronic Hypocondritis — 2 mos

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature John P. Unterb Jr. M. D.
Address 1227 Wash Blv'd Date signed July 24 46

VS 150

G42346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52 B

Registered No. G42346

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Drury St.

(c) Hospital or institution: University Hospital 11

(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)

(d) Street No. 847 Hamilton Terrace (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Paul J. Grossi Jr Paul J. Grossi, Jr

3 (b) If veteran, name war No

3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Linda E

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1872

8. AGE: Years 74 | Months 9 | Days 13 | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Musician

11. Industry or business Teacher

FATHER: 12. Name Angelo Grossi

13. Birthplace Italy

MOTHER: 14. Maiden Name Louise Martinette

15. Birthplace France

16 (a) Informant Paul J. Grossi Jr

(b) Address 847 Hamilton Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/46 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore Md.

18 (a) Funeral director Hoffman & Doe

(b) Address 1214 E Pratt St

19 JUL 25 1946 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1946, at 7:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1946 to July 23 1946 and that I last saw him alive on July 23 1946.

Immediate cause of death Hypostatic pneumonia | Duration

Due to Dymorphic debilitated condition

Due to Ca of Bladder

Other Conditions Uremia

(Include pregnancy within 3 months of death)

Date of operation 6/12/46

Major findings of operation Ca of bladder, Hydrone

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charles R Holman M.D.

Address Univ. Hosp. Date signed 7/24/46

VS 150

G42347

AD-97388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

G42347

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PRINT WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals 10

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7mos-6days

(e) Length of stay in Baltimore (yrs., mos., or days) 11yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1021 Hillman St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Julia Shaeffer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Math.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4- 1875

8. AGE: Years	Months	Days	If less than one day
71	1	19	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Brooks

13. Birthplace Va.

MOTHER

14. Maiden Name ?

15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/46 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Baltimore Md

18 (a) Funeral director Gilbert Funeral Home

(b) Address 1217 E Cont St

19 (a) JUL 25 1946 (Date rec'd by Registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23- 1946, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-17 1945 to 7-23- 1946, and that I last saw h alive on 7-23 1946

Immediate cause of death

Due to

Due to

Other Conditions Hemiplegia 6m Hemiplegia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration
2.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C. R. [illegible] M.D.

Address Balt City Hosp Date signed 7-26-46

G42348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 124a

Registered No. G42348

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Gunn St
(c) Hospital or institution: University Hospital 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2519 Arbuton ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Banda

3 (b) If veteran, name war: W
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles V.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG 20, 1901

8. AGE: Years	Months	Days	If less than one day
44	11	4	hr. min.

9. Birthplace IRELAND (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business OWN HOME

FATHER
12. Name DENNIS GRIFFIN
13. Birthplace IRELAND

MOTHER
14. Maiden Name ELLEN ALLEN
15. Birthplace IRELAND

16 (a) Informant CHARLES V. BANDA
(b) Address 2519 ARBUTON AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/27/46 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem
Location G.A.Co. Md

18 (a) Funeral director WILLIAM COOK, INC.
(b) Address 1217 ST. PAUL ST.

19 JUL 25 1946 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/29 19 46 at 2:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/22 19 46 to 7/29 19 46 and that I last saw h[illegible] alive on 7/29 19 46

Immediate cause of death: Respiratory Failure — Duration
Due to B. Coli Septicemia
Due to Alcoholic Hepatitis Alcoholic Encephalitis
Other Conditions Purpura
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: Renal Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. B. Marshall Jr.
Address Univ Hosp Date signed 7/29

VS 150

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42349 392290

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G42349
Registered No.

CERTIFICATE OF DEATH 46a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla. (b) County
(c) City or town Miami.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 240 N. E. 110 Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Philip G. Blanck
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-25-85

8. AGE: Years	Months	Days	If less than one day
61 60	2	29	hr. min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business

FATHER
12. Name Saml. Blanck
13. Birthplace Russia

MOTHER
14. Maiden Name Sara Goldstein.
15. Birthplace Russia.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof July 25/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Miami City Florida
Location Miami Florida

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1174-76 N. North ave

19 (a) JULY 25 1946 Huntington Williams, M.D. Address Johns Hopkins Hosp. Date signed 7/25/46

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1946 at 7 P M
21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1946 to July 24 1946 and that I last saw him alive on July 24 1946

Immediate cause of death: Post operative shock — Duration: 1 hr.
Due to: Resection Carcinoma Esophagus — 3 mo.
Due to:
Other Conditions: Cirrhosis — 2 yrs.
(Include pregnancy within 3 months of death)
Date of operation July 24, 1946
Major findings of operation: Carcinoma Esophagus
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature H. Longmire Jr. M.D.

VS 150

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians; please write the cause of death clearly and legibly.

G42350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121a

Registered No. G42350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & Slat St.
(c) Hospital or institution:
US Marine Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1937 Druid Hill Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick, Monroe Samuel

3 (b) If veteran, name war: WW I

3 (c) Social Security Account No.:

4. Sex: M

5. Color or race: col

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Corona Whitting Frederick

6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) March 23, 1889

8. AGE: Years 57 | Months 3 | Days 29 | If less than one day: hr. min.

9. Birthplace Marshallville, Ga.
(Town, county, and state)

10. Usual Occupation Employment Agency

11. Industry or business Own Business

FATHER
12. Name George W. Frederick
13. Birthplace Marshallville, Ga.

MOTHER
14. Maiden Name Claudia Toomes
15. Birthplace Perry, Ga.

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Burial
(Burial, cremation, or removal)
(b) Date thereof 7/26/46
(month) (day) (year)
(c) Cemetery or crematory Arlington Nat'l
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Eastern Ave. and Huntington Terrace, Md.

19 (a) JUL 25 1946 (b) Registrar
(Date received by Local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1946, at 11:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1946 to July 22 1946, and that I last saw h im alive on July 22 1946.

Immediate cause of death Pneumonia, terminal — Duration: Few days

Due to Other conditions: Nephrosclerosis — Duration: Unknown

Due to — Duration:

Other Conditions Coronary arteriosclerosis with myocardial in- (Include pregnancy within 3 months of death.) — Duration: Unknown

Date of operation Carotion

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

Signature J.E. Van Ackeren, Medical Director M. D.
Address Medical Officer in Charge Date signed 7/23/46

VS 180

G42351 HEALTH DEPARTMENT—CITY OF BALTIMORE G42351

CERTIFICATE OF DEATH

46E

1. PLACE OF DEATH Dr. Beck's Hospital
St. Paul & 23rd St. Balto. Md

CITY OF BALTIMORE: (No. ____ St. ____ Ward)

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Dr. Georg K. Gülck

If U. S. Veteran specify WAR none

(a) Residence: No. 2303 Sulgrave Ave. St. 27-15 Ward. ____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Irene B. Gülck

6. DATE OF BIRTH (month, day, year) Dec. 22, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
50	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Medical Missionary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr. Beck's Hospital

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Fredrik Gulcke

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Irene B. Gulck
(Address) 2303 Sulgrave Ave.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Moreland Mem.
Place Baltimore Md. Date 7/26/46. 19

19. UNDERTAKER Wm. J Tickner & Sons
(Address) North & Pen. Aves

20. FILED JUL 25 1946 Huntington Williams M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jul 23, 1946. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 19 46 to July 23 19 46
I last saw him alive on July 23 19 46 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	Jan 46
Ileus	July 46

Other contributory causes of importance: Mastectomy.

Was an operation performed? Yes Date of Jan 6 46

For what disease or injury? ____

Name of operation Colostomy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ 19

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) Harry S Beck M. D.
(Address) St Paul & 23rd St

OCCUPATION is very important. See instructions on back of certificate.

X

G42352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 54B

Registered No. G42352

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 11 N. Smallwood St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 11 N. Smallwood St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY WILLIAM PRICE

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	189-01-9732

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of ~~husband~~ wife Lillian E. Price
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 12, 1903

8. AGE: Years	Months	Days	If less than one day
43	5	11	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Stokerman
11. Industry or business Manicoke Power Plant

FATHER
12. Name Harry T. Price
13. Birthplace Md.

MOTHER
14. Maiden Name ? Reynolds
15. Birthplace Md.

16 (a) Informant Mrs. Lillian E. Price
(b) Address 11 N. Smallwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/46 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Knoxville
Location Knoxville Md.

18 (a) Funeral director WM. J. TICKNER & SONS INC.
(b) Address North & Pa Aves. Balto. Md.

19 (a) JUL 25 1946 (Date received by Local Registrar) Huntington Williams, M.D. (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1946, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1946 to July 23 1946 and that I last saw him alive on July 22 1946.

Immediate cause of death	Duration
central neoplasm	unknown
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation June 7, 1946
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Rocusin M. D.
Address 206 S Gilmor St. Date signed 7-24-46

VS 180

42353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170C

Registered No. 42353

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Yr 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4606 - Ridge Ave. Halethorpe (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William D. Ring WILLIAM GILLINGHAM RING

3 (b) If veteran, name war: World #2

3 (c) Social Security Account No. 217-05-2361

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 25, 1919

8. AGE: Years 26 | Months 10 | Days 28 | If less than one day hr. min.

9. Birthplace Catonsville Md. (Town, county, and state)

10. Usual Occupation Mechanic

11. Industry or business Greyhound Bus Co.

FATHER
12. Name Arthur W. Ring
13. Birthplace Halethorpe Md.

MOTHER
14. Maiden Name Ella Gillingham
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Ella Ring
(b) Address 4606 Ridge Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director WM. J. TIEKNER & SONS INC.
(b) Address North & Pa Aves. Balto. Md.

19 (a) JUL 25 1946 (Date rec'd by Registrar) Huntington Williamson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1946 at 4 51 P. M

21. I certify that I took charge of the remains described above, held an autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Ruptured Liver
Compound Comminuted fracture of leg
Due to Bones: Fractured Spine
Lower fracture of skull.

Other Conditions Multiple lacerations, Contused abrasions & bruised bruises
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following 12/1
(a) Date of injury 7/23/46 at 3 P. M.
(b) Where did injury occur? 3900 N. Charles St.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? Yes
(d) Means of injury Pedestrian struck by auto

23. Signature Thomas J. Mirabile M.D. Medical Examiner.
Date signed 7/24/46

over

VS 151

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G42354

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 5-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 154 East 57. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Clark

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-7080

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	M

6 (b) Name of husband or wife Elizabeth Clark
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1901

8. AGE: Years 45 | Months 1 | Days 20 | If less than one day hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Market Helper

11. Industry or business

FATHER
12. Name John Clark
13. Birthplace Va.

MOTHER
14. Maiden Name Emma Herring
15. Birthplace Brooklyn, Md.

16 (a) Informant Gertrude Tilson
(b) Address 154 East 57

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25, 1946 (month) (day) (year)
(c) Cemetery or crematory National Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) JUL 25 1946 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/21 1946 at 6 45 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 7/21 1946 to 7/21 1946 and that I last saw h[illegible] alive on 7/21 1946

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Daniel N. Sills Jr. M. D.
Address Mercy Hospital Date signed 7/24/46

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G42355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47D

G42355 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1402 London Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 1
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1402 London Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD BUDLOW

3 (b) If veteran, name war WAR II

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR 19, 1905

8. AGE: Years	Months	Days	If less than one day
41 40	4	4	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business

FATHER
12. Name Harry Budlow
13. Birthplace Russia

MOTHER
14. Maiden Name Leah
15. Birthplace Russia

16 (a) Informant Oscar Budlow
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-46 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philad & Hamilton Ave

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St

JUL 25 1946 (c) Date received (Registrar) Huntingdon Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-23-46 19 , at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1945 to July 23 1946, and that I last saw him alive on July 23 1946.

Immediate cause of death	Duration
Carcinomatosis	
Due to Carcinoma of lung (Right) Estimated	11 mos
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Nov. 1 1945
Major findings of operation: Carcinoma of right lung - middle lobe
Autopsy: Inoperable

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis P. Hamburger M. D.
Address 1207 Eutaw Pl Date signed July 28 1946

VS 150

G42356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G42356 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1726 E. 29th Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1726 E. 29th Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME REGINA DEICKE

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Charles M. Deicke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov. 5, 1883

8. AGE: Years 82 | Months 8 | Days 18 | If less than one day hr. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Jacob Schrod
13. Birthplace: Germany

MOTHER
14. Maiden Name: Sophia ?
15. Birthplace: Germany

16 (a) Informant: Mrs. Geo. A. Wendel
(b) Address: 1716 Franklin St. N.E.D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-48 (month) (day) (year)
(c) Cemetery or crematory: Lorraine Cemetery
Location: Baltimore, Maryland.

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY

19 (a) 23 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 19 46 at M

21. I certify that death occurred on the date above stated; that I attended deceased from February 19 46 to July 22 19 46, and that I last saw h.e.r. alive on 22 July 19 46.

Immediate cause of death: Hypostatic pneumonia — Duration: 3 days
Due to: Heart Failure — 5 days
+ Cerebro-vascular accident — 6 days
Due to: Arterio-sclerotic cardio-vascular disease — 15 years
Other Conditions: Chronic nephritis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roy M. Zimmerman
Address 2858 Hanford Rd Date signed 28 July 46 M.D.

VS 150

THIS CERTIFICATE, WITH UNFADING INK. Every item of information should be carefully supplied. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

G42357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

G42357
Registered No.

DO NOT WRITE IN THIS SPACE, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2734 The Alameda
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2734 The Alameda
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM B. HANAUER

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	212-16-2446

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Emma Margaret Hanau
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) June 11, 1862

8. AGE: Years	Months	Days	If less than one day
84	1	12	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Butcher
11. Industry or business Meat Business

FATHER
12. Name Henry Hanauer
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Bork
15. Birthplace Germany

16 (a) Informant Mrs. Emma Hanauer
(b) Address 2734 The Alameda

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) 7-25 1946 (b) Huntington Williams M.D.
(Date received by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23, 1946, at 1.35 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-4 1946 to 7-23 1946 and that I last saw h[illegible] alive on 7/23 1946

Immediate cause of death	Duration
Acute Cardiac Failure	1da
Due to Generalized Arterio Sclerotic Cardiovascular	10yrs
Due to Disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph L. Lawrence M. D.
Address 729 W. Lafayette Ave. Date signed 7-25-46

VS 150

G42358 CHARLES I. EVANS

496999.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52 B

Registered No. G42358

PRINT IN WHITE PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3451 Hickory Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Charles I. Evans.

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-5150

4. Sex: Male. 5. Color or race: White. 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ella L. Evans

6 (c) If alive, give age: 60. years

7. Birth date of deceased (mo., day, yr.) Feb. 20-1885

8. AGE: Years 61 Months 5 Days 4 If less than one day: hr. min.

9. Birthplace Md Baltimore (Town, county, and state)

10. Usual Occupation Asst - Lee Co.

11. Industry or business

FATHER 12. Name Charles O. Evans

13. Birthplace md

MOTHER 14. Maiden Name Clara Clark.

15. Birthplace md

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26-1946 (Month) (day) (Year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville, Maryland

18 (a) Funeral director Burgee Funeral Home

(b) Address 3631 Falls Road

19 (a) July 25 1946 (Date received by local registrar) (b) Signature for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1946 at 6 10 a M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1946 to July 24 1946 and that I last saw him alive on July 24 1946.

Immediate cause of death Respiratory failure. — Duration

Due to Uremia - Septic uremia ??

Due to Post operative ureteral Sigmoidostomy for bladder

Other Conditions Carcinoma of cystic gland.

(Include pregnancy within 3 months of death)

Date of operation June 17 1946

Major findings of operation: Bladder Carcinoma — Extends to T.

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Brockhouse M. D.

Address J. H. H. Date signed 7-25-46

VS 150

G42359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93

Registered No. G42359

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2600 Lehman St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 - 5

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2600 Lehman St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth M. Schwiegerath

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: late Jacob

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 3, 1886

8. AGE: Years 59 | Months 7 | Days 20 | If less than one day hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER

12. Name Gimpel

13. Birthplace Austria

MOTHER

14. Maiden Name Maria ——

15. Birthplace Austria

16 (a) Informant Mrs. Schwiegerath

(b) Address 2600 Lehmain St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26/46 (Month) (Day) (Year)

(c) Cemetery or crematory Loudon Pk

Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Kirtzle

(b) Address 401 Edmondson Ave

(c) Filed NOV 25 1946 (d) Signature Huntington Williams, M. D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/23/46 19 , at 6 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 19 46 to 7/23 19 46, and that I last saw him alive on 7/23 19 46.

Immediate cause of death Arteriosclerosis Cardiac Insufficiency

Due to Diabetes

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
14 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Benjamin Miller M. D.

Address 30 Wilkens Ave Date signed 11/25/46

G42360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G42360 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5211 Wilton Heights Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 ****
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5211 Wilton Heights Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME C. LAT. WILHELM

3 (b) If veteran, name war ********** | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	WIDOWED

6 (b) Name of husband or wife MINNIE J. WILHELM
6 (c) If alive, give age D. years

7. Birth date of deceased (mo., day, yr.) 14 Nov. 1873

8. AGE: Years	Months	Days	If less than one day
72	8	9	**********

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Editor Daily Record
11. Industry or business Daily Record

FATHER
12. Name CHARLES L. WILHELM
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Lola S. Donaldson
15. Birthplace Baltimore, Maryland

16 (a) Informant Judge: Charles P. Wilhelm
(b) Address Kingswood, West Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 26 July 46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Maryland

18 (a) Funeral director F. B. Wippert & Son
(b) Address F.B.WIPPERT & SON 1300 EUTAW PLACE.

19 (a) JUL 28 1946 (Date received by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 23 July 19 46 at 6. A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 12 19 46 to July 23 19 46 and that I last saw him alive on July 23 19 46.

Immediate cause of death: Coronary Thrombosis — Duration 11 days

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel W. Culver M.D.
Address 5611 Old Pimlico Rd Signed 7/24/46

VS 150

Dr. S.H.Culver. 9/10-6/8 X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G42361
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 21 North Monroe St.
(c) Hospital or institution: 20 -
(d) Length of stay in hospital or inst. (yrs., mos., or days) ***
(e) Length of stay in Baltimore (yrs., mos., or days) Life---

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 21 North Monroe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHAROLETTE L. KELLY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Michael L. Kelly
6 (c) If alive, give age D years

7. Birth date of deceased (mo., day, yr.) 11-14-1887

8. AGE: Years	Months	Days	If less than one day
58	8	10	********** hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home.

FATHER
12. Name Benjamin Hooper
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Schmick
15. Birthplace Maryland

16 (a) Informant Miss Charolette Kelly
(b) Address 21 North Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 27 July 46 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge Memorial
Location Dorsey, Maryland

18 (a) Funeral director F. B. Wippert & Son
(b) Address 1300 EUTAW PLACE

19 (a) 1946 (b) (Date received by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 24th July 19 46 at 12:15A

21. I certify that death occurred on the date above stated; that I attended deceased from 5/30 1946 to 7/24 19 46 and that I last saw her alive on 7/20 19 46.

Immediate cause of death	Duration
Myocardial Infarction	5
Due to Auricular Fibrillation	?
Due to Cerebral Arteriosclerosis - Moderate Left Hemiplegia	? 5 wks.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert E. Bond M. D.
Address 1905 W. Baltimore St. Dated 7/

Huntington Williams, M.D.

X

G42362

BALTIMORE CITY HEALTH DEPARTMENT ✓ G42362 Registered No.

CERTIFICATE OF DEATH 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1352 N. Fremont Ave.
(c) Hospital or institution: 15-
(d) Length of stay in hospital or inst. (yrs., mos., or days) XXXX
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town) 1352 Fremont Ave.
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eleanore [redacted] Gordon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	W

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/14/1891

8. AGE: Years	Months	Days	If less than one day
55	4	9	hr. min.

9. Birthplace A. A. Co. Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Thomas Hammond
13. Birthplace A. A. Co. Md.

MOTHER
14. Maiden Name Betty ?
15. Birthplace A. A. Co. Md.

16 (a) Informant Edith Marie Tayler
(b) Address 2005 Druid Hill Ave. Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/46 (month) (day) (year)

(c) Cemetery or crematory Arbutus
Location Md.

18 (a) Funeral director Geo. G. Kalogn
(b) Address 1303 Presstman St.

25 1946 (b) [illegible] Registrar
(Date received by Registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/23/1946 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/29/1945 to 7/22/1946 and that I last saw her alive on 7/22/1946

Immediate cause of death — Duration

Hypertensive Cardio-
Due to Renal Disease
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wayland S. Jones M.D.
Address 311 N. Fremont Ave. Date signed 7/25/46

X

G42363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

G42363 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1131 Hornes Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1131 Hornes Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Victoria Haynie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	White	widow

6 (b) Name of husband or wife Samuel B.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 18 1876

8. AGE: Years	Months	Days	If less than one day
70	6	5	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Daniel Harrison
13. Birthplace Va

MOTHER
14. Maiden Name Virginia Silf
15. Birthplace Va

16 (a) Informant Mrs Michael Holyfield
(b) Address 619 N Glover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26 1946 (month) (day) (year)
(c) Cemetery or crematory Mouland Mem
Location Balto Co Md

18 (a) Funeral director Uellmf Funeral Home
(b) Address 2008 Orleans St

19 (a) July 26 1946 (b) Registrar
Date received by registrar Washington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1946 at 11:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-15-46 to 7-23-46
and that I last saw h[illegible] alive on 7-22 1946.

Immediate cause of death

Due to Hypertension

Due to Cardiac Decompensation

Other Conditions Uraemia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fred Rizzio M. D.
Address 600 W Fallsway Date signed 7-23-46
Dora Apt

G42364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E

G42364 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town New York.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1278 E. 222 d.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Pace.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
5			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER'S FATHER

12. Name Charles Pace
13. Birthplace Italy

MOTHER'S MAIDEN

14. Maiden Name Rose Lapaudere
15. Birthplace Italy

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/46 (months) (day) (year)
(c) Cemetery or crematory New York
Location New York City

18 (a) Funeral director John J. Dwyer & Son
(b) Address 1900 Eutaw Place

19 (a) 25 1946 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

30

20. DATE OF DEATH July 25 1946 at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1946 to July 25 1946 and that I last saw h-- alive on July 25 1946.

Immediate cause of death — Duration

Cardiac failure 15 Min.

Due to Tetralogy of Fallot

Due to

Other Conditions

(Include pregnancy within three months of death)

Date of operation 1/25/46

Major findings of operation: Tetralogy of Fallot

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Duncan

Address Date signed 7/26/46

VS 150

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

G42365 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1105 Clendennin St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 Clendennin St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maggie Stewart Curtis

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15, 1874

8. AGE: Years 71 72 | Months 10 | Days 7 | If less than one day: hr. min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Robert Magruder
13. Birthplace Prince George Co Md

MOTHER
14. Maiden Name Ellen Hawkins
15. Birthplace Calvert Co Md.

16 (a) Informant Ida Williams
(b) Address 1449 W St. N.W. Wash D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 9 46 (month) (day) (year)
(c) Cemetery or crematory St Peters Cem.
Location Moreland Ave.

18 (a) Funeral director Mrs. Robt. E. Elliott Dept.
(b) Address 1297 N. Carlton St.

19. DATE RECEIVED BY REGISTRAR July 25 1946 (By registrar) Washington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/7/46 19 at 3 - M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/28/46 to 7/7/46 and that I last saw h[illegible] alive on 7/7/46

Immediate cause of death: Bronchitis of the lungs — Duration 3 Wks

Due to: Toxemia from

Due to: Kidneys,

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature H. Pierce Ellis M. D.
Address 704 N. Dukeman Date signed July 9 46

VS 150

MAKE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

G42366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G42366
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1524 E Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1524 E Preston St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Elizabeth Browne

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Alvin

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1886

8. AGE: Years 60 | Months 1 | Days 7 | If less than one day hr. min.

9. Birthplace Keyser W Va.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Jaze Arvin
13. Birthplace Va.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Va.

16 (a) Informant Grace Williams
(b) Address 1524 E Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26 '46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Balto County Md.

18 (a) Funeral director Mrs C H Elliott & Sons
(b) Address 1129 N. Carlton St.

(c) Date rec'd by registrar JUL 25 1946 (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 19 46, at 6 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 30, 1946 to July 22 1946 and that I last saw [illegible] alive on July 21 1946

Immediate cause of death
Hypertension Cardiac Renal Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration
1 yr

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R Lawrence Adams M. D.
Address 3126 Eutaw Pl Date signed July 24 1946

X

G42367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42367 Registered No. 130

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 105 N. Bond St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 105 N. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Booker T. Moffatt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Martha
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? ? 1915

8. AGE: Years	Months	Days	If less than one day
31			hr. min.

9. Birthplace S. Carolina. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Lucius Moffatt
13. Birthplace S. C.

MOTHER
14. Maiden Name Mary Rountree
15. Birthplace S. C.

16 (a) Informant Columbus Moffatt
(b) Address 105 N. Bond St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 27 46 (month) (day) (year)
(c) Cemetery or crematory
Location Rockhill S. Carolina

18 (a) Funeral director Mrs. Robt. A. Elliott Dept.
(b) Address 2129 N. Carolina St

JUL 25 1946 (b) Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24, 1946, at 12 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1945 to July 24 1946 and that I last saw h[illegible] alive on 7/24/46 1946

Immediate cause of death

Due to Tuberculosis of Pulmonary T.B.

Due to

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy:

Duration
Nov. 1945

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury

23. Signature Mamie H. Burke
Address 1501 E. Eager St. Date signed 7/25/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G42368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1312

G42368 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1425 Decatur St.
(c) Hospital or institution:
24
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1425 Decatur St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Richter

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Jacob Richter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 7- 1870

8. AGE: Years	Months	Days	If less than one day
76	6	17	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant John Richter (Son)
(b) Address 1425 Decatur St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/46 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Brooklyn Md

18 (a) Funeral director Wilhelm & Son
(b) Address 2197 E Fort Ave

19 (a) JUL 26 1946 Huntington for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1946 to July 24 1946 and that I last saw her alive on July 23 1946.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Mitral Regurgitation Rheumatic	1 mo
Due to Arteriosclerosis	2 mo
Hypertension	1 mo
Due to Chronic Interstitial Nephritis	1 mo
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature I. E. A. Stevens M. D.
Address 2878 Hartford Rd Date signed 7-24-46

VS 150

X

642369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. 642369

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2504 Maryland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2504 Maryland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Freddie Riddle

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-22-2026

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Wht	Married

6 (b) Name of husband or wife Ruth Riddle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 27 1914

8. AGE: Years	Months	Days	If less than one day
32	4	28	hr. min.

9. Birthplace Jamboree Ky.
(Town, county and State)
10. Usual Occupation Industrial Engineer
11. Industry or business Coal Refinery

FATHER
12. Name Emanuel Riddle
13. Birthplace Tenn

MOTHER
14. Maiden Name Victoria Hatfield
15. Birthplace Ky

16 (a) Informant Mrs Ruth Riddle
(b) Address 2504 Maryland Ave

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7/26/46 (month) (day) (year)
(c) Cemetery or crematory Lakeville
Location Lakeville Ky.

18 (a) Funeral director Tilley & Dye
(b) Address 1217 E. Cold St

19 (a) [illegible] (b) Huntington, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1946, at 3:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1946, to July 25 1946, and that I last saw him alive on 25 July 1946

Immediate cause of death: Coronary Thrombosis — Duration: Instant

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph Friedman M. D.
Address 1206 E. Preston Date signed 25 July 1946

VS 150

X

G42370 BCH G 50344

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

12

Registered No. G42370

The PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: So Balto Gen Hosp 24
(d) Length of stay in hospital or inst. (~~over 24 hours~~ days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) 4wks 4days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 Hull St. Balto, 30
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John G. Schreiner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25, 1946

8. AGE: Years	Months	Days	If less than one day
	1	32	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles L. Schreiner
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Catherine White
15. Birthplace Balto. Md.

16 (a) Informant CHARLES L SCHREINER
(b) Address 1417 HULL ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-46 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem a a Co.
Location

18 (a) Funeral director Bernard E Harlan
(b) Address 521 E West St

19 (a) (b) Huntington Williamsport Md
(Date received by local registrar)
JUL 26 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1946 at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1946 to July 25 1946 and that I last saw him alive on July 25 1946.

Immediate cause of death	Duration
Respiratory failure and Cardiac failure	
Due to Tetanus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Vincent O Bankson M. D.
Address So Balto Gen Hosp Date signed 7/25/46

X

G42371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47F

Registered No. G42371

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please state the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hosp. 15-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)
(d) Street No. 2541 Park Heights Ave (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME DAVID RUDO

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M

6 (b) Name of husband or wife Matilda Rudo
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day hr.	min.
52				

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Max Rudo
13. Birthplace Russia

MOTHER
14. Maiden Name Martha Eserosky
15. Birthplace Russia

16 (a) Informant Mrs. Matilda Rudo
(b) Address 2541 Pk. Hgts. Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-46 (month) (day) (year)
(c) Cemetery or crematory Mair Israel
Location Northern Ave

18 (a) Funeral director Jacob Levine Inc
(b) Address 1739 E. Balto. St

19 (a) JUL 26 1946 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 25 July 1946 at 3:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8 July 1946 to 25 July 1946 and that I last saw him alive on 25 July 1946.

Immediate cause of death Card-Resp. failure — Duration

Due to Mediastinal Lymphosarcoma — 8yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. M. H. Crosby, M.D.
Address Univ. Hosp. Date signed 7/25/46

X

G42372

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G42372 Registered No.

PRINCIPAL ENTRIES AGAINST, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3605 Hillsdale Road
(c) Hospital or institution:
Anderson Nursing Home 27-13
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5100 Roland Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Cara R. Kellinger Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Sidney Taylor Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1863

8. AGE: Years	Months	Days	If less than one day
82	8	16	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name William J. Kellinger
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Rogers
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. H. Clay Primrose
(b) Address 5100 Roland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/46 (month) (day) (year)
(c) Cemetery Mt. Olivet
Location Frederick Ave.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

JUL 26 1946 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1 1946 to 7-23 1946 and that I last saw h[illegible] alive on 7-22-1946.

Immediate cause of death: Cerebral Arteriosclerosis — Duration: 1 Month
Due to: Coronal Artery Sclerosis
Due to: Acute Cardiac failure — 3 days
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard K. Warren M. D.
Address 2604 Garrison Blvd. Date signed 7-23-46

VS 150

6-20-46 P.M. X

G42373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 170c

G42373

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. W. Margaret Ave - Essex
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Henry Hall

3 (b) If veteran, name war
3 (c) Social Security Account No. 219-01-5707

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
Male	White	Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 20-1899

8. AGE: Years	Months	Days	If less than one day
46	11	4	hr. min.

9. Birthplace Balto Md
(Town, county and state)
10. Usual Occupation Saw filler
11. Industry or business

FATHER
12. Name Wm. H. Hall
13. Birthplace Balto Md

MOTHER
14. Maiden Name Lena D. Price
15. Birthplace Balto Md

16 (a) Informant Wm. H. Hall
(b) Address 11 Margaret Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27-46 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hall Rd

18 (a) Funeral director James J. Brudzinski
(b) Address 1407 Eastern Ave

19 (a) JUL 26 1946 (Date) (b) Huntington Williams, M.D.

JUN 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1946 at 11:39 P.M.

21. I certify that I took charge of the remains described above, held an autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Fractures skull
Multiple fractures
Due to
Other Conditions Fractures, Bruises etc.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/24/46 at Balto Co 11:45 P.M.
(b) Where did injury occur? Eastern Ave & Taylor
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Struck by auto

23. Signature Huntington Williams M.D.
Medical Examiner.
Date signed 7/25/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42374 DC #52040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161C

Registered No. G42374

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Jeune Sts.
(c) Hospital or institution: University Hospital 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 16 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2518 Boyd St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Plunkett Jr (Plunkett)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/24/46

8. AGE: Years	Months	Days	If less than one day
			16 hrs. min.

9. Birthplace 2518 Boyd St. (town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Harry Plunkett (Plunkett)
13. Birthplace Md

MOTHER
14. Maiden Name Willa Armstrong
15. Birthplace Md

16 (a) Informant Harry Plunkett
(b) Address 2518 Boyd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26/1946 (month) (day) (year)
(c) Cemetery or crematory Pipe Cutting
Location Old Frederick Rd

18 (a) Funeral director Harry H Wolfe
(b) Address 4101 Edmondson Ave

19 (a) 7-26-1946 (Signature of local registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/25/46 1946, at 8:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/24 1946 to 7/25 1946 and that I last saw him alive on 7/25 1946.

Immediate cause of death Respiratory failure

Due to anemia -

Due to Erythroblastosis fetalis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. W. Lyerton, Jr. M.D.
Address University Hosp. Date signed 7/25/46

VS 150

G42375 Pugh

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No. G42375

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 725 - W. Franklin St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Pough

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	Colored	Married

6 (b) Name of husband or wife Margie Pugh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace N C (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace N C

MOTHER
14. Maiden Name Sarah
15. Birthplace N C

16 (a) Informant Mrs Margie Pugh
(b) Address 725 W. Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore - Md.

18 (a) Funeral director Mrs. Frances H. Hemsley
(b) Address 774 W. Biddle St

19 (a) JUL 26 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23, 1946 at 11:55 P. M

21. I certify that I took charge of the remains described above, held an autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Internal hemorrhage due to bullet wound of abdomen

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/22/46 at 7 P. M.
(b) Where did injury occur? Whitecroft St near Presstman
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Firearms revolver

23. Signature Howard J. Madison M.D. Medical Examiner.
Date signed 7/24/46

VS 151

G42376

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G42376

CERTIFICATE OF DEATH 54a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna. (b) County
(c) City or town Delta (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME ERNESTINE CLAUDETTE YALE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
f	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 7, 1941

8. AGE: Years	Months	Days	If less than one day
4	11	18	— hr. — min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name CLAUDE YALE
13. Birthplace North Carolina

MOTHER
14. Maiden Name MARGARET NEEPER
15. Birthplace Maryland

16 (a) Informant Father
(b) Address Delta, Pennsylvania

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28/46 (Month) (Day) (Year)
(c) Cemetery or crematory Slate Ridge
Location Delta, Pa.

18 (a) Funeral director H. P. Harkins
(b) Address Delta, Pa.

JUL 26 1946 (a) (Date rec'd by registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1946, at 9:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 27 June 1946 to 25 July 1946, and that I last saw her alive on July 25 1946.

Immediate cause of death: Cerebellar tumor — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 9 July 46

Major findings of operation: Infiltrating cerebellar tumor

of autopsy:

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas H. Cooper M. D.

Address Union Memorial Hosp. Date signed 26 July 46

VS 150

G42377 Letmate

BALTIMORE CITY HEALTH DEPARTMENT ✓ G42377

CERTIFICATE OF DEATH 937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1007 Hollins St.
(c) Hospital or institution: ✓ 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 Hollins St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** William F. Letmate

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Georgia R
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12th 1883

8. AGE: Years	Months	Days	If less than one day
63	3	13	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Butcher

FATHER
12. Name Charles Letmate
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore Md.

16 (a) Informant Georgia R Letmate
(b) Address 1007 Hollins St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 7/27/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location 3801 Frederick Ave.

18 (a) Funeral director John J. Cowan & Son
(b) Address 901-03 Hollins St.

19 JUL 26 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25th 1946, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3 May 1946, to 24 July 1946, and that I last saw h— alive on 24 July 1946

Immediate cause of death Acute Cardiac failure — Duration 2 days.
Due to Hypertensive heart disease — Years.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles Cassimatis M.D.
Address 940 W. Lombard St. Date signed 25 July 46.

VS 150

X

G42378 Chmielewski

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 Registered No. G42378

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland E.
(b) Street address 2030 N. Fayette St
(c) Hospital or institution: Home 6-
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2030 N. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frances Chmielewski

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Jacob

6 (c) If alive, give age Deceased

7. Birth date of deceased (mo., day, yr.) Feb. 9 - 1861

8. AGE: Years 85 | Months 5 | Days 15 | If less than one day: hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Rose Fahrgan
(b) Address 2809 Ashland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-46 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore, Md.

18 (a) Funeral director George A. Weber
(b) Address 704 S. Ann st

19 (a) Date received JUL 26 1946 (b) Registrar Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1946 at 7 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/24 1945 to 7/24 1946 and that I last saw h[illegible] alive on 7/24 1946

Immediate cause of death ARTERIOSCLEROTIC HYPERTENSIVE CARDIO-VASCULAR DISEASE — Duration 7/24/46

Due to

Due to

Other Conditions TERMINAL BRONCHO PNEUMONIA 2 DAYS (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph F. Spenza M. D.
Address 20[illegible] E. Eager St Date signed 7/25/46

G42379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G42379 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd & Calvert Sts

(c) Hospital or institution: Union Memorial Hospital 9-

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County —

(c) City or town Baltimor (If outside city or town limits, write RURAL and give town)

(d) Street No. 733 Argonne Drive (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Mrs David Franklin Langeluttig (Thelma) THELMA H. LANGELUTTIG

3 (b) If veteran, name war — none

3 (c) Social Security Account No. — none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married, Remarried

6 (b) Name of husband or wife: David F. Langeluttig

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) March 20 1906

8. AGE: Years 40 Months 4 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Baltimor, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Richard Herbert

13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Cora Love

15. Birthplace Pennsylvania

16 (a) Informant David F. Langeluttig

(b) Address 733 Argonne Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/46 (month) (day) (year)

(c) Cemetery Moreland Mem. Park

Location Baltimore Md.

18 (a) Funeral director WM. J. TICKNER & SONS INC.

(b) Address North & Pa Aves. Balto. Md.

19 (a) JUL 26 1946 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1946 at 12 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1946, to July 25 1946, and that I last saw h.er alive on July 25 1946.

Immediate cause of death Cerebral Thrombosis — Duration 22 days

Due to Hypertension and chronic nephritis ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature George T. Speltzenmeyer M.D.

Address [illegible] Date signed 7/25/46

VS 150

X

G42380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42380 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2313 Sulgrave Ave.
(c) Hospital or institution: 15
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 11
(d) Street No. 3609 Grantley Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CARRIE ESTELLE PORTER

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband ~~or wife~~: Frank C. Porter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1857

8. AGE: Years 89 | Months 2 | Days 3 | If less than one day hr. min.

9. Birthplace Cumberland Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Morgan Stotler
13. Birthplace Unknown

MOTHER
14. Maiden Name Lucreca Wade
15. Birthplace Unknown

16 (a) Informant Miss C. Estelle Porter
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/46 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Woodlawn
Location Baltimore Md.

18 (a) Funeral director Wm. J. TICKNER & SONS INC.
(b) Address North & Pa Aves. Balto. Md.

19 (a) 7-26-1946 (Delivered by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/25 1946, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/23 1946 to 7/25 1946, and that I last saw her alive on 7/24 1946

Immediate cause of death: Cerebral Hemorrhage — Duration 2 days

Due to: Arteriosclerosis, cerebral — U. Kingdom

Due to: Cardiac Arrest

Other Conditions: None

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operations: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Martin L. Sunderland M. D.
Address 1109 St Paul St Date signed 7/25/46

VS 180

G42381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

Registered No. G42381

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1024 N. Carey St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ada Yancey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-4-1889

8. AGE: Years	Months	Days	If less than one day
57	0	19	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation
11. Industry or business laundress

FATHER
12. Name Jessie Gillam
13. Birthplace Va.

MOTHER
14. Maiden Name Clarissa Stewart
15. Birthplace Va.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 7-27-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location Baltimore, Md.

18 (a) Funeral director Charles S. Cooper
(b) Address 512 N. Carrollton Ave.

19 (c) 7-26-1946 Huntingtown, Williamsville, Md.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-23 1946 at 3 a.m. p.m.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-20 1946 to 7-23 1946 and that I last saw h[illegible] alive on 7-23 1946.

Immediate cause of death: Toxic Respiratory Depression — Duration

Due to: Sod. Pentothal

Due to:

Other Conditions: Gangrenous Appendicitis & Perforation, Appendicial Abscess
(Include pregnancy within 3 months of death).

Date of operation 7-20-46, 7-23-46

Major findings of operation: Gangrenous Appendicitis & Perforation, Appendicial Abscess

Autopsy: None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. C. Sutton
Address The Johns Hopkins Hosp. Date signed 7-27-46

VS 150

G42382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. G42382

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 749 S. Decker ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 749 S. Decker ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Romecki

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Magdalena Romecki
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10 1886

8. AGE: Years	Months	Days	If less than one day
60	1	14	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Oak Lawn cem

FATHER
12. Name Lawrence Romecki
13. Birthplace Poland

MOTHER
14. Maiden Name Katherine Dodek
15. Birthplace Poland

16 (a) Informant Mrs Magdalena Romecki
(b) Address 749 S. Decker ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-46 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary cem
Location Baltimore County

18 (a) Funeral director John H. Weber
(b) Address 401 S. Chester Street

(c) Date of burial JUL 26 1946 (b) Huntington Williams, Md.

MEDICAL CERTIFICATION

10 10

20. DATE OF DEATH July 24 1946, at A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-20 1946 to 7-24 1946; that I last saw him alive on 7-24 1946.

Immediate cause of death Apparent Pulmonary Tuberculosis Duration

Due to Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Tickel & Mitchell F. Kunkowski M. D.

Address 1065 S. East Date signed 7/25 46

VS 150

G42383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

G42383 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 518 Baker St
(c) Hospital or institution: Balto Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) No
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 518 Baker St
(If rural give location)
(e) Citizen of foreign country? ——— (Yes or No)
If yes, name country ———

3 (a) FULL NAME Winnie Washington

3 (b) If veteran, name war ———

3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	married

6 (b) Name of husband or wife Columbus

6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) Aug 12 1866

8. AGE: Years	Months	Days	If less than one day
79	11	12	——— hr. ——— min.

9. Birthplace Lancaster Co Va
(Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business

FATHER
12. Name Wm Waters
13. Birthplace Va.

MOTHER
14. Maiden Name Marion
15. Birthplace Va

16 (a) Informant Gertrude Walker
(b) Address 518 Baker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Mrs. D. Kelson
(b) Address 1303 Freedman

19 (a) 7-26-1946 (b) Huntington Williams Registrar
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-24- 1946 at 11 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1946 to July 24 46 and that I last saw h—e alive on 7-24 1946

Immediate cause of death Hemiplegia
Chronic myocarditis

Duration
1 day

Due to ———

Due to ———

Other Conditions Chron Gastritis

(Include pregnancy within 3 months of death)

Date of operation ———

Major findings of operation: ———

of autopsy: ———

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ———
(b) Date of occurrence ——— at ——— M
(c) Where did injury occur? ———
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ——— While at work ———
(Specify type of place)
(e) Means of injury ———

23. Signature J R Boykins M. D.
Address 1135 Gilmor Date of death 7/25/46

X

G42384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G42384 Registered No.

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: MERCY HOSPITAL 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 E. PRATT ST. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME CHARLES R VOLLMER
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 7/25/18 84

8. AGE: Years	Months	Days	If less than one day: hr.	min.
62 7m	-	-		

9. Birthplace MARYLAND (Town, county, and state)
10. Usual Occupation (?)
11. Industry or business

FATHER
12. Name CHARLES G VOLLMER
13. Birthplace GERMANY

MOTHER
14. Maiden Name EMMA GEIBEL
15. Birthplace USA

16 (a) Informant Martin Prussis
(b) Address 1714 E Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 27 46 (month) (day) (year)
(c) Cemetery or crematory Balto. Cem
Location East North Ave

18 (a) Funeral director Martin W. G. Rippel's Son
(b) Address 379 Aisquith St.

19 JUL 26 1946 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/25/46 1946, at 6:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/24 1946 to 7/25/ 1946, and that I last saw him alive on 7/25/ 1946.

Immediate cause of death RESPIRATORY FAILURE — Duration
Due to BRONCHOPNEUMONIA
Due to CEREBRAL VASCULAR ACCIDENT
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dan R. Paul
Address Date signed 7/25/46

X

G42385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G42385

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3026 Chesterfield Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-6 - 3
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3026 Chesterfield Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Michael L. Rama

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15th, 1873

8. AGE: Years	Months	Days	If less than one day
73	6	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Mr. Rama
13. Birthplace Italy

MOTHER
14. Maiden Name Theresa Lavazza
15. Birthplace Italy

16 (a) Informant Mrs. Robert Kaiss
(b) Address 3026 Chesterfield Avenue

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 7-27-46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetery
Location Blair Road

18 (a) Funeral director Frederick D. Miller, Inc
(b) Address 3010 E. Monument Street

19 JUL 26 1946 (Date rec'd by registrar) Wellington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1946, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 12 1937 to July 24 1946 and that I last saw him alive on July 24 1946.

Immediate cause of death Coronary Thrombosis

Due to Hypertensive Cardio Vascular Renal

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 20 min. / 9 years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George S. Bayley
Certified Asst Phys
Date signed 7/26/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42386

BALTIMORE CITY HEALTH DEPARTMENT

DALY

CERTIFICATE OF DEATH 74a

Registered No. G42386

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Calvert Sts
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 29 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5103 Elsmere Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Robert Daly

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Virginia Daly
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 6, 1917

8. AGE: Years	Months	Days	If less than one day
29	5	18	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation B&O Engineer
11. Industry or business B&O Railroad

FATHER
12. Name Henry T. Daly
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah A. Tockton
15. Birthplace Maryland

16 (a) Informant Mrs Virginia Daly
(b) Address 5103 Elsmere Ave. Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director C. Verna Lemmon
(b) Address 4611 Park Heights

19 (a) JUL 26 1946 (Must be filed within 8 days) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1946, at 7:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1946 to July 24 1946, and that I last saw him alive on July 23 1946.

Immediate cause of death Pneumonia — Duration 10 days

Due to Leukemia — 18 mos

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Leukemia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas H. Talbot M.D.
Address M. H. [illegible] Date signed 7/26/46

VS 150

G42387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G42387 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1818 W. Balto St
(c) Hospital or institution: No
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1818 W. Balto St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Laura Warfield

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 8-1874

8. AGE: Years 72 | Months 2 | Days 18 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name Richard Warfield
13. Birthplace Md

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Shaw
(b) Address 1818 W Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto Md

18 (a) Funeral director Geo. L. Bayer Jr
(b) Address 1512 Hollins St

19 (a) JUL 26 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1946 at 1.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1946 to July 1946, and that I last saw h alive on July 1946.

Immediate cause of death Gangrene of Foot — Duration 6 weeks
Due to Diabetes — Duration 12 Yrs.
Due to Diabetes
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John H Evans M. D.
Address 62 W 40th Date signed

VS 150

X

G42388 Petit Pathgate P-52220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. G42388

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1501 N. Dallas St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1501 N Dallas St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	N	Baby

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 25 July 1946

8. AGE: Years	Months	Days	If less than one day
			2 hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Baby

11. Industry or business

FATHER
12. Name Rilla Bernard Williams
13. Birthplace McVee S.C.

MOTHER
14. Maiden Name Julia Thomas
15. Birthplace Baltimore Md

16 (a) Informant Julia Thomas Williams
(b) Address 1501 N. Dallas St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School JUL 26 1946
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1946, at 8:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1946, to July 25 1946, and that I last saw s.t. alive on July 25 1946.

Immediate cause of death
(2) Congenital atelectasis
(1) Prematurity
Due to

Due to

Other Conditions Rapid Treatment of Lues for Mother April 1946
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. O Thiefer

Address 1422 E. Chase St Date signed 7/26/46 M. D.

VS 150

19678

X

Dr. Thomas Worsley
2900 Alemeda Blvd
G42389

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46E

G42389 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2909 Glenmore Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Glenmore Avenue (If outside city or town limits, write RURAL and give town)
(d) Street No. 2909 Glenmore Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bertha B. Ulbrich

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 22, 1861

8. AGE: Years	Months	Days	If less than one day
85	6	3	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Joseph Ulbrich
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Seidel
15. Birthplace Germany

16 (a) Informant Mrs. Henry Miller
(b) Address 2909 Glenmore Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road

19 (a) JUL 26 1946 (Date rec'd by registrar) (b) Huntington Willis (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25th, 1946 at 10 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1946 to July 25 1946 and that I last saw h[illegible] alive on July 24 1946

Immediate cause of death: Carcinoma of Caecum — Duration: Life-
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas L Worsley M. D.
Address 2900 Alemeda Blvd Date signed July 26, 1946

VS 150

Dr. Myron Boyko
1626 N. Caroline

G42390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

$3a

Registered No. G42390

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1508 N. Regester Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1508 North Regester St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eloisa Nippard

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife George O. Nippard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1867

8. AGE: Years	Months	Days	If less than one day
78	11	18	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Conrad Meise
13. Birthplace Germany

MOTHER
14. Maiden Name Cora Gravenstein
15. Birthplace Penna.

16 (a) Informant Mrs. Elizabeth Cotton
(b) Address 3407 White Avenue.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road

19 (a) (Date received by registrar) (b) Lexington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25th, 1946, at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-22 - 1946, to July 24, 1946, and that I last saw h[illegible] alive on 7-24, 1946

Immediate cause of death: cerebral hemorrhage, coma — Duration 4 Days
Due to Gener. arteriosclerosis — m def.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Myron J. Boyko, M. D.
Address 1626 N. Caroline St Date signed 7-25-46

VS 150

G42391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. G42391

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6105 Falls Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard A. Cole

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-7-46

8. AGE: Years	Months	Days	If less than one day
	2.	18.	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Howard Cole
13. Birthplace Md.

MOTHER 14. Maiden Name Isabelle Wolfe
15. Birthplace Pa.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (b) Date thereof July 28 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Black Rock
Location Bel Air, Balto. Co., Md.
18 (a) Funeral director Sandmeyer & Brown
(b) Address Sparks, Md.
19 (a) JUL 27 1946 (b) Huntington Nilliams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1946 at 8:10 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1946 to July 26 1946, and that I last saw h[illegible] living on July 26 1946.
Immediate cause of death - Pulmonary and cardiac failure — Duration: 7 weeks
Due to Pneumonia - Duration: over
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Demetrius D. Troggio
Address John Hopkins Hospital Date signed 7/26/46 M.D.

VS 150

G42392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92B

Registered No. G42392

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lake Drive Apt.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Lake Drive Apt.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Abram Graham Arnheim

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Amelia H. Arnheim
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 14 1881

8. AGE: Years	Months	Days	If less than one day
64	9	16	hr. min.

9. Birthplace N. C.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Adolph Arnheim,
13. Birthplace N. C.

MOTHER
14. Maiden Name Henrietta Morris,
15. Birthplace N. C.

16 (a) Informant Mrs. Amelia H. Arnheim
(b) Address Lake Drive Apt.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/46 (month) (day) (year)
(c) Cemetery or crematory Ohel Shalom
Location Balto. Md.

18 (a) Funeral director Abram Arnheim
(b) Address 1902 Eutaw Place

19 JUL 27 1946 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1946, at 12:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1946, to July 27 1946, that I last saw him alive on July 26 1946.

	Duration
Immediate cause of death: Pulmonary Oedema	3 days
Due to Cardiac Hypertrophy & Dilatation	2 weeks
Due to Mitral Stenosis & suffering	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. S. Silver
Address Temple Gardens Apts. Date signed M 7 D 29 '46

VS 150

X

G42393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 52B

G42393 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street city
(c) Hospital or institution Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Bernard Hintenach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	widowed

6 (b) Name of husband or wife Mary Hessler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 14 1875

8. AGE: Years	Months	Days	If less than one day
70	11	11	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Baker
11. Industry or business

FATHER
12. Name Georg B Hintenach
13. Birthplace

MOTHER
14. Maiden Name Theresa Weidenbrenner
15. Birthplace

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley Street city

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28 1946 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 900 East Biddle St.

19 JUL 27 1946 Huntington Williams M.D. (Date filed by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1946, at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1946 to July 25 1946 and that I last saw h[illegible] alive on July 18 1946.

Immediate cause of death Carcinoma of bladder plus Severe Hemorrhage — Duration 15 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature O. H. Duker M. D.
Address 928 E. North Ave Date signed 7/26/46

VS 3

C42394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. C42394

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 212 Stony Run Lane

(c) Hospital or institution: McKenna Memorial Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 427 E 28th St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edgar A Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-05-7378

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Vernon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30 1908

8. AGE: Years 37 | Months 10 | Days 25 | If less than one day hr. min.

9. Birthplace Trinton N J (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business Ft Foulmont

FATHER — 12. Name Harvey B Jones

13. Birthplace Del.

MOTHER — 14. Maiden Name Catherine Malone

15. Birthplace N J

16 (a) Informant Vernon Jones

(b) Address 427 E 28th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/46 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director Wilson & Son

(b) Address 1217 E Fayette St

19 (a) Date received (Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1946 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1946 to July 25 1946 and that I last saw h. alive on July 25 1946.

Immediate cause of death: Coronary Collapse — Duration 3/4 hr.

Due to Encephalitis Lethargica — 3 Mo.

Due to — Duration poor

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?*

(e) Means of injury

23. Signature MD Coroner and Examiner

Address 2200 Jamison Blvd Date signed 7/26/46 M.D.

G42395

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G42395 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 W. York St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME John Clay

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-5788

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4, 1894

8. AGE: Years	Months	Days	If less than one day
51	7	18	hr. min.

9. Birthplace Washington, D.C. (Town, county, and state)

10. Usual Occupation Bartender

11. Industry or business

FATHER
12. Name Henry Clay
13. Birthplace Point de Tint, Maryland

MOTHER
14. Maiden Name Lizzie Jeems
15. Birthplace Fredricksburg, Virginia

16 (a) Informant Walter Clay
(b) Address 934 9th St. S.W. Wash., D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. Co., Md.

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 908 W. Montgomery St

19 JUL 27 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1946, at 9:17 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 16 1946 to July 22 1946, and that I last saw him alive on July 22 1946.

Immediate cause of death: Congestive Heart Failure
Due to: Hypertensive Cardio-Vascular Disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: Gen. Arteriosclerosis, Hrt. Failure

Duration
48 hrs
9 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel D. Cary, M. D.
Address 515 Mosher St Date signed 7-27-46

VS 150

G42396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. G42396

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2018 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2018 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George M. Clement

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Mary Clement
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17 1870

8. AGE: Years 76 | Months 2 | Days 9 | If less than one day: hr. min.

9. Birthplace Orland Maine (Town, county, and state)

10. Usual Occupation Retired Stone Cutter
11. Industry or business

FATHER — 12. Name Hiram Clement
13. Birthplace Maine

MOTHER — 14. Maiden Name Jane Bowden
15. Birthplace Maine

16 (a) Informant Dr. Hugh M. Clement
(b) Address 2018 Edmondson Ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 27 1946 (month) (day) (year)
(c) Cemetery or crematory Orland Maine
Location Maine

18 (a) Funeral director Mrs. Mrs. John M. Teufel & Son
(b) Address 801 W. Fayette St.

19 JUL 27 1946 (b) Registered by Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1946; at 8 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 13 1946 to July 26 1946, and that I last saw him alive on July 26 1946.

Immediate cause of death Coronary Occlusion — Duration 2 days

Due to Pleural Effusion

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury

23. Signature Thos. H. Phillips M. D.
Address 1939 Edmondson Ave Date signed 7-28-46

VS 150

G42397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G42397

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1732 E 28th. Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1732 E. 28th Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY MARGARET SCHUMAN

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: William Schuman
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): March 22, 1868
8. AGE: Years: 78 Months: 4 Days: 3 If less than one day: hr. min.
9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Andrew Roehrer
13. Birthplace: Germany

MOTHER
14. Maiden Name: Barbar Baum
15. Birthplace: Baltimore, Maryland

16 (a) Informant: Mr. Harry Schuman
(b) Address: 2312 Evergreen Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/46 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cemetery
Location: Baltimore, Maryland

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY

19 JUL 27 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1946, at 1.10 A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1946 to July 25 1946, and that I last saw him alive on July 24 1946.

	Duration
Immediate cause of death: Broncho Pneumonia	2 da.
Antecedent causes	4 da.
Due to Arterio Sclerosis	4 da.
Morbid conditions	4 da.
Due to Arteriosclerotic Nephritis	4 da.
Other Conditions Diabetes Mellitus	4 da.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Findings of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature I F A Strouss M. D.
Address 2878 Hayford Rd Date signed 7-25-46

131a

G42398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G42398 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 303 Winston Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 335 Radnor Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHARLES LLUFRIO CURRY Sr.

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 215-07-1289

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Caroline Long

6 (c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): Oct. 17. 1877

8. AGE: Years: 68 Months: 9 Days: 8 If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Special Officer-ret. 8 yrs

11. Industry or business: Standard Oil Co.

FATHER
12. Name: Neuman Curry
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Ida Bangert
15. Birthplace: Baltimore

16 (a) Informant: Mrs. Caroline Curry (Wife)
(b) Address: 335 Radnor Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jul. 29. 1946 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn Cemetery
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: North Ave. & Broadway.

19 (a) JUL 27 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25. 1946 at 3.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1944. to July 25 1946. and that I last saw h alive on July 25 1946.

Immediate cause of death: Coronary Thrombosis

Due to: Arteriosclerosis — Duration: 2 yrs

Due to: 2 yrs. for Cardiac

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. H. Darby M. D.
Address: 5117 Medical Arts Date signed: July 26 1946

VS 150

G42399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

Registered No. G42399

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Pk. Drive & 31st St.

(c) Hospital or institution: US Marine Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 90 days

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 623 Parkwyrth Ave. (If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3 (a) FULL NAME Carroll, Wilbur Matthew

3 (b) If veteran, name war WWI

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Grace Smith Carroll

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Apr. 29, 1895

8. AGE: Years 51 Months 2 Days 26 27 If less than one day hr. min.

9. Birthplace Balto, Md. (Town, county, and state)

10. Usual Occupation Mail clerk

11. Industry or business

FATHER

12. Name Mathew Carroll

13. Birthplace Ireland

MOTHER

14. Maiden Name Clara Houghton

15. Birthplace Balto, Md.

16 (a) Informant Records

(b) Address US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 1946 (month) (day) (year)

(c) Cemetery or crematory U.S. National

Location Fredk. Ave. Balto. Md.

18 (a) Funeral director George Weber & Son.

(b) Address 2503 Edmondson Ave.

19 (a) JUL 27 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1946, at 1:10A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 28 1946 to July 26 1946, and that I last saw h im alive on July 26 1946.

Immediate cause of death Hepatitis and cholangitis acute — Duration UNKNOWN

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6/21/46

Major findings of operation: Ruptured appendix

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C.F. van Ackeren, M.D.

Address Medical Officer in Charge Date signed 7/26/46

VS 150

G42100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G42100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully typed or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Pk. drive & 31st St.

(c) Hospital or institution: US Marine Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1009 Madison Ave.

(If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Hopkins, John Wesley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	col	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 27, 1891

8. AGE: Years	Months	Days	If less than one day
54	6	28	hr. min.

9. Birthplace Balto, Md.

(Town, county, and state)

10. Usual Occupation --

11. Industry or business

FATHER 12. Name Joseph Hopkins

13. Birthplace Balto, Md.

MOTHER 14. Maiden Name Florence Blake

15. Birthplace Balto, Md.

16 (a) Informant Records

(b) Address US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-46 (month) (day) (year)

(c) Cemetery or crematory National Cem

Location Baltimore - Md.

18 (a) Funeral director Mrs. Frances A. Hemsley

(b) Address 518 W. Baltimore St. Baltimore, Md.

19 (a) JUL 27 1946 Huntington Williams, M.D. Registrar

(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1946, 5:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1946, to July 25 1946, and that I last saw him alive on July 25 1946.

Immediate cause of death: Tuberculosis, pulmonary, bilateral, far advanced — Duration: Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. Van Ackeren, Medical Director D.

Address Medical Officer in Charge Signed 7/26/46

VS 150

G42401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

927

G42401 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1139 Myrtle Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1139 Myrtle Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY MONTGOMERRY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife Wilson Montgomery

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 1891

8. AGE: Years	Months	Days	If less than one day
55	5		hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Joshua Fisher

13. Birthplace Va.

MOTHER

14. Maiden Name Alice ?

15. Birthplace Va.

16 (a) Informant Mrs. Emma Skinner

(b) Address 1139 Myrtle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-46 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem.

Location Baltimore, Md.

18 (a) Funeral director Mrs. Frances A. Hemsley

(b) Address 578 W. Biddle St.

19 (a) Filed JUL 27 1946 (Date filed by Registrar) (b) Huntington Williams, M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26, 1946 19 , at 10:A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 11 1939, to July 24 1946, and that I last saw h[illegible] alive on July 17 1946.

Immediate cause of death Valvular Heart Disease — Duration

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Douglas Sheppard M. D.

Address 1431 W Franklin St Date signed 7/27/46

X

G42102

JL - 101691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registered No. G42102

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 53 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1039 S. Sharp St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John C Boone

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Janie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1886

8. AGE: Years	Months	Days	If less than one day
60	6	22	hr. min.

9. Birthplace Ga.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Arthur Boone
13. Birthplace Ga.

MOTHER
14. Maiden Name Frances Bryant
15. Birthplace Ga.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-46 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Balto City

18 (a) Funeral director Daniel L. Brown & Son
(b) Address 108 W Montgomery St

19 (a) [illegible] (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1946, at 6:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1946 to July 23 1946 and that I last saw him alive on July 23 1946

Immediate cause of death
Miliary tuberculosis, generalized
Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Sauve
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Marcey C. McSkillan
Address City Hospital Date signed 7-27-46

VS 150

G42403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. G42403

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 203 E Preston st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 203 E Preston
(If nonresidence location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Helen Abell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Robert C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2 1895

8. AGE: Years	Months	Days	If less than one day
51	4	23	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name John P Towson
13. Birthplace Md

MOTHER 14. Maiden Name Mary E Parsons
15. Birthplace Md

16 (a) Informant Mrs Rose Tabler
(b) Address 203 E Preston st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md

18 (a) Funeral director Geo A Fogler
(b) Address Fulton Ave Baltimore

19 JUL 27 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25, 1946 at 1.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1946 to July 25 1946 and that I last saw h[illegible] alive on July 20 1946

Immediate cause of death: Hypertensive Cardio-Vascular Disease — Duration: 2 years at least

Due to

Due to

Other Conditions Cardiac Failure Pneumonia Uremia
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature J Ellison M. D.
Address 107 E. West St Date signed July 26, 1946

VS 150

G42104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170c

Registered No. G42104

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Montgomery
(c) City or town Silver Springs
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Mazur

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1926

8. AGE: Years: 20 | Months | Days | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph J. Mazur
13. Birthplace

MOTHER
14. Maiden Name Pearl Auster
15. Birthplace

16 (a) Informant Miss Mary Ann Mazur
(b) Address 10726 Old Bladensburg Rd

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/27/46 (month) (day) (year)

(c) Cemetery or crematory
Location Silver Springs, Md.

18 (a) Funeral director Herbert C. Humphreys
(b) Address Silver Springs Md.

19 (a) JUL 27 1946 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1946 at 6:00 a.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured Skull
Multiple fractures
Due to
Other Conditions Lacerations, bruises and brush burns
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/27/46 at Battr. at 1:20 a.M.
(b) Where did injury occur? 1/2 mile South of Silver Springs on Bladensburg Road
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Auto-into-pole-passenger
23. Signature Thomas J. Mendelsohn M.D. Medical Examiner.
Date signed 7/27/46

VS 151

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42405

SPEARS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. G42405

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1112 N. Eden St
(c) Hospital or institution: Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 N. Eden St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Georgie Spears

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 13, 1891

8. AGE: Years 54 | Months 9 | Days 10 | If less than one day hr. min.

9. Birthplace N. C.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Ruth Blackwell

(b) Address 1112 N. Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 '46 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem.

Location Baltimore County

18 (a) Funeral director Mrs Ruth A. Elliott Dept

(b) Address 1129 N. Carlton St.

19 (a) July 27 1946 (Date received by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1946, at 4:28 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/15 1946 to 7/23 1946 and that I last saw h[illegible] alive on 7/23 1946

Immediate cause of death: Subarachnoid Hemorrhage → Duration 8 days

Due to: Hypertensive Cardio-Vascular Degeneration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James R. Lurman M.D.

Address Provident Hosp Date signed 7-25-46

VS 150

X

G42406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 309

G42406 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2301 Milea Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2301 Milea Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary M. Edwards.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married.

6 (b) Name of husband or wife Albert E Edwards

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Feb 21, 1887

8. AGE: Years	Months	Days	If less than one day
59	5	5	hr. min.

9. Birthplace New Oxford Pa (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name John Melhorn
13. Birthplace Pa

MOTHER
14. Maiden Name Mary Brady
15. Birthplace Pa

16 (a) Informant Albert E. Edwards
(b) Address 2301 Milea Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30/46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director Benjamin H. Wilmarth
(b) Address 2405 Eastwood Ave.

19 (a) JUL 28 1946 (Above filled in by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1946, at 11 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1946 to July 26 1946, and that I last saw h[illegible] alive on July 17 1946.

Immediate cause of death: Coronary Thrombosis — Duration: 5 minutes

Due to:

Due to:

Other Conditions: (1) Latent syphilis (2) Pyelonephritis

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Adam J. Lewis M. D.

Address 6232 Belair Rd Date signed July 27, 1946

for approval by the Medical Examiner 9/a

VS 150

G42407 Birth Certificate #-52736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160a

G42407 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. W5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 105 Jeffrey St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Switzer.

3 (b) If veteran, name war 0 | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married~~, ~~widowed~~, or ~~divorced~~.
M.	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25 1946

8. AGE: Years	Months	Days	If less than one day
		1	15 hr. 39 min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Earl Switzer
13. Birthplace Laurel Md

MOTHER
14. Maiden Name Gertrude Smith
15. Birthplace Covington Ala

16 (a) Informant Gertrude Smith
(b) Address 105 Jeffrey St, Balto. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 1946 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn

18 (a) Funeral director C. Kenneth Donovan
(b) Address 3615-17 Gaheadwood Ave.

19 (a) (Date received by Registrar) JUL 29 1946 (b) Huntington Williams M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/26 1946, at 11:05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from BIRTH 19 , to 7-26 1946. and that I last saw him alive on 7-26 1946.

Immediate cause of death	Duration
Intracranial Hemorrhage	
Due to Prolonged Labor	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Brown M. D.
Address Univ. Hosp. Date signed 7/27/46

X

G42408

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G42408

CERTIFICATE OF DEATH 13 B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Pk. Drive & 31st St.

(c) Hospital or institution: US Marine Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days

(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Va. (b) County

(c) City or town Buxton

(If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3 (a) FULL NAME Farrow, Angeline Emma

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1880

8. AGE: Years	Months	Days	If less than one day
65	11	15	hr. min.

9. Birthplace Frisco, NC (Town, county, and state)

10. Usual Occupation Hwf

11. Industry or business

FATHER

12. Name Warren Reed

13. Birthplace NC

MOTHER

14. Maiden Name Martha ?

15. Birthplace NC

16 (a) Informant Records

(b) Address US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29-46 (month) (day) (year)

(c) Cemetery or crematory

Location Buxton N.C.

18 (a) Funeral director Oden Funeral Home Inc

(b) Address 4644 York Rd Hyattsville Md

JUL 28 1946 (Date received by Registrar) Hyattsville, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1946 5:50P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1946, to July 26 1946, and that I last saw her alive on July 26 1946.

Immediate cause of death	Duration
Thrombus, branches left pulmonary arteries	
Due to Bronchiectasis & bronchitis,	
Due to right lung.	
Tuberculosis, pulmonary, active,	
Other Conditions right lung.	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Glen E. Ogden

Glen E. Ogden M. D.

Address U.S. Marine Hospital Date signed 7-27-46

VS 150

X

Baltimore City Health Department

MARYLAND STATE DEPARTMENT OF HEALTH

G42409 ✓ G42409

G42409

CERTIFICATE OF DEATH

937 Reg. Dist. No.

1. PLACE OF DEATH:

County

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
2912 Glendale Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 2912 Glendale Avenue
(If rural, give LOCATION)

2.(d) If veteran, name war

3. (a) FULL NAME ALTA FLOSSIE JONES.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
FEMALE	WHITE	MARRIED

6.(b) Name of husband or wife: Walter C. Jones

6.(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): July 12-1883

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
63	0	15	1	

9. Birthplace: Cuba Ohio
(Town, county and state)

10. Usual occupation: at Home

11. Industry or business:

12. Name: Lindley Clark

13. Birthplace:

14. Maiden name: Samantha J. McKibben

15. Birthplace:

16. Informant: Mr. Walter C. Jones

Address: 2912 Glendale Ave-

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7- -46 (month) (day) (year)

Cemetery or crematory

Location: Troy Ohio

18. Funeral director: Leonard J. Kuck

Address: 5205 Harford Rd.

JUL 1946 (Date rec'd by registrar) 19 Huntington Williamsport, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 27 19 46, at 4 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 23 19 46 to July 27 19 46 and that I last saw h alive on July 26 19 46

Immediate cause of death: Heart failure — DURATION: 23 days

Due to: Hypertensive Cardio vascular disease — DURATION: Years (?)

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Louis J. Durand M.D.
M. D. or other

Address: Fitzsville Md Date signed 7/27/46

G42410 ✓ G42410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

820

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4007 Liberty Hgts Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Yr 5 M
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give name)
(d) Street No. 4007 Liberty Hgts Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Etta Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Morris H

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Jacob

13. Birthplace Poland

MOTHER 14. Maiden Name Lenz

15. Birthplace Poland

16 (a) Informant Morris H Cohen

(b) Address 4007 Liberty Hgts ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-46 (month) (day) (year)

(c) Cemetery or crematory Beth Tfiloh

Location Woodlawn Mill Road

18 (a) Funeral director Jack Lewis Inc

(b) Address 1709 E Balto St

JUL 28 1946 (Date received) Hamilton Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1946 at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1945 to July 27 1946 and that I last saw her alive on 7-27 1946.

Immediate cause of death: Cerebral Thrombosis — Duration 4 days

Due to: arteriosclerosis

Due to:

Other Conditions: General arteriosclerosis — Duration ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Morris H Cohen

Address 4004 Liberty Hgts Ave Date signed 7/29/46

X

G42411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

G42411 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2851 Boarman Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2851 Boarman Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Or Joe Freeman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Late Sadie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 16, 1881

8. AGE: Years	Months	Days	If less than one day
65	6	10	hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business Tailor

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Russia

16 (a) Informant Mrs Sarah Karr
(b) Address 2851 Boarman Ave

17 (a) Burial (b) Date thereof July 28, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel Cem
Location German Hill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-1126 W North Ave

19 (a) JUL 28 1946 (b) Huntington Williams M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

6.15

20. DATE OF DEATH July 26 1946 at P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 1945 to July 26 1946 and that I last saw h alive on July 26 1946

Immediate cause of death Pneumonia Bronchio-
Duration 3 days
Due to Congestive Cardiac Failure
Duration 1 Month
Due to Hypertension
Duration 12 yrs
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ernest Levi, M.D.
Address 1601 N. Broadway Date signed 7/26/46

VS 150

G42112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

G42112

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Bal
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 542 N. Payson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William L. Fink

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race Wht | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 9 - 1913

8. AGE: Years 32 | Months 9 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Truck driver

11. Industry National Brewing Co

FATHER
12. Name Chas Fink
13. Birthplace Balto

MOTHER
14. Maiden Name Margaret Vanskiver
15. Birthplace Balto

16 (a) Informant Rose Vanskiver
(b) Address 542 N. Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-46 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Ave

18 (a) Funeral director Geo Lernbach
(b) Address 525 N. Lyndhurst St

19 (a) (Date received by registrar) (b) Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1946, at 7 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1946, to July 26 1946; and that I last saw h/ he alive on July 26 1946;

Immediate cause of death Cachexia

Due to Cancer of Stomach & metastases to vertebral column

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Large infiltrating growth of stomach

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. L. Barrows M. D.

Address West Baltimore Gen Hosp Date signed 7-28-46

VS 150

For W. C. J. Zulewski, by Howard J. Anselmo, M. D.

G42413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42413 Registered No. 467

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Lowell, Mass.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 426 Fletcher Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Brother Clyde Loker C.F.X. (Robert Leslie Loker)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 28, 1906

8. AGE: Years	Months	Days	If less than one day
39	8	28	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Religious teacher
11. Industry or business

FATHER
12. Name Judge William M. Loker
13. Birthplace Maryland

MOTHER
14. Maiden Name Mabel Lord
15. Birthplace Maryland

16 (a) Informant Patient
(b) Address same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29-46 (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral
Location

18 (a) Funeral director Chas. E. Evans Son Inc.
(b) Address 118 W. Mt. Royal Ave
Huntington Williamsport Md.

19 28 1946 (Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1946, at 10:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1946 to July 26 1946, and that I last saw him alive on July 26 1946.

Immediate cause of death: Pancreatic Carcinomatosis — Duration 8 mos.
Due to
Due to
Other Conditions: Colostomy
(Include pregnancy within 3 months of death)
Date of operation May 3, 1946
Major findings of operation: Pancreatic Carcinomatosis
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Harold P. Bill, M. D.
Address Mercy Hospital Date signed 7-26-46

VS 150

G42114

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G42114

CERTIFICATE OF DEATH 164c

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto - Co
(c) City or town Essex (If outside city or town limits, write RURAL and give town)
(d) Street No. #6 Black Drive Manor (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Matilda Jacqueline P Wright
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife John A Wright
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 9th 1913

8. AGE: Years	Months	Days	If less than one day
83	2	18	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Charles N. Randel
13. Birthplace Czecho-Slovakia

MOTHER
14. Maiden Name Margaret L. Lelak
15. Birthplace Czecho-Slovakia

16 (a) Informant Charles N. Randel
(b) Address Black Drive Balto 20

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 30 46 (month) (day) (year)
(c) Cemetery or crematory Oberlin Mem
Location Sheelton Pa.

18 (a) Funeral director Langahn Funeral Home
(b) Address 7401 Belair Rd.

(a) JUL 28 1946 (Local registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 27 July 1946 10 02 A M

21. I certify that I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Gunshot wound of Chest involving heart
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 27 July 46 9:10 A. M.
(b) Where did injury occur? Above address
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Firearm - Shotgun

23. Signature William J Kelfuch M.D. Medical Examiner
Date signed 7-27-46

Homicide by Murder of Mrs. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

G42415

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G42415

CERTIFICATE OF DEATH 46E

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fairmount & Broadway
(c) Hospital or institution:
Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Aberdeen
(If outside city or town limits, write RURAL and give town)
(d) Street No. 141 Park Road
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Standiford, Mrs. Blanche N.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3 Sept. 1879

8. AGE: Years	Months	Days	If less than one day
66	10	25	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William A. Wilson
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Olivia Lowe
15. Birthplace Maryland

16 (a) Informant Self
(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 30 46 (month) (day) (year)
(c) Cemetery or crematory Union Chapel Cem.
Location Harford Co., Md.

18 (a) Funeral director Langdon Funeral Home
(b) Address 740 Belair Rd.

19 (a) 28 1946 (Date received by Registrar) (b) Registrar's signature Livingston Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 28 July 1946, at 12 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 23 July 1946, to 28 July 1946, and that I last saw h[illegible] alive on 23 July 1946.

Immediate cause of death	Duration
Carcinoma of cecum	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 24 July 46

Major findings of operation: Carcinoma of cecum

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Rosin, M.D.
Address Church Home & Hospital Date signed 28 July 46

VS 199

X

G42416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G42416 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 603 N. Lakewood Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 71
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 603 N. Lakewood Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Bieger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Ignatius George Bieger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 1872

8. AGE: Years	Months	Days	If less than one day
73 yrs.	9	11	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Frank Fuchs
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Lentz
15. Birthplace Germany

16 (a) Informant Mrs. Rose Zeller - daughter
(b) Address 617 N. Lakewood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/46 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Dogwood Rd. Balto. Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601-03 E. Madison Street

19 (a) [illegible] (Signature of Registrar) Huntington Williams, M.D. Registrar

JUL 28 1946

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1946 at 11:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1945 to July 1946 and that I last saw h[illegible] alive on July 1, 1946.

Immediate cause of death Coronary Thrombosis — Duration 1/2 hr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry H. Lane M. D.
Address 2607 E. Preston Date signed 7-27-46

G42417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42417 Registered No. 1912

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2536 E. Eager St.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2536 E. Eager St.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Angelo M. Petrarca

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of ~~husband~~ or wife Elsie (nee Riccitelli)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30, 1883

8. AGE: Years	Months	Days	If less than one day
63 yrs.	3	26	hr. min.

9. Birthplace Italy
(Town, county, and state)

10. Usual Occupation

11. Industry or business Stewart & Company

FATHER
12. Name Dominic Petrarca
13. Birthplace Italy

MOTHER
14. Maiden Name Stella Russy
15. Birthplace Italy

16 (a) Informant wife
(b) Address 2536 E. Eager St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/46 (month) (day) (year)
(c) Cemetery or ~~Crematory~~ Baltimore
Location North Ave. & Rose St. Balto. Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601-03 E. Madison Street

JUL 28 1946 (b) Huntington Williams, M.D. Registrar
(Date rec'd by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/25/46 at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-25 1944 to 7/25/1946 and that I last saw h. alive on 7/24/1946

Immediate cause of death Heart failure.
Organic valvular lesion
Due to Caters Sclerosis
Due to Hypertension
Due to Chronic nephritis - Acute nephritis -
Other Conditions

Duration: months / years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr. J. Guarneri M. D.
Address Medical Arts Bldg. Date signed

Geldmacher ✓ G42118

G42118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2090 N. Fayette St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2090 N. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Geldmacher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Frederick L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 18 Sept 1874

8. AGE: Years	Months	Days	If less than one day
71	10	7	— hr. — min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at Home

FATHER
12. Name Theo. Gerhardt
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Knotzen
15. Birthplace Germany

16 (a) Informant Mrs. Edward C. Hake
(b) Address 2090 N. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 29 July 46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director J. B. Neffert & Son
(b) Address 1300 Eutaw Place

19 (a) 7-31-1946 (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 26 July 1946 at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1945 to July 26 1946.
and that I last saw him alive on July 22 1946.

Immediate cause of death Coronary Thrombosis — Duration 2 days

Due to Hemorrhagic Infarction of Brain

Due to

Other Conditions Arteriosclerosis — 1 year

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. T. Hake M. D.
Address 16 E. Lexington St. Date signed 7-27-46

VS 150

(over)

X

G42419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G42419

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Cayuga & Dukeland

(c) Hospital or institution: Mt Bolt. more Gen Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2000 Annapolis Rd.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mrs. Bertha Kurtz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
F.	W.	Widowed

6 (b) Name of husband or wife Geo. Edward Kurtz

6 (c) If alive, give age 5 years

7. Birth date of deceased (mo., day, yr.) 11-30-1871

8. AGE: Years	Months	Days	If less than one day
74	7	26	— hr. — min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housewife at

11. Industry or business Home

FATHER

12. Name Jacob Reichardt

13. Birthplace Germany

MOTHER

14. Maiden Name Unknown

15. Birthplace Germany

16 (a) Informant Mrs Catherine Davis

(b) Address 2000 Annapolis Ave

17 (a) Burial (Burial, cremation, or removal) – (b) Date thereof 29 July 46 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director F. D. Tyburt & Son

(b) Address 1100 Eutaw Place

19 (a) Date received by registrar 29 1946 (b) Signature Livingston Williams, M.D.

VS 190

MEDICAL CERTIFICATION

20. DATE OF DEATH 26 July 1946, at 12:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 25 July 1946 to 26 July 1946 and that I last saw h[illegible] alive on 26 July 1946

Immediate cause of death: Thrombosis Cerebral Artery Failure — Duration

Due to Bilateral Femoral Arterial Occlusion due to Saddle Thrombus bifurcation of the aorta — Duration

Due to Arteriosclerosis — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation — Duration

Major findings of operation: C.V. Renal Dis — Duration

of autopsy: Above — Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Peter A. Davis M.D.

Address Mt Bolt Gen Hosp. Date signed 7/26/46

Birth Certificate G42420

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42420 Registered No. 167E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fairmont + Broadway
(c) Hospital or institution: Church Home + Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore Co.
(c) City or town Baltimore (15)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3920 Cold Spring Lane
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Grace Margaret Moerschbacher.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1946

8. AGE: Years — Months — Days + If less than one day 15 hr. 21 min.

9. Birthplace Baltimore, City, Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business —

FATHER
12. Name Frances Charles Maersbacher
13. Birthplace Shenandoah, Penna

MOTHER
14. Maiden Name Grace Margaret O'Brien
15. Birthplace Osceola Mills, Penna

16 (a) Informant Father.
(b) Address 3920 Cold Spring Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 (Month) (day) 1946 (year)
(c) Cemetery or crematory St John's
Location Loyola Section

18 (a) Funeral director Miller & Sons
(b) Address Lemmon, Md

19 (a) Date received July 29 1946 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1946 at 4:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1946 to July 27 1946 and that I last saw her alive on July 27 1946

Immediate cause of death Prematurity Atelectasis, Patent Ductus Arteriosus, Patent Foramen Ovale — Duration: life.

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature L. T. Jordan M. D.
Address Church Home + Hospt Date signed July 27 1946

VS 180

X

G42421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

G42421 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly, and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Aves.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore Co.
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. RFD #6 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth Jane Zinkham

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Earl Zinkham

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/6/12

8. AGE: Years	Months	Days	If less than one day
34	4	20	hr. min.

9. Birthplace Hanford County Md.
(Town, county, state or foreign country)
10. Usual Occupation Housewife
11. Industry or business Home

FATHER
12. Name William MacKenzie
13. Birthplace Scotland

MOTHER
14. Maiden Name Margaret MacKenzie
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 1946 (day) (year)
(c) Cemetery or crematory Jacksonville Methodist Episcopal
Location Jacksonville Baltimore Co. Md.

18 (a) Funeral director John Burns Sons
(b) Address Towson, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 29 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/26 1946, at 12:26 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/15 1946 to 7/26 1946, and that I last saw her alive on 7/26/1946.

Immediate cause of death
Pulmonary Embolus
following
Due to Carcinoma Pancreas

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 7/16/46

Major findings of operations

of autopsy

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martin W. Kniper M.D.
Address Md. Gen. Hosp. Date signed 7/26/46

Kniper

G42422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 Q

Registered No. G42422

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5916 Catonia Ave Dist.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5916 Catonia Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence M. Willis SR

3 (b) If veteran, name war Yes

3 (c) Social Security Account No. —

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. D

6 (b) Name of husband or wife Millie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30, 1901

8. AGE: Years 44 | Months 10 | Days 28 | If less than one day hr. min.

9. Birthplace Urban City Va
(Town, county, and state)

10. Usual Occupation Barber

11. Industry or business

FATHER
12. Name John Willis
13. Birthplace Va

MOTHER
14. Maiden Name unk
15. Birthplace Va

16 (a) Informant Clarence M. Willis Jr
(b) Address 5916 Catonia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29/46 (month) (day) (year)
(c) Cemetery or crematory Urban City Cem
Location Urban City Va

18 (a) Funeral director Phillips Funeral Home
(b) Address 2024 Arlington Ave

19 (c) JUL 29 1946 (Date received by registrar) Huntington Williamson M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/28 1946, at 10:32 AM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. P. Sobieski M.D.
Medical Examiner.
Date signed 7/28/46

X

CORRECTIONS REQUIRED, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ G42423

46E Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 31st & Wyman Pk.
(c) Hospital or institution: U.S. MARINE Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State PA. (b) County
(c) City or town PITTSBURGH (If outside city or town limits, write RURAL and give town)
(d) Street No. 105 VICTORIA AV. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** MIKE, TONY

3 (b) If veteran, name war

3 (c) Social Security Account No. 172100849

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	WHITE	MARRIED

6 (b) Name of husband or wife JEANNE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 18, 1909

8. AGE: Years	Months	Days	If less than one day
36	8	10	hr. min.

9. Birthplace PITTSBURGH PA. (Town, county, and state)
10. Usual Occupation SEAMAN
11. Industry or business

FATHER
12. Name MIKE, TONY
13. Birthplace SYRIA

MOTHER
14. Maiden Name THOMAS, ANNA
15. Birthplace SYRIA

16 (a) Informant U.S. Marine Hospital
(b) Address Baltimore, maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 30-July 46 (month) (day) (year)
(c) Cemetery or crematory New Castle
Location Penna.

18 (a) Funeral director Ocker Funeral Home, Inc.
(b) Address 4644 York Rd. Rt. 12

19 (a) 29 1946 (Date received by local registrar) Huntingdon Valley, Pa. (b) Registered

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/27 1946, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/17 1946 to 7/27 1946 and that I last saw h[illegible] alive on 7/27 1946.

Immediate cause of death ADENOCARCINOMA OF COLON — Duration

Due to

Due to

Other Conditions PERITONEAL METASTASES (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: CARCINOMA OF COLON

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Christian J. Bilka M.D.
Address U.S. MARINE Hosp. Date signed 7/30/46

VS 150

X

G12424

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

460 Registered No. G12424

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 33rd. & Calvert St.
(b) Street address ~~3929 Canterbury~~
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3929 Canterbury Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME MR. William Lee Rawls

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mrs. W. L. Rawls. 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1883.

8. AGE: Years	Months	Days	If less than one day
63	2	26	hr. – min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Lawyer
11. Industry or business

FATHER
12. Name William Stone Rawls
13. Birthplace N. C.

MOTHER
14. Maiden Name Tyson
15. Birthplace Ga.

16 (a) Informant William Lee Rawls Jr.
(b) Address 3929 Canterbury Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 1946 (month) (day) (year)
(c) Cemetery or crematory St Thomas
Location Garrison Forest,

18 (a) Funeral director Henry H. Jenkins Sons
(b) Address McCulloh & Orchard Sts

19 (a) JUL 29 1946 (Date received) (b) Huntingtown, Williams, Md. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-26 1946, at 6:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1946 to July 26 1946, and that I last saw h/m alive on July 26 1946.

Immediate cause of death	Duration
Respiratory Failure	12 hrs.
Due to Carcinoma of Esophagus	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward H. Jones Jr. M. D.
Address Union Mem. Hosp. Date signed 7-30-46

VS 150

G42425

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. G42425

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 311 S. Robinson St.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 311 S. Robinson St.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sophia C. Neidhardt

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife George J. Neidhardt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24, 1864

8. AGE: Years	Months	Days	If less than one day
81	7	2	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

MOTHER / FATHER
12. Name John Shreiner
13. Birthplace Germany
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs. Catherine Botorek
(b) Address 309 S. Robinson St.

17 (a) Burial (b) Date thereof July 29, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory First United Evangelical
Location Baltimore, Md.

18 (a) Funeral director Ullrich Funeral Home
(b) Address 8008 Orleans St.,

JUL 29 1946 (By) Huntington Williams M.D.
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26, 1946 19 at 11:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1945 to July 26 1946 and that I last saw h Mr alive on July 1946.

Immediate cause of death
Uremia — Duration 1 wk.
Due to Chronic interstitial nephritis — 5 yrs.
Due to Senile arteriosclerosis — 10 yrs.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Clarence W. LeGore M.D.
Address 601 S. Ellwood Ave Date signed 7/26/46

VS 180

X

G42426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 935

G42426 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 427 N. Montford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alvin Ronald R Dobbins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2nd 1903

8. AGE: Years	Months	Days	If less than one day
43	3	5	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Brewery Worker

11. Industry or business

FATHER
12. Name Henry Dobbins
13. Birthplace Md

MOTHER
14. Maiden Name Minnie Mueller
15. Birthplace Md

16 (a) Informant Mrs Minnie Dobbins
(b) Address 427 Montford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29/46 (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location Balto Md

18 (a) Funeral director Welsh Funeral Home
(b) Address 2008 Orleans St

19 JUL 29 1946 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1946, at 9P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Acute Congestive Cardiac Failure

Due to

Other Conditions Emphysema of lungs. History of Asthma.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 7-26-46

VS 151

G42427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42427

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 711 Park Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) 12 1/2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 1
(If outside city or town limits, write RURAL and give town)
(d) Street No. 711 Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Doris Elizabeth Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-29-1932

8. AGE: Years	Months	Days	If less than one day
13	9	28	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Earl William Green Jr
13. Birthplace Richmond Va

MOTHER
14. Maiden Name Mary E. Wells
15. Birthplace Richmond Va

16 (a) Informant Earl William Green Jr
(b) Address 711 Park Ave

17 (a) removal (Burial, cremation, or removal) (b) Date thereof 7-29-46 (month) (day) (year)
(c) Cemetery or crematory
Location Richmond Virginia

18 (a) Funeral director Joseph Isaac Inc
(b) Address 2013 Freemont Ave

19 (a) JUL 29 1946 Registrar (b) Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1946, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1945 to 7-27-1946, and that I last saw him alive on 7-26-1946.

Immediate cause of death	Duration
Rheumatic Heart Disease	15 mos
Due to Rheumatic Fever	15 mos
Due to Following Scarlet Fever	6 months
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. D. Ensor M. D.
Address 7201 Perkz Rd Date signed 7-27-46

G42128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. G42128

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 906 Walnut Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 906 Walnut Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARIE C. KAESLIN

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Victor W. Kaeslin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1899

8. AGE: Years	Months	Days	If less than one day
47	0	19	hr. min.

9. Birthplace Media Pa.
(Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name Patrick Coyle
13. Birthplace Ireland

MOTHER
14. Maiden Name ? Dowd
15. Birthplace Ireland

16 (a) Informant Mr. V. W. Kaeslin
(b) Address 906 Walnut Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/29/46 (month) (day) (year)
(c) Cemetery Media Pa
Location Media Pa

18 (a) Funeral director WM. J. TICKNER & SONS INC.
(b) Address North & Pa Aves Balto. Md.

19 (a) (Date rec'd by registrar) JUL 29 1946 (b) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 1946, at 12:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1946 July 27 1946 and that I last saw him alive on July 26 1946.

Immediate cause of death: Cerebral Thrombosis (Infarct) — Duration 17 hrs.
Due to
Due to
Other Conditions Arterial Hyper tension ? (Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
(f) Signature H. M. Johnson M. D.
Address 403 Med Arts Date signed 7-27-46

139.

G42429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940 ✓ Registered G42429

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3316 Piedmont Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

15 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3316 Piedmont Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME C. HARRY O'NEAL

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 212-16-8866

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Carrie O'Neal
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1868

8. AGE: Years	Months	Days	If less than one day
77	7 8	10	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Gomprecht & Benesch

FATHER
12. Name John L. O'Neal
13. Birthplace Md.

MOTHER
14. Maiden Name Dorcas Ann Hammondtree
15. Birthplace Md.

16 (a) Informant Mrs. Elsa Holmes
(b) Address 2001 South Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Md.

18 (a) Funeral director Wm. J. TICKNER & SONS INC.
(b) Address North & Pa Ave. Balto. Md.

19 (a) JUL 29 1946 (Date received by registrar) Hunting ton Williams Registrar

MEDICAL CERTIFICATION

P.

20. DATE OF DEATH July 25, 1946, at 7:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/24/46 19 to 7/25/46 19, and that I last saw him alive on 7/24 19 46

Immediate cause of death	Duration
Coronary occlussion	2 days
Due to advanced arterio-sclerosis	?
Due to	
Other Conditions Hypertension	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dallas D. Tublett M. D.
Address 2220 Garrison Blvd Date signed

VS 180

X

G42430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92B

Registered No. G42430

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1038 N. Bentalou St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1038 N. Bentalou St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie V. Hunt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	Widow

6 (b) Name of husband or wife late Wm. J. Hunt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21, 1863

8. AGE: Years	Months	Days	If less than one day
83	0	5	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Wm. Anderson
13. Birthplace Md

MOTHER
14. Maiden Name Rhoda Harmon
15. Birthplace Md

16 (a) Informant Mrs. Charles E. Parker
(b) Address 1038 N. Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Nitzke
(b) Address 410 E. Edmondson Ave

19 (a) 7-29-1946 (b) Huntington Williams
(Date received by Registrar) (Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/26/46 19 , at 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1945 to July 26 1946, and that I last saw her alive on July 26 1945.

Immediate cause of death Pulmonary Edema
Due to Endocarditis, Mitral Stenosis
Due to Hypertension
Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert C. Nitzke M. D.
Address 2157 Wilson Ave Date signed July 29 1946

G42131

AB-101244

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G42131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mos- 13days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 211 S. Mount St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: William Washington Richter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Minnie Agnes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2- 1894

8. AGE: Years 52 | Months 4 | Days 24 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Richter (D
13. Birthplace Md.

MOTHER
14. Maiden Name Mary McCullum (D
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/46. (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Little
(b) Address 410 E Edmondson Ave

19 (a) 8-9-1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26- 1946, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-13- 1946 to 7-26- 1946 and that I last saw him alive on 7-26- 1946

Immediate cause of death	Duration
Pulmonary Tuberculosis	4yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alvin S. Hart M.D.
Address Balto City Hosp Date signed 8-6-46

VS 150

G42132 ✓ G42132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland N.
(b) Street address 622 Lakewood Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 71
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 822 N. Lakewood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JULIA BEATLEY

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: George W. Beatley
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 28 1858

8. AGE: Years: 88 Months: 0 Days: 28 If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Conrad Schick
13. Birthplace: Germany

MOTHER
14. Maiden Name: Mollie Walker
15. Birthplace: Germany

16 (a) Informant: Ida Beatley
(b) Address: 822 N. Lakewood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-46 (month) (day) (year)
(c) Cemetery or crematory: St. Pauls Cemetery
Location: Baltimore, Maryland

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: NORTH AVE. & BROADWAY

19 (a) 7-9 1946 (Date first called to attend) (b) Huntington Millimans, M.D. (Address)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1946 at 11.30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1945 to July 26 1946, and that I last saw h[illegible] alive on July 26 1946.

Immediate cause of death: Pneumonia Influenza — Duration: 1 yr.
Paralysis Agitans — 3 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George D Lefevre M. D.
Address 432 Cathedral Street Date signed 7/27/46

VS 150

G42433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1330

Registration No. G42433

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Genl Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 8202 Dundalk Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FLORENCE STUBBLEFIELD

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar 3rd 1920

8. AGE: Years	Months	Days	If less than one day
26	4	24	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Augustus Stubblefield
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth C. Mackin
15. Birthplace Havre de Grace Md.

16 (a) Informant Elizabeth Stubblefield mother
(b) Address 8202 Dundalk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/46 (month) (day) (year)
(c) Cemetery or crematory Browns Fork
Location Middletown Md

18 (a) Funeral director Milhorn & Ford Inc
(b) Address 1217 E Fort Ave

19 (a) JUL 29 1946 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1946 at 10:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1946 to July 27 1946 and that I last saw her alive on July 29 1946

Immediate cause of death	Duration
Acute hepatic failure	3 days.
Due to Chr. pyelonephritis	8 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Chr. pyelonephritis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leonard E. Blumenthal M.D.
Address W.B.G.H. Date signed 7/27/46

VS 180

Huntingtown Williamsport, Md

G42134

BALTIMORE CITY HEALTH DEPARTMENT

HB# 90582 **CERTIFICATE OF DEATH** 13B Registered No. G42134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 8 17
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1027 N. Kenwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Wingate

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Gladys

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1895

8. AGE: Years	Months	Days	If less than one day
50	11	5 4	hr. min.

9. Birthplace Georgia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert Wingate(d)
13. Birthplace Ga.

MOTHER
14. Maiden Name Georgia Wallace(d)
15. Birthplace Miss.

16 (a) Informant Baltimore City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/46 (month) (day) (year)
(c) Cemetery or crematory Woodland Park Location Parkville Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St

19 (a) (Date received by registrar) (b) 1946 [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 1946 1946 at 10:PM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 9, 1944 to July 27 1946 and that I last saw him alive on July 27, 1946.

Immediate cause of death: Pulmonary Tuberculosis Far advanced — Duration: yrs

Due to: Pneumonia

Due to:

Other Conditions: Cirrhosis of Liver Chronic Epididymitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A.J. Hart M.D.
Address Balto City Hosp Date signed 7/26/46

PHYSICIAN
Underline the cause to which death should be charged statistically.

VS 150

G42435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1631

G42435 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street and No.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 W
(e) Length of stay in Baltimore (yrs., mos., or days) 52 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2939 N. Charles St (If rural give location)
(e) Citizen of foreign country? ------- (Yes or No); If yes, name country ------

3 (a) FULL NAME Miss Edith Graham

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ---------

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1893

8. AGE: Years 52 | Months 11 | Days 8 11 | If less than one day ..hr. ..min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business -------

FATHER
12. Name William Graham
13. Birthplace Maryland

MOTHER
14. Maiden Name Jennie Mairs
15. Birthplace Maryland

16 (a) Informant Elmer M. Harper
(b) Address 2 W. Oakdale Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/46 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore, Md.

18 (a) Funeral director H. W. Meades & Son
(b) Address 805 N. Calvert Street

19 (a) JUL 29 1946 (Date rec'd by Local Registrar) (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 27 July 1946, at 12 46 M

21. I certify that I took charge of the remains described above, held an Autopsy and thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Suicide by poisoning

Due to Bichloride of mercury

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 25 July 46 19 00 Hrs.
(b) Where did injury occur? 2939 N. Charles St.
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Ingested Bichloride of Mercury

23. Signature W. Edham Stafford M.D. Medical Examiner.
Date signed 27 July 46
Howard J. Mackie, M.D.

G42136

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940 Registered No. G42136

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3324 E Calvert Sts
(c) Hospital or institution: The Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 63

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt.
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3121 N. Calvert St, City #18 (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Christine Blake Mackall Christianna G. Mackall

3 (b) If veteran, name war ********* | 3 (c) Social Security Account No. *****

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Mr. Frank C Mackall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 2, 1881

8. AGE: Years	Months	Days	If less than one day
63	7 8	25	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Blake
13. Birthplace Maryland

MOTHER
14. Maiden Name Georgia Ella Allnutt
15. Birthplace Maryland

16 (a) Informant Miss Mackall
(b) Address 3121 N Calvert St, Balt-18

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert St.

19 (a) JUL 29 1946 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1946, 10:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1946 to July 27 1946 and that I last saw her alive on July 27 1946

Immediate cause of death Myocardial failure

Duration 3 da

Due to Coronary sclerosis

Due to Gen. arteriosclerosis

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Winston Kimball, Jr.
Address Union Mem. Hospital Date signed 7-27-46

VS 150

G42437.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 12

Registered No. G42437.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3609 Chestnut Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter Combe

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-5024

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Lorretta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19= 1886

8. AGE: Years	Months	Days	If less than one day
59	9	5	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Summerville Combe (D
13. Birthplace Md.

MOTHER
14. Maiden Name Fannie Park
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-46 (month) (day) (year)
(c) Cemetery or crematory St Marys Hampden
Location Balto Md

18 (a) Funeral director Frank H Seitz
(b) Address 814 W 36 St

19 (a) [illegible] 29 19[illegible]
(b) [illegible] Eugene Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1946, at 3.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-22 1946, to 7-24 1946, and that I last saw h IM alive on 7-24 1946.

Immediate cause of death
Cardiac Failure
Due to Lung abscess
Due to Perf. appendix, abscess ext. adhesions into Lung.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy Perf appendix abscess + [illegible]

Duration
—
Few hrs.
7 wks.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund S Beacham
Address Balto City Hosp Date signed 25 July 46 M. D.

VS 150

G42138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 12-B

G42138 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edgevale & Harvest Roads
(c) Hospital or institution: home
(d) Length of stay in hospital or inst. (yrs., mos., or days) ••27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. City
(c) City or town City of Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Edgevale & Harvest Rds. Rol. Park
(If rural give location)
(e) If foreign born, how long in U. S. A.? ••••••• years

3 (a) FULL NAME BENJAMIN HOWELL GRISWOLD, Jr.

3 (b) If veteran, name war: NONE

3 (c) Social Security Account No.: NONE

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: Bessie Brown Griswold

6 (c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): August 1, 1874

8. AGE: Years: 71 Months: 11 Days: 26 If less than one day: ..... hr. ..... min.

9. Birthplace: Hagerstown, Maryland
(Town, county, and state)

10. Usual Occupation: Banker

11. Industry or business: Alex. Brown & Sons

FATHER
12. Name: Benjamin Howell Griswold
13. Birthplace: Hagerstown, Md.

MOTHER
14. Maiden Name: Carrie Grieves Robertson
15. Birthplace: Hagertown, Md.

16 (a) Informant: Maj. Alex. B. Griswold (son)
(b) Address: Monkton, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29, 1946 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge
Location: Pikesville, Maryland

18 (a) Funeral director: Stewart & Mowen Company
(b) Address: 108 W. North Ave. - Balto., Md.

19 (a) (Date received by registrar) JUL 29 1946 Evelyn Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1946, at 6 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1946, to July 27 1946, and that I last saw h was alive on July 27 1946.

Immediate cause of death: Hepatitis - chronic — Duration: 6 months

Due to: Unknown

Due to:

Other Conditions: History of Rheumatic heart disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Walter B. Buck M. D.
Address: 18 E. Eager St Date signed July 29

VS 2

G42439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

G42439 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2105 E. Preston St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2105 E. Preston St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Reberger.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 19, 1857

8. AGE: Years	Months	Days	If less than one day
88	9	8	hr. min.

9. Birthplace Bellview Ky. (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name ✓
13. Birthplace ✓

MOTHER
14. Maiden Name ✓
15. Birthplace ✓

16 (a) Informant Miss. Lulu C. Bowen
(b) Address 2105 E. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/46 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Road

18 (a) Funeral director Howard N. Bligh Jr.
(b) Address 4914 Belair Road

19 (a) (Date rec'd by registrar) (b) Williams, M.D. Registrar

JUL 29 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 1946 at 10:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1946, to July 27 1946, and that I last saw her alive on July 24 1946.

Immediate cause of death Arteriosclerosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Victor Goldberg M.D.
Address 3100 Hanford Road Date signed 7/28/46

G42440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 930

G42440 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Dawson St
(c) Hospital or institution: Provident Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1009 W. Lafayette Ave - 17
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Carrie C. Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Carrie Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 19 December 1871

8. AGE: Years 74 | Months 7 | Days 6 | If less than one day: hr. — min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Edward Jones
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Anne Caldwell
15. Birthplace Balto Md

16 (a) Informant Mrs Carrie Jones
(b) Address 1009 W. Lafayette

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28 1946 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial
Location Baltimore Co. Md

18 (a) Funeral director [illegible]
(b) Address 1601 [illegible]

19 (a) (Date rec'd by registrar) JUL 29 1946 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 25 July 1946, at 11 5/6 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6 July 1946, to 25 July 1946, and that I last saw him alive on 23 July 1946.

	Duration
Immediate cause of death: pulmonary edema	36 hrs
Due to cardiac decompensation	48 hrs
Due to arteriosclerotic heart disease and generalized arterio -	
Other Conditions contributing	3 years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James D. Carr M. D.
Address 515 Mosher St Date signed 7-28-46

G42141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G42141 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 240 S. Exeter St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ignazio Tavoni

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 212-03-3731

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1897

8. AGE: Years 49 | Months 1 | Days 27 | If less than one day: hr. min.

9. Birthplace Villa PENNA ITALY (Town, county, and state)

10. Usual Occupation TAILOR

11. Industry or business

FATHER
12. Name SABATINO TAVONI
13. Birthplace ITALY

MOTHER
14. Maiden Name ANNA ?
15. Birthplace ITALY

16 (a) Informant ANTONIO TUTTOLANO - BRO. IN-LAW
(b) Address 205 S. EXETER ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof July 30-46 (Month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Monley St

19 (a) (Date received by Local Registrar) JUL 29 1946 Hunting for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1946, at 11.45 P. M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Coronary occlusion

Due to

Other Conditions Diabetes

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury, at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William J. Kilpatrick M.D. Medical Examiner
Date signed 7/22/46

94a

G42442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

G42442

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Colvert St.
(c) Hospital or institution: The Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 13
(e) Length of stay in Baltimore (yrs., mos., or days) 68

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Esplanade Apartments (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Stella Simpson Mann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-21-78

8. AGE: Years	Months	Days	If less than one day
68	2	7	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Henry Mann
13. Birthplace Maryland

MOTHER
14. Maiden Name Hannah Simpson
15. Birthplace Maryland

16 (a) Informant Mrs. Vos. Cohen
(b) Address 3310 Tunnyby Balt. #15

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/46 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Harris Goodman & Son
(b) Address 1902 Eutaw Place

19 (a) Date received by local registrar JUL 29 1946 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1946, at 3:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1946 to July 28 1946 and that I last saw h.e.r. alive on July 28 1946

Immediate cause of death	Duration
Due to Auteria	
Due to Diabetes Mellitus	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Winston Turnbull, Jr. M.D.
Address Union Memorial Hospital Date signed 7-28-46

VS 150

X

G42443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

Registered No. G42443

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1702 Hanover St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1702 Hanover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah E. Goldstrow

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Charles Goldstrow
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) August 12, 1870

8. AGE: Years	Months	Days	If less than one day
75	11	17	15 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John J. Allen
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth (?)
15. Birthplace Md.

16 (a) Informant Mrs. Frances B. Shuck (Daughter)
(b) Address 716 Hanover St., Balto. 3

17 (a) Burial — (b) Date thereof July 30, 1946 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Anne Arundel Co., Md.

18 (a) Funeral director Edward Evans
(b) Address 4008 Reisterstown Rd., Balto. 15

AUG 29 1946 (Date rec'd by registrar) Huntingtown, Williamsville Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 1946, at 6:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 26, 1946 to July 27, 1946; that I last saw h[illegible] alive on July 25, 1946.

Immediate cause of death	Duration
Extravasation	1 day
Due to	
Due to Cerebral Hemorrhage	2 hrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: R. E. L. Campfield
Address 1644 Hanover Date signed July 27, 1946

VS 150

G42144

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

45B Registered No. G42144

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley Street City
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 85 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Aler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Separated

6 (b) Name of husband or wife Amanda Adams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4, 1860

8. AGE: Years	Months	Days	If less than one day
86	7	22 24	hr. min.

9. Birthplace Maryland County - Md. (Town, county, and state)
10. Usual Occupation Paperhanger
11. Industry or business

FATHER
12. Name Jeremiah Aler
13. Birthplace

MOTHER
14. Maiden Name Deborah Wilts
15. Birthplace

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley Street City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 1946 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director Rida Weadefeld
(b) Address 900 East Biddle St

19 JUL 29 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1946 at 6 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1946 to July 28 1946 and that I last saw him alive on July 28 1946.

Immediate cause of death Cancer Lingual of tongue with Secondary Anemia — Duration 6 Mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elliott Duker M. D.
Address 928 E North Ave Date signed 7/29/46

G42445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47c

Registered No. G42445

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland
(c) Hospital or institution: Sinai Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4219 Pimlico Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bernard Cooper

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-01-5928

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	married

6 (b) Name of husband or wife Molly.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Russia (town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-46 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Lexington Park Rd.

18 (a) Funeral director Louis Lewis Inc
(b) Address 1439 E. Baltimore St
(c) 7 29 1946 Huntington Williams Mort
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-29-46 19 , at 12:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-24 19 46 to 7-29 19 46 and that I last saw him alive on 7-27 19 46.

Immediate cause of death Bronchopneumonia

Due to Carcinomatosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration
present

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Elliott F. Weitzman M. D.

Address Sinai Hosp Date signed 7-29-46

VS 150

X

G42446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42446 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster (If outside city or town limits, write RURAL and give town.)
(d) Street No. 20 Carroll (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah Theresa Whitmore

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/9/19 11/6

8. AGE: Years	Months	Days	If less than one day
35	8	23	hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Copywriter

11. Industry or business

FATHER
12. Name Paul D. (Justin) Whitmore
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Nora (Theresa) Shuman
15. Birthplace Chambersburg Pa

16 (a) Informant John H. Whitmore
(b) Address Calvert & Saratoga Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31-1946 (month) (day) (year)
(c) Cemetery or crematory Westminster Cem.
Location Westminster, Md.

18 (a) Funeral director H. Bankard & Sons
(b) Address Westminster, Md.

JUL 29 1946 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/29/46 19 12:45 M.

21. I certify that death occurred on the date above stated; that attended deceased from 7/27/46 to 7/29/46 and that I last saw h. alive on 7/29/46

I. Primary cause of death: Adrenal Malignancy
Secondary Lung Metastases — Duration

Due to Malignancy

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. H. Karns M.D.
Address 114 Med Arts Date signed 7/29/46

C. H. Karns

VS 150

G42147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G42147 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd. St.
(c) Hospital or institution Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL, and give town)
(d) Street No. Roland Park Apts. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Cecil Howard Spedden

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.:

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: Mrs Mary Spedden

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/15/1890

8. AGE: Years 56 Months 4 Days 7 If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Frank L Spedden
13. Birthplace Wiley Ford

MOTHER
14. Maiden Name Laura Stuyard
15. Birthplace Mary land

16 (a) Informant Mary Keating Spedden
(b) Address Roland Park Apts.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-30-46 (month) (day) (year)

(c) Cemetery or crematory
Location Cambridge, Md.

18 (a) Funeral director Chas. F. Evans & Son
(b) Address 118 W. Mt Royal Ave

19 JUL 29 1946 (Date rec'd by registrar) (b) Hunting for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-27 1946, at 5:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-24 1946 to 7-27 1946 and that I last saw him alive on 7-27 1946.

Immediate cause of death: CARDIAC FAILURE — Duration

Due to Myocardial Infarction

Due to Arteriosclerotic Cardiovascular Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address [illegible] Date signed 7/29/46

VS 150

X

G42148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G42148

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City Maryland Cambridge Arms Apts

(b) Street address Charles & 34th

(c) Hospital or institution: " "

(d) Length of stay in hospital or inst. (yrs., mos., or days) " 17

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. Charles & 34th St

(If rural give location)

(e) If ~~foreign-born~~, how long in U. S. A.? Life years

3 (a) FULL NAME MARIE D. HAAS

3 (b) If veteran, name war # #

3 (c) Social Security Account No. # #

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or ~~wife~~ MICHAEL S. HAAS

6 (c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) Apr 19-1883

8. AGE: Years 63 Months 56 Days 34 If less than one day hr. 12 min.

9. Birthplace GEORGETOWN, D C (Town, county, and state)

10. Usual Occupation AT HOME

11. Industry or business

FATHER

12. Name — MALONEY

13. Birthplace UNKNOWN

MOTHER

14. Maiden Name — OGDEN

15. Birthplace UNKNOWN

16 (a) Informant MICHAEL S. HAAS

(b) Address CHARLES & 34th St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7-30-46 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director Chas. P. Evans & Son

(b) Address 118 W. Mt Royal Ave

19 (a) 7-29-1946 (Date received by Registrar) (b) Huntington Williams M.D. (Signature of Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1946, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1946, to July 27 1946, and that I last saw her alive on July 27 1946

Immediate cause of death Cerebral Hemorrhage — Duration Immediate

Due to Hypertensive Cardio-vascular disease — Duration Unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Martin L Sugarman M.D.

Address 119 St Paul St Baltimore Md Date signed 7/29/46

G42449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G42449 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st St.
(c) Hospital or institution: US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass. (b) County
(c) City or town Roxbury (If outside city or town limits, write RURAL and give town)
(d) Street No. 30 Rockland St. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME Jones, Charles Edward

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16, 1878

8. AGE: Years	Months	Days	If less than one day
68	1	9	hr. min.

9. Birthplace Prince Ed. Island, Canada (Town, county, and state)
10. Usual Occupation AB seaman
11. Industry or business Seafarer

FATHER
12. Name Wm. E. Jones
13. Birthplace Swansey Wales, England

MOTHER
14. Maiden Name Sarah Chappelle
15. Birthplace Prince Ed. Island, Canada

16 (a) Informant Records
(b) Address US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 - 46 (month) (day) (year)
(c) Cemetery or crematory Stevens Pres-
Location 43 Mona Pre Cem

18 (a) Funeral director Odell Funeral London
(b) Address 4644 York Rd.

19 (a) JUL 29 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1946, at 9:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1946, to July 25 1946, and that I last saw h im alive on July 25 1946.

Immediate cause of death Postoperative state, exploratory laparotomy for large gastric ulcer. — Duration: THREE DAYS

Due to Other conditions: Pneumonia, bronchial, left lower lobe. — TWO DAYS

Other Conditions Edema, pulmonary, severe; Tuberculosis, pulmonary, right upper lobe, chronic, active — TWO DAYS
(Include pregnancy within 3 months of death)

Date of operation: Major findings of operation: DURATION: UNKNOWN

Findings of autopsy: As above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Paul Ackren Medical Director. D. Medical Officer in Charge
Address U.S. Marine Hospital Baltimore, Md. Date signed 7/27/46

VS 150

G42450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. G42450

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Pk. Drive & 31st Sts.
(c) Hospital or institution: US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 90 days
(e) Length of stay in Baltimore (yrs., mos., or days) 91 days

2. USUAL RESIDENCE OF DECEASED:
(a) State NY (b) County
(c) City or town Bronx (If outside city or town limits, write RURAL and give town)
(d) Street No. 867 Elton Ave. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME Oselg, Peter

3 (b) If veteran, name war

3 (c) Social Security Account No. 087-12-2004

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Eva ?

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Apr. 15, 1898 1888

8. AGE: Years 58 Months 3 Days 13 If less than one day ... hr. ... min.

9. Birthplace Estonia (Town, county, and state)

10. Usual Occupation Captain

11. Industry or business Seafarer

FATHER 12. Name Frederick Oselg

FATHER 13. Birthplace Estonia

MOTHER 14. Maiden Name Katherine Bold

MOTHER 15. Birthplace Estonia

16 (a) Informant Records

(b) Address US Marine Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 46 (month) (day) (year)

(c) Cemetery or crematory Harmans Pk.

Location Baltimore - Md.

18 (a) Funeral director Cedar Funeral Home Inc.

(b) Address 4644 York Rd.

19 JUL 29 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION—

20. DATE OF DEATH July 23 1946, at 1:50P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 24 1946 to July 23 1946, and that I last saw h im alive on July 23 1946.

Immediate cause of death: Carcinoma of colon with extension to stomach and pancreas — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: same

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Glen E. Ogden M. D.

Address U.S. Marine Hosp. Baltimore, Maryland Date signed 7-27-46

G42451

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

G42451
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1114 Riggs Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 34yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 Riggs Ave
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES HALL

3 (b) If veteran, name war NO

3 (c) Social Security Account No. None

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife *

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/9/1868

8. AGE: Years 77 Months 10 Days 16 If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant Elizabeth Hall (Niece)
(b) Address 518 N. Arlington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/46 (month) (day) (year)

(c) Cemetery or crematory Town Neck Cemetery
Location Town Neck, Md.

18 (a) Funeral director Charles G. Cooper
(b) Address 510-512 N. Carrollton Ave

JUL 29 1946 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/27/46 19 , at 6:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/17 1946 to 7/26 1946 and that I last saw h[illegible] alive on 7/26 1946

Immediate cause of death Cerebral Hemorrhage — Duration 10 Days

Due to Hypertension and

Due to Vascular disease

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 343 Reverse Ave Date signed 7/30/46

VS 150

G42452

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 10

G42452
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford - Herring Run
(c) Hospital or institution: Lyden Lane Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 6½ yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1537 Alicanna St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country –

3 (a) FULL NAME William Behner

3 (b) If veteran, name war –
3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife –
6 (c) If alive, give age – years

7. Birth-date of deceased (mo., day, yr.) 2/1940

8. AGE: Years	Months	Days	If less than one day
6	5		hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation –
11. Industry or business –

FATHER
12. Name Wilbert Behner
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Alla Curtain
15. Birthplace Balto. Md.

16 (a) Informant parents
(b) Address 1537 Alicanna St. Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/46 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Rd.

18 (a) Funeral director Lilly & Zeller Co.
(b) Address 403 S. Wolfe St.

19 (a) (b) Registrar
Date rec'd by registrar 7 29 1946
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1946, at 10:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1946, to July 28 1946, and that I last saw him alive on July 28 1946.

Immediate cause of death: Toxic myocarditis
Due to Diphtheria pharyngeal, nasal, Tubicular
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert Townsend M. D.
Address Lyden Lane Hospital Date signed 7-29-46

X

Dr. Brennan
5217 Harford Road

G42453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G42453 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2500 Hamilton Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2500 Hamilton Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frederick H. Drobisch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Lida E. Drobisch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1886

8. AGE: Years	Months	Days	If less than one day
59	8	10	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Paul H. Drobisch
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Neidrich
15. Birthplace Germany

16 (a) Informant Mrs. Lida E. Drobisch
(b) Address 2500 Hamilton Avenue, 14

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/46 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road

19 (a) JUL 29 1946 (Date received by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26, 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1946 to July 27 1946 and that I last saw h[illegible] alive on July 26 1946.

Immediate cause of death Pulmonary Tuberculosis (Bilateral) and Laryngeal Tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Brennan M. D.
Address 5217 Harford Rd Date signed 7-27-46

G42154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G42154 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CAROLINE STREET
(c) Hospital or institution: ST JOSEPH'S HOSP. 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25d
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE. 5
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12 N. ANN ST
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK C. RYNIEWICZ

3 (b) If veteran, name war: World War I

3 (c) Social Security Account No.: NONE

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: MARIE Albert

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) 9-10-92

8. AGE: Years 52 | Months 9 10 | Days 10 17 | If less than one day: hr. min.

9. Birthplace POLAND.
(Town, county, and state)

10. Usual Occupation SHOE REPAIRER

11. Industry or business

FATHER
12. Name Carl Ryniewicz
13. Birthplace Poland

MOTHER
14. Maiden Name ~~Mary Rapp~~ Frances ?
15. Birthplace Poland

16 (a) Informant Marie Ryniewicz
(b) Address 12 N. Ann St

17 (a) buried (Burial, cremation, or removal) (b) Date thereof 7/31/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director M. W. E. Dugan's Sons
(b) Address Lombard & Ann Sts.

19 (a) Filed JUL 29 1946 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-27 1946 at 9.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-2 1946 to 7-27 1946, and that I last saw HE alive on 7-27 1946

Immediate cause of death: CARDIO RESPIRATORY FAILURE — Duration

Due to PERITONITIS, LOCAL FECAL FISTULA.

Due to WOUND BREAKDOWN

Other Conditions CARCINOMA of CAECUM.
(Include pregnancy within 3 months of death)

Date of operation 7-9-46

Major findings of operation: CARCINOMA of CAECUM - ADENO-

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature John B. Wells.

Address ST JOSEPH'S Date signed 7-27-46

VS 150

G42455 497378. BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 30D G42455 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 413 N. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cora Jones.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black.	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-7-02.

8. AGE: Years	Months	Days	If less than one day
43.	10	19	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Henry Jones
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Woodley
15. Birthplace Va.

16 (a) Informant Rec'd
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31, 1946 (month) (day) (year)
(c) Cemetery or crematory Waverly Va
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Brantley ave

19 (a) 8-10 (Registered by registrar) Whitington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1946, at 4.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1946 to July 26 1946, and that I last saw h[illegible] alive on July 26 1946.

Immediate cause of death RUPTURE OF ANEURYSM OF ASCENDING AORTA — Duration 7 DAYS

Due to Syphilitic HEART DISEASE WITH AORTITIS AND ANEURYSM — YEARS

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: AS ABOVE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Maxwell Williams
Address Johns Hopkins Hospital Date signed 7-26-46 M. D.

VS 150

G42456 321447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G42456 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PERSON ROSETTED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 655 Stirling St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eddie Lee Redfearn
3 (b) If veteran, name war
3 (c) Social Security Account No. 237-24-3312

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	black	married

6 (b) Name of husband or wife Bessie Redfearn
6 (c) If alive, give age 26 years
7. Birth date of deceased (mo., day, yr.) 8-21-11

8. AGE: Years	Months	Days	If less than one day
34	11	7	hr. min.

9. Birthplace S. C. (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER
12. Name Jackie Redfearn
13. Birthplace S. C.

MOTHER
14. Maiden Name Melissa Marshall
15. Birthplace S. C.

16 (a) Informant records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removed (Burial, cremation, or removal) (b) Date thereof July 30 / 46 (month) (day) (year)
(c) Cemetery or crematory
Location Cheraw S. Carolina

18 (a) Funeral director Mrs. Robt A. Elliston Dft
(b) Address 1129 N. Caroline St.

19 (a) 29 1946 (Date received by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1946 at 12 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-26-1946 to 7-28-1946 and that I last saw him alive on 7-28-1946

Immediate cause of death Hypertensive cardiovascular disease & cardiac failure — Duration 6-8 mos.
Due to Hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Anderson
Address Johns Hopkins Hosp Date signed July 29 46

(over)

G42457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 61

G42457 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1400 N Caroline St

(c) Hospital or institution: St. Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days

(e) Length of stay in Baltimore (yrs., mos., or days) 78 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 29 N. Curley St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Mrs. Annie Legg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, ~~widowed~~ or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/23/68

8. AGE: Years 78 | Months 5 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Jos H Otz

13. Birthplace Germany

MOTHER 14. Maiden Name Barbara Hoheiser

15. Birthplace German

16 (a) Informant Thomas F. Hoetz

(b) Address 29 N. Curley St

17 (a) Burial (Burial, cremation, or removal) (b) Date ~~of burial~~ (Month) (Day) (Year)

(c) Cemetery or crematory Meadow Lawn Location Old Frederick Rd.

18 (a) Funeral director John J. Hogan

(b) Address 3500 E. Balto. St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

JUL 29 1946

VS-150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/28 1946 at 8:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/11/46 to 7/28/46, and that I last saw h ~~e~~ r alive on 7/28/46

Immediate cause of death: Toxemia — Duration

Due to Pelvic abscess + anorectal abscess

Due to

Other Conditions Diabetes mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. M. Turner M.D.

Address St. Joseph Hosp. Date signed 7/28/46

139a

G42158

G42158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 935

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette and Calhoun
(c) Hospital or institution:
Franklin Square Hospital 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 518 Rose Hill Terrace
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME John Mengel

3 (b) If veteran, name war

3 (c) Social Security Account No. 717-07-6208

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Elizabeth Mengel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17, 1887

8. AGE: Years	Months	Days	If less than one day
59	1	11	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Pens. Railroad
11. Industry or business

FATHER
12. Name John Mengel
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Lewis
15. Birthplace Baltimore

16 (a) Informant Elizabeth Mengel
(b) Address 518 Rose Hill Terrace

17 (a) Burial (b) Date thereof 7-31-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn Md.

18 (a) Funeral director John A. Moran
(b) Address 3000 E. Baltimore St.

19 (a) JUL 29 1946 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1946, at 1:50 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1946, to July 28 1946, and that I last saw h im alive on July 28 1946.

Immediate cause of death	Duration
Heart failure (myocardial insufficiency)	3 days
Due to Essential hypertension	3 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature
Address Frank Sq Hosp Date signed 7/29/46

VS 160

G42459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1936

G42459 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Raynor & Dukeland
(c) Hospital or institution: West Balto. Gen Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4003 Keswick Road. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma Jennie Shelburn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race W. | 6 (a) Single, married, ~~widowed~~, or divorced. M.

6 (b) Name of husband or wife J. Marshall S.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 17, 1870

8. AGE: Years 76 | Months 7 4 | Days 11 | If less than one day hr. min.

9. Birthplace Jefferson Co. W. Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Adam Brenneman
13. Birthplace York Co. Pa.

MOTHER 14. Maiden Name Susannah Stoffer
15. Birthplace York Co. Pa.

16 (a) Informant West Balto. Hosp. Records
(b) Address Raynor & Dukeland Sts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/36 (month) (day) (year)

(c) Cemetery or crematory Edgehill
Location Charles Town W. Va.

18 (a) Funeral director Young Bros.
(b) Address 3005 Pennsylvania Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1936, at 6:00 A M

21. I certify that death occurred on the date above stated, that I attended deceased from July 24 1936 to July 28 1936 and that I last saw h[illegible] alive on July 28 1936

Immediate cause of death Cardiac Resp. Failure — Duration

Due to Pneumonia & Congestive Heart Failure

Due to Hypertensive C.V. Dis. & Cerebral Hemorrhage

Other Conditions Left Hemiplegia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lester G. Brace Jr. M. D.
Address West Balto. Gen Hosp. Date signed 7/30/36

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

HB 88557 — Registered No. C72160

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1 11
(e) Length of stay in Baltimore (yrs., mos., or days) 69 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5216 Florence Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William G. Vance

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1877

8. AGE: Years	Months	Days	If less than one day
69	1	15	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Arnold Vance
13. Birthplace Pa.

MOTHER
14. Maiden Name Emma ?
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals (Record)
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. City

18 (a) Funeral director C. Vernon Lawrence
(b) Address 4611 Park Heights

19 (a) 1946 (b) (Entered in the register) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 1946, at 12:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 16, 1944 to July 27 1946 and that I last saw him alive on July 27, 1946.

Immediate cause of death	Duration
Respiratory Failure	10 hr
Due to Carcinoma, Sitz Undet	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund Beadian M. D.
Address Balto City Hosp Date signed 27 July 46

G42461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 10

G42461 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Ballona Ave.
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Edgewood Nursing Home (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LUCY CHRIST

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	None	F	W	Widowed

6 (b) Name of husband ~~or wife~~ George J. Christ
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1863

8. AGE: Years	Months	Days	If less than one day
83			hr. min.

9. Birthplace Unknown (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mr. Harry Fusselbaugh
(b) Address 6000 Ballona Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/46 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Parkwood Cem.
Location Baltimore Md.

18 (a) Funeral director WM. J. TICKNER & SONS INC.
(b) Address North & Pa Aves. Balto. Md.

19 1946 (a) Rec'd by registrar (b) Hampton Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28, 1946, at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13, 1946 to July 28, 1946 and that I last saw ~~her~~ alive on July 28 - 46

Immediate cause of death: Chronic Myocarditis

	Duration
Due to	
Due to	
Other Conditions: Chronic Valvular Disease	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. Leigh Arden M.D.
Address 1320 Eutaw Pl. Date signed July 29 1946

VS 150

G42462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 73D

G42462

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5418 St. Albans Way
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5418 St. Albans Way (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Isabella McCown ISABELLA M. McCOWN

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Hugh Dunbar McCown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 26, 1859

8. AGE: Years	Months	Days	If less than one day
87	5	3	hr. min.

9. Birthplace New Orleans (Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name ? Moody
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Miss Daisy R. Stenasifer
(b) Address 5418 St. Albans Way

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/30/46 (month) (day) (year)
(c) Cemetery New Orleans
Location La.

18 (a) Funeral director Wm. J. TICKNER & SONS INC.
(b) Address North & Pa Aves. Balto. Md.

19 (a) 29 1946 (Date received by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 29 July 1946, at 2:55 P.M.

21. I certify that I took charge of the remains described above, held an inspection (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic Heart Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Wm. N. Kamme Jr. M.D. Medical Examiner.
Date signed 29 July 1946

VS 151

G42463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √121

G42463 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3907 Canterbury Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3907 Canterbury Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME OLIVE R. GILPIN

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	none	F	W	Widow

6 (b) Name of husband J. Elliott Gilpin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1873

8. AGE: Years	Months	Days	If less than one day
73	1	9	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name James Russell
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Maria Wilkens
15. Birthplace Chestertown Md.

16 (a) Informant Miss Laura Gilpin
(b) Address 3907 Canterbury Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/46 (month) (day) (year)
(c) Cemetery Loudon Pk
Location Baltimore Md.

18 (a) Funeral director Wm. J. TICKNER & SONS INC.
(b) Address North & Pa Aves. Balto. Md.

19 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28, 1946 19 , at 3:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1946 to July 28 1946, and that I last saw [illegible] alive on July 28 1946.

Immediate cause of death	Duration
(1) Peritonitis (acute)	
Due to Rupture of appendix	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Charles S Mentzer M. D.
Address 1730 Linden Ave Date signed July 29/46

July 29 1946 Washington Wm. Registrar

VS 150

C 2464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

C 2464 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 639 DOLPHIN ST
(c) Hospital or institution: 17

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE CITY
(If outside city or town limits, write RURAL and give town)
(d) Street No. 639 DOLPHIN ST (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME HESTER JANE SMITH.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	WIDOWED

6 (b) Name of husband or wife UNKNOWN
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1847

8. AGE: Years	Months	Days	If less than one day
99	—	—	hr. — min. —

9. Birthplace SALISBURY, MD. (Town, county, and State)
10. Usual Occupation UNEMPLOYED
11. Industry or business —

FATHER
12. Name WILLIAM STEWART
13. Birthplace MARYLAND

MOTHER
14. Maiden Name EMILY TOADVINE
15. Birthplace MARYLAND

16 (a) Informant CORA STEWART
(b) Address 220 CHRISTIAN ST PHILA. PA

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 7/30/46 (month) (day) (year)
(c) Cemetery or crematory MT AUBURN
Location BALTIMORE CO.

18 (a) Funeral director Samuel W. Chase Son
(b) Address 628 N. Eutaw St

19 (a) 29 1946 (b) Registrar for Williams, M.D. Registrar
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1946, at — M

21. I certify that death occurred on the date above stated; that I attended deceased from — 19— to — 19— and that I last saw h.e.r alive on — 19—

Immediate cause of death: Arteriosclerotic Cardiac - Vascular Disease (N.J. Rh.) — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature George Meacurry M.D.
Address Md. Gen'l Hosp Date signed 7/24/46

OVER

X

G42465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 56a

G42465 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 121 Albemarle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 120 S. High St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Urtela Sprainis

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Anthony.

6 (c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): June 4, 1900

8. AGE: Years 46 | Months 6 | Days 27. | If less than one day: hr. min.

9. Birthplace: Lithuanian
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name: Peter Jurules

13. Birthplace: Lithuania

MOTHER 14. Maiden Name: Ely Kaburecki

15. Birthplace: Lithuania

16 (a) Informant: Mr. Gulbinas Sprainis

(b) Address: 120 S. High St.

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof: July 31, 46 (month) (day) (year)

(c) Cemetery or crematory: Immanuel

Location: Dundalk Ave.

18 (a) Funeral director: H. Hecmanowski

(b) Address: 32 S. Broadway

19 (a) 1946 (Registered by registrar)

(b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1946, at 1:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1946 to July 28 1946 and that I last saw her alive on July 27 1946.

Immediate cause of death: Cerebral Pulmonary Embolus

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation July 6, 1946

Major findings of operation: Ovarian Cyst, Fibrosis uteri

of autopsy:

over

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Arthur Clarence Remeyer, M.D.

Address 1016 N. Monument St. Date signed July 28/46

VS 190

G42466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93c

G42466 Registered No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 632 S. Fagley St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 632 S. Fagley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRANCES MURAWSKI

3 (b) If veteran, name war ----
3 (c) Social Security Account No. ----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Adam F. Murawski
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Aug. 11, 1899.

8. AGE: Years	Months	Days	If less than one day
46	11	15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House- Work.
11. Industry or business At home.

FATHER
12. Name George Zeller
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Christine Winterling
15. Birthplace Germany

16 (a) Informant Adam F. Murawski (Husband)
(b) Address 632 S. Fagley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-46, (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem.
Location German Hill Rd. Bal. Co. Md.

18 (a) Funeral director Charles L. Zeiler.
(b) Address 3605 Fait Ave.

19 (a) 7-29-1946 (b) Huntington Williams, M.D.
(Date received by registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1946, at 6:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1946 to July 26 1946 and that I last saw h.. alive on July 26 1946.

Immediate cause of death Rheumatic Pancarditis
Due to Acute Coronary Occlusion

Due to

Other Conditions None
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy:

Duration
6-15-46
6-15-46
7-26-46

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eschenmuth M. D.
Address 8428 Eastern Ave. Date signed 7-26-46.

X

G42167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42167 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Pk. Drive & 31st St.
(c) Hospital or institution: US Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 28 days
(e) Length of stay in Baltimore (yrs., mos., or days): 28 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Va. (b) County:
(c) City or town: Norfolk (If outside city or town limits, write RURAL and give town)
(d) Street No.: 301 W. 13th St. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country:

3 (a) FULL NAME: Bell, Alonzo

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary Hughes Bell
6 (c) If alive, give age: 52 years
7. Birth date of deceased (mo., day, yr.): Feb. 17, 1890
8. AGE: Years: 56 Months: 5 Days: 11 If less than one day: hr. min.
9. Birthplace: Norfolk, Va. (Town, county, and state)
10. Usual Occupation: Messman
11. Industry or business: Seafarer

FATHER
12. Name: Jessie Bell
13. Birthplace: ? NC

MOTHER
14. Maiden Name: Ella H all
15. Birthplace: Norfolk, Va.

16 (a) Informant: Records
(b) Address: US Marine Hospital

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof: 7-29-46 (month) (day) (year)
(c) Cemetery or crematory:
Location: Norfolk Va.

18 (a) Funeral director: Wm. J. Tukner & Son
(b) Address: South & Ramsa Ave Balto Md

19 (a) 29 1946 (Date rec'd by registrar) (b) Huntington Williams, MD Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 28 1946, at 7:50A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1946 to July 28 1946 and that I last saw h im alive on July 28 1946

Immediate cause of death: Lymphatic Leukemia Chronic. — Duration: Unknown

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy: As Above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: J. F. Van Acheren, Medical Director
Address: Medical Officer in Charge Date signed: 7/29/46

G42468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G42468 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 519 S. Longwood St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give county)
(d) Street No. 519 S. Longwood St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME William Wallace Chenoweth Sr.

3 (b) If veteran, name war None

3 (c) Social Security Account No. 212-05-5694

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Anna R. Chenoweth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 19, 1882

8. AGE: Years 63 Months 7 Days 5 If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Supervisor

11. Industry or business Gas & Electric Co

FATHER
12. Name William J. Chenoweth
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Caskey
15. Birthplace Maryland

16 (a) Informant Anna R. Chenoweth
(b) Address 519 S. Longwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore Md.

18 (a) Funeral director George L. Schwab
(b) Address 3325 Frederick Ave.

19 (a) JUL 30 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 1946 at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1946 to July 27 1946 and that I last saw him alive on July 26 1946.

Immediate cause of death Myocarditis

Due to Arteriosclerosis C. V. D.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Bound M. D.
Address 3325 Frederick ave Date signed 7/27/46

VS 150

DUFField

G42469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 46D

Registered No. G42469

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount Ave.
(c) Hospital or institution: The Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 19 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State ____ (b) County ____
(c) City or town Washington, D.C.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Apt 21 E 1823 P St
(If rural give location)
(e) Citizen of foreign country? No (Year or No)
If yes, name country ____

3 (a) FULL NAME Mrs. Martha E. Duffield

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife deceased.

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Apr. 22, 1870

8. AGE: Years 76 | Months 3 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace West Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Berry
13. Birthplace West Virginia

MOTHER
14. Maiden Name Barbie Dennison
15. Birthplace West Virginia

16 (a) Informant Miss Gladys L. Duffield
(b) Address Sutton W. Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-46 (month) (day) (year)

(c) Cemetery or crematory Flatwoods
Location Flatwoods W. Va.

18 (a) Funeral director Stewart Mawyer
(b) Address 108 W Main St

19 (a) July 30 1946 (Date received by registrar) (b) Huntington W. Va. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 29 July 1946, at 1:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 16 July 1946 to 29 July 1946 and that I last saw her alive on 29 July 1946.

Immediate cause of death Toxicity

Due to Peritonitis

Due to ____

Other Conditions Carcinoma rectum

(Include pregnancy within 3 months of death)

Date of operation 15 July 1946

Major findings of operation: Carcinoma rectum & obstruction.

of autopsy: not obtained.

Duration
14 days
14 days.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature Nicholas J. Kotlarman

Address The Church Home & Hosp. Date signed 29 July 1946 (M. D.)

VS 150

X

G42172 - Birth Certificate
103051
B-53167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160 Q

Registered No. G42170

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2814 Denham Circle (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Baby Girl Harris - Mary

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1946

8. AGE: Years | Months | Days 4 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Mary Louise Harris
15. Birthplace Md.

16 (a) Informant B. C. Hospital Records
(b) Address 4940 Eastern

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 7-26-46 (month) (day) (year)
(c) Cemetery or crematory B. C. Hosp.
Location 4940 Eastern Ave.

18 (a) Funeral director
(b) Address

19 (a) July 30 1946 (Date rec'd by registrar) Livingston Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1946 at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1946, to July 23 1946, and that I last saw h er alive on July 23 1946

Immediate cause of death Cerebral Hemorrhage — Duration 3 days

Due to Prematurity — 6½ months

Due to

Other Conditions Precipitate Home Delivery
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Cerebral Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide 6
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Julian P. Griffin M.D.
Address Baltimore City Hospitals Date signed 25th July 1946

VS 150

G42471

JL - 16082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G42471

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 26-12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7- 3- 25
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Adam Serville Or Adam Sarcille or Aaron Seville

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 27, 1869 (1870)

8. AGE: Years 77 ? | Months 8 | Days 23 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Henry
13. Birthplace Poland

MOTHER
14. Maiden Name Kostetinata ?
15. Birthplace Poland

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School JUL 29 1946
Commissioner of Health

18 (a) Funeral director
(b) Address

19 JUL 30 1946 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1946 at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 25 1939 to July 19 1946 and that I last saw him alive on July 19 1946

Immediate cause of death
Cardiac Failure &
Bronchial Pneumonia
Due to
Due to Arteriosclerotic Senile
Degeneration
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Baltimore City Hosp. Date signed 7/30 1946 M. D.

VS 150

5630

G42172 State of Maryland G42172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1159

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 719 N. Mount St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Hines

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-24-46

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Rufus Hines
13. Birthplace S.C.

MOTHER
14. Maiden Name Delaney Handy
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School JUL 29 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUL 30 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

3679

MEDICAL CERTIFICATION A

20. DATE OF DEATH July 25 1946 at 12.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1946 to July 25 1946, and that I last saw her alive on July 25 1946.

Immediate cause of death Atelectasis — Duration 1 day
Due to Prematurity
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gilbert J. Fiedler M. D.
Address Date signed 7/26

VS 150

G42473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 5 NB

G42473 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 79

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 Winston Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Mr. George J. Schafer.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/5/46 1866

8. AGE: Years 79 | Months 9 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business —

FATHER
12. Name John J. Schafer
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Pauline Feistel
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Carrie Schafer
(b) Address 404 Winston Ave.

17 (a) Final (Burial, cremation, or removal) (b) Date thereof 8/1/46 (month) (day) (year)

(c) Cemetery or crematory Green Mount
Location Baltimore, Md.

18 (a) Funeral director Gilliam & Hoffa
(b) Address 1294 Pont St.

19 (a) JUL 30 1946 (Date rec'd by reg.) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1946, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1946 to July 29 1946 and that I last saw h alive on July 28 1946

Immediate cause of death: Cardiac Failure — Duration

Due to Carcinoma of Prostate with generalized Metastasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. O. Henderson, 3d, M. D.
Address Union Memorial Hosp. Date signed 7-29-46

G42474 G42474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1432

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 420 E Lorraine Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 420 E Lorraine Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob W. Dubel

3 (b) If veteran, name war	3 (c) Social Security Account No.
W	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Helen
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Oct 7 1867

8. AGE: Years	Months	Days	If less than one day
78	9	22	hr. min.

9. Birthplace Frederick, Md (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business George Zapp

FATHER
12. Name ? Dubel
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mrs. Helen Dubel
(b) Address 420 E Lorraine Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1, 1946 (month) (day) (year)
(c) Cemetery or crematory Druid-Ridge
Location Pikesville, Md

18 (a) Funeral director Wm Ahl Inc
(b) Address 1217 St Paul St Balto Md

19 (a) Date received JUL 30 1946 (b) Hunting for Williams, M. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1946 at 9:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1945 to July 27 1946, and that I last saw him alive on July 27 1946

Immediate cause of death	Duration
Cerebral Hemorrhage	1 yr
Due to —	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Strickler M. D.
Address 632 Vermont Ave Date signed July 29/46

H. J. STRICKLER-M.D.

G42475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G42475 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4711 - Falls Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Baby Boy ~~Cosby~~ Crosby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/24/46

8. AGE: Years | Months | Days | If less than one day: hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Frank Crosby
13. Birthplace

MOTHER
14. Maiden Name Gwendolyn ~~Cosby~~
15. Birthplace Md.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School JUL 29 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUL 30 1946 (Date received by registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1946 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-24 1946 to 7-25 1946, and that I last saw h[illegible] alive on 7-25 1946.

Immediate cause of death: Lowered O2 tension in utero — Duration: 2 days

Due to: Intra partum hemorrhage or bogus of partial placenta praevia

Due to: Prematurity

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Elbert J. Sheldon M. D.
Address Date signed 7/26/46

VS 150

3684

G42476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157E

Registered No. G42476

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State New Jersey (b) County
(c) City or town Belmar
(If outside city or town limits, write RURAL and give town)
(d) Street No. 215 Sylvania St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stanley Salisbury

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-30-44

8. AGE: Years	Months	Days	If less than one day
2	26	22	hr. min.

9. Birthplace N. J. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Harry Salisbury
13. Birthplace N. Y.

MOTHER
14. Maiden Name Helen Bearman
15. Birthplace Mass

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location Johns Hopkins Medical School JUL 29 1946

18 (a) Funeral director Commissioner of Health

(b) Address

19 (Date rec'd by registrar) JUL 30 1946 (Signature of registrar) Huntington Williams M.D.

3085

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-21 1946, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-21 1946, to 7-21 1946, and that I last saw h[illegible] alive on 7-21 1946

Immediate cause of death	Duration
Cerebral Anemia	all life
Due to Intoxication of Fallout	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Dunean M. D.

Address J. H. H. Date signed 7/21/46

G42477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94

Registration No. G42477

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Lednwood
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 41 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2406 E. Fayrmount Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dora Potts

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband or wife Herman Potts
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housef.
11. Industry or business —

FATHER
12. Name Louis —
13. Birthplace Russia

MOTHER
14. Maiden Name Hannah —
15. Birthplace Russia

16 (a) Informant Herman Potts
(b) Address 2406 E. Fayrmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-46 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

19 (a) ~~Jul 30 1946~~ Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1946, at 1 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1946 to July 29 1946, and that I last saw her alive on July 28 1946.

Immediate cause of death Coronary Thrombosis

Due to Sclerosis of coronary vessels

Due to Hypertension

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. C. McCurdy M. D.
Address University Hosp Date signed July 29, 1946

VS 150

G42478 ✓ G42478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

469 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 da
(e) Length of stay in Baltimore (yrs., mos., or days) 42 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 501 N. Chester St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ISIDORE WIENER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Ida -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business

FATHER
12. Name Samuel -
13. Birthplace Russia

MOTHER
14. Maiden Name Bella -
15. Birthplace Russia

16 (a) Informant Bernard Wiener
(b) Address 501 N. Chester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-46 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location

18 (a) Funeral director Jos. Levine Inc.
(b) Address 1739 E. Baltimore St

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

JUL 30 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29, 1946 at 12:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1946 to July 29 1946 and that I last saw him alive on July 29 1946

Immediate cause of death Cardiac Apoplexy - renal failure — Duration

Due to Generalized carcinomatosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation June 23, 1946

Major findings of operation: Generalized carcinomatosis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sidney Green M. D.
Address Sinai Hosp. Date signed 7-29

G42479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. G42479

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) If hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name of town)
(d) Street No. 2827 Woodbrook Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena Culberth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Freeman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 56 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Pasie Kapoustansky
13. Birthplace Russia

MOTHER
14. Maiden Name Rachael
15. Birthplace Russia

16 (a) Informant HOSP. RECORDS
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-30-46 (month) (day) (year)
(c) Cemetery or crematory Windsor Mill Rd
Location

18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E. Balto. St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 444 JUL 30 1946

Huntington Hillcrest, Md

8 152

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1946, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1946, to July 28 1946, and that I last saw h.. alive on July 28 1946.

Immediate cause of death Hemorrhage of left lenticulostriate artery — Duration: 2 days

Due to Cerebral Hypertension encephalopathy — Duration: not known " "

Due to Essential hypertension

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. H. Smithwick M. D.
Address Franklin Sq. Hosp. Date signed 7/30/46

G42180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G42180 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2031 Braddish Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2031 Braddish Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME IDA BELLE LUTZ

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband ~~xxxxx~~ George J. Lutz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1946

8. AGE: Years	Months	Days	If less than one day
60	6	10	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name Henry Rexroth
13. Birthplace ?

MOTHER
14. Maiden Name Mary ?
15. Birthplace ?

16 (a) Informant Mrs. Mamie Bloodsworth
(b) Address 2031 Braddish Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/46 (month) (day) (year)
(c) Cemetery ~~xxxxxxxxx~~ Loudon Park
Location Baltimore Md.

18 (a) Funeral director M. J. TICKNER & SONS INC.
(b) Address North & Pa Aves Balto. Md.

19 (a) (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

JUL 30 1946

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28, 1946, at 8:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1944 to July 28 1946 and that I last saw h alive on July 28 1946

Immediate cause of death Apoplexy.
Due to Hypertension
Arteriosclerosis
Due to
Other Conditions

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Keadle M. D.
Address 731 K - W. North Ave. Date signed 7/31/46

G42181

BALTIMORE CITY HEALTH DEPARTMENT X ✓ G42181
CERTIFICATE OF DEATH 46E Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Dorsey, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Annie T. Littleton

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced W

6 (b) Name of husband or wife Walter D. Littleton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1864

8. AGE: Years 82 | Months 3 | Days 24 | If less than one day hr. min.

9. Birthplace Md. Dorchester Co. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business —

FATHER 12. Name Wellin Higgins
13. Birthplace Talbot County, Md.

MOTHER 14. Maiden Name Annie Ward
15. Birthplace Eaton Md.

16 (a) Informant Rev. Ward A. Littleton
(b) Address Odessa Del.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/46 (month) (day) (year)
(c) Cemetery Mt. Carmel
Location Baltimore Md.

18 (a) Funeral director WM. J. TICKNER & SONS INC.
(b) Address North & Pa Aves. Balto. Md.

19 (a) (Date rec'd by registrar) (b) 16 Huntington Wilmington, Del.

VS JUL 30 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/29 1946 at 2:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/12 1946 to 7/29 1946 and that I last saw h alive on 19

Immediate cause of death Acidosis — Duration

Due to Diabetes

Due to

Other Conditions CA of Colon
Amputation of Leg
(Include pregnancy within 3 months of death)
Date of operation 7/14/46 Arteriosclerotic
Major findings of operation: Gangrene.
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. F. Mitchell M. D.
Address Md. Gen. Hosp. Date signed 7/29/46

X

G42482 new

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160c

G42482 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai
(c) Hospital or institution 6. Monument St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto - 12 (If outside city or town limits, write RURAL and give town)
(d) Street No. 4728 Alhambra Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Girl Baby ~~Boy~~ Hackerman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	

6 (b) Name of husband or wife N.B.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/30/46

8. AGE: Years	Months	Days	If less than one day
N.B.			5 hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Morton Hackerman
13. Birthplace Richmond Va.

MOTHER
14. Maiden Name Faye Cohen
15. Birthplace Roanoke

16 (a) Informant Mrs. Faye Hackerman
(b) Address 4728 Alhambra Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-46 (month) (day) (year)
(c) Cemetery or crematory Holy Friendship
Location Balto Md.

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Balto St.

19 (a) Date received JUL 30 1946 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30, 1946, at 10 7/8 M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Prematurity 2 hr

Due to

Due to Placenta Praevia and Rabis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edwin Seaman, M.D. M. D.
Address Sinai Hosp. Date signed 7-30-46

X

G42183 BCH #49214

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1612

G42183 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 2 wks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 925 N. Woodyear St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Roseine Moody

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12 1946

8. AGE: Years | Months: 1 | Days: 17 | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: Infant

11. Industry or business

FATHER
12. Name: Alvin J. Moody
13. Birthplace: Va.

MOTHER
14. Maiden Name: Audrey Smith
15. Birthplace: Md

16 (a) Informant: Audrey Moody
(b) Address: 925 Woodyear St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/46 (month) (day) (year)
(c) Cemetery or crematory: Western Star
Location: Md

18 (a) Funeral director: Mrs. G. Kelson
(b) Address: 1302 Pennsylvania Ave

JUL 30 1946 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION 12:45 A

20. DATE OF DEATH 7/29 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 12:10 PM 7/29 to 12:45 PM 7/29/46 and that I last saw h[illegible] alive on 7/29 1946.

Immediate cause of death: Acute Respiratory Failure

Due to: Aspiration

Due to: Vomiting & aspiration of Vomitus

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: James R. Tuesman

Address: Provident Hosp. Date signed: 7/29/46 M.D.

VS 150 Note- Case referred to Med. Exam - Who released Body Tuesman

Williamsville, Md

G42184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186 a

Registered No. G42184

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospt.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2605 Forest Park Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ada E Elmoff

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4 Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Louis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 78 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Hospt Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-46 (month) (day) (year)
(c) Cemetery or crematory Balto Hebrew
Location Belair Rd

18 (a) Funeral director Jack Laing Inc
(b) Address 1439 E. Baltimore St

19 (a) July 30 1946 (Date received by Registrar) Herbert Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 19 46 at 12:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 19 46 to July 30 19 46 and that I last saw h[illegible] alive on July 30 19 46.

Immediate cause of death Heart failure with bronchopneumonia — Duration

Due to —

Due to —

Other Conditions Fract right hip

(Include pregnancy within 3 months of death)

Date of operation May 27 1946

Major findings of operation: nailing of right hip

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 15/5
(a) Accident, suicide, or homicide Acc.
(b) Date of occurrence May 17, 1946 T M
(c) Where did injury occur? 2605 Forest Park (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Slipped & fell to floor

23. Signature Allen H Moulton

Address Sinai Hosp Date signed 7-30-46

Homer J. Zamecnik, M.D.

VS 150

G42485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. G42485 5678

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1611 Sarah Ann St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County 1611 Sarah Ann St
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. [illegible] Pinner St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lettie Jessie Johnson

3 (b) If veteran, name war No

3 (c) Social Security Account No.

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Charles Johnson

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) May 10 1887

8. AGE: Years 59 | Months 2 | Days 17 | If less than one day hr. min.

9. Birthplace Calvert Co. Md
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business House work

FATHER
12. Name Wm Andrew Johnson
13. Birthplace Calvert Co. Md

MOTHER
14. Maiden Name Hannah ?
15. Birthplace Calvert Co Md

16 (a) Informant Ida Elizabeth Wilson
(b) Address 1611 Sarah Ann St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31, 1946 (month) (day) (year)

(c) Cemetery or crematory Lusby
Location Calvert Co. Md.

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) (Date received by registrar) (b) JUL 30 1946 Huntington Williams, Md

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-27-1946 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1-1946 to 7-27-1946 and that I last saw her alive on 7-26-1946.

Immediate cause of death Diabetes Mellatis — Duration unknown

Due to Lungs

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank A Saunders M. D.
Address 1029 N Stricker St Date signed 7-27-46

X

G42486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. G42486

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 808 W. Lexington St. #11
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 808 W Lexington apt #11
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Clemons

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Colored	married

6 (b) Name of husband or wife Ethel Nance Clemons
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Jan 31, 1893

8. AGE: Years	Months	Days	If less than one day
53	5	26	— hr. — min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation ice - coal wood dealer
11. Industry or business own business

FATHER
12. Name John Henry Clemons
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Emma Curry
15. Birthplace Angel Hill, Md.

16 (a) Informant Ethel Clemons
(b) Address 808 W. Lexington St.

17 (a) Burial (Burial, cremation, or Removal) (b) Date thereof July 30, 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) (Date rec'd by Registrar) JUL 30 1946 Registrar

Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH 26 July 1946 at 2:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4.1.46 19 , to 7.26.46 19 , and that I last saw him alive on 7.26.46 19 .

Immediate cause of death: congestive heart failure — Duration: April 1946
Due to: myocarditis — Duration: Dec. 1945
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James M. Fair M. D.
Address 400 N. Carrollton Date signed 7-31-46

VS 8

G42487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G42487

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 - Hollins St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Brazil (Joseph Brazil

3 (b) If veteran, name war: World War 1

3 (c) Social Security Account No. 212-12-6259

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Anna Brazil

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22, 1894

8. AGE: Years 52 | Months 4 | Days 7 | If less than one day hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: John Brazil
13. Birthplace: Lithuania

MOTHER
14. Maiden Name: Madeline Bailey
15. Birthplace: Lithuania

16 (a) Informant: Mrs. A. Ohlendorf
(b) Address: 1106 Hollins St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/46 (month) (day) (year)

(c) Cemetery or crematory: Mt. Olivet Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: E. Millio Lamoreau
(b) Address: 1003 W. Baltimore St.

19. 7 30 1946 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1946, at 845 a. M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:
(Autopsy, Inspection or Inquiry)

IMMEDIATE CAUSE OF DEATH
Cardiovascular Renal Disease

Due to

Other Conditions History of epilepsy.
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 7/29/46

G42188

AB-102945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 ✓

G42488

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 26-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12days
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5706 Condor Lane-Holabird
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Hooper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widow

6 (b) Name of husband or wife William (D

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. ? 1882

8. AGE: Years	Months	Days	If less than one day
63	8	?	hr. min.

9. Birthplace N.C.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Samuel Edwards
13. Birthplace N.C.

MOTHER
14. Maiden Name Ella ?
15. Birthplace N.C.

16 (a) Informant Baltimore City Hospitals Record
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof Aug 2 1946 (day) (year)
(c) Cemetery or crematory Mt Olivet
Location

18 (a) Funeral director A Halsted
(b) Address 918 Dulaney

19 (a) 8 0 1946 (Date rec'd by registrar) (b) Huntington, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28- 1946, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-16 1946 to 7-28 1946, and that I last saw her alive on 7-28 1946

Immediate cause of death

Cachexia — Duration 1 mo.
Along
Due to Carcinoma of the — 2 mo.
Pancreas
Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 5-6-46
Major findings of operation:
Same
of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas J Oneil M.D.
Address Balto City Hosp Date signed 7-27-46

VS 150

G42489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G42489

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 44d.
(e) Length of stay in Baltimore (yrs., mos., or days) 44d.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Allegany
(c) City or town Cumberland Twp.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 24 N. Smallwood St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME ROSEMARIE BECKER

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1936

8. AGE: Years	Months	Days	If less than one day
9	10	16	hr. min.

9. Birthplace Cumberland Md.
(Town, county, and state)
10. Usual Occupation student
11. Industry or business

FATHER
12. Name Joseph Becker
13. Birthplace Cumberland, Md.

MOTHER
14. Maiden Name Rachel Hollenberger
15. Birthplace Cumberland, Md.

16 (a) Informant Joseph P. Becker
(b) Address 24 Smallwood St., Cumberland, Md.

17 (a) Burial (b) Date thereof 8/2/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~or Crematory~~ Sts. Peter & Paul
Location Cumberland, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place, Balto., Md.

19 7-30-1946 Huntington Williams, M.D.
(Date received by registrar) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 8 July 1946, to 29 July 1946, and that I last saw h[illegible] alive on 29 July 1946.

Immediate cause of death
Resp failure — Duration

Due to
Cyst of III V. Ventricle

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Cyst of III rd Vent.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place)
While at work?
(e) Means of injury

23. Signature R. H. Crosby
Address Univ. Hosp Date signed 7/29 M. D.

G42190

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

G42190 Registered No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 day
(e) Length of stay in Baltimore (yrs., mos., or days) 46

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3017 Linwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Paul Mueller Paul Oscar Mueller

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-3973

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Anna M.
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Feb 21 1894

8. AGE: Years	Months	Days	If less than one day
52	5	27	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation

11. Industry or business Crown Cork & Seal Co

FATHER
12. Name Karl Hugo Mueller
13. Birthplace Germany

MOTHER
14. Maiden Name Liberta Beer
15. Birthplace Germany

16 (a) Informant Anna M. Mueller
(b) Address 3017 Linwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (month) 31 (day) 46 (year)

(c) Cemetery or crematory Holy Redeemer
Location 4300 Belair Rd

18 (a) Funeral director Martin W. E. Diggs & Son
(b) Address 710 Belair Rd

19 (a) 30 1940 (Date received by registrar) (b) Registrar
Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-29 1946 at 3:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h alive on 19

Immediate cause of death Heart failure — Duration

Due to Coronary Thrombosis

Due to

Other Conditions Pulmonary edema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter P. Crouch M. D.
Address University Hosp. Date signed 9-29-46

X

G42491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30

G42491 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2900 Bayonne Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph John Zimmermann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Maried

6 (b) Name of husband or wife Mary Agnes,
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1880

8. AGE: Years	Months	Days	If less than one day
66	1	2	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Accountant
11. Industry or business Mutual Bros.

MOTHER / FATHER
12. Name John Zimmermann
13. Birthplace ?
14. Maiden Name Ann Kircher
15. Birthplace ?

16 (a) Informant Mrs. Mary A. Zimmermann
(b) Address 2900 Bayonne Avenue

17 (a) Burial (b) Date thereof 8-1-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Leonard J. Luck
(b) Address 5303 Harford Road.

19 JUL 30 1946 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-29- 1946, at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-25 1946, to 7-29 1946, and that I last saw him alive on 7-29 1946.

Immediate cause of death Heart failure

Due to Shock

Due to Ruptured dissecting aortic aneurysm

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy ?

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter L. Conrad M. D.
Address University Hospital Date signed 7-29-46

VS 150

X J Crouch

G42192 Ster 108706

Birth Certificate p. 1410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 R

Registered No. G42192

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Baltimore City Hospitals 17

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days

(e) Length of stay in Baltimore (yrs., mos., or days) 7mos

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1320 Myrtle Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Ester Louis Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 20, 1945

8. AGE: Years	Months	Days	If less than one day
	9 7	5	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name James Ed. Taylor

13. Birthplace ?

MOTHER 14. Maiden Name Ronie Thompson

15. Birthplace Va.

16 (a) Informant B. C. H. Records

(b) Address 4940 Eastern Ave.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7/27/46 (month) (day) (year)

(c) Cemetery or crematory 7/27/46

Location Baltimore City Hospitals

18 (a) Funeral director

(b) Address

19 (c) JUL 30 1946 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 19 46 at 11:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 19 46 to July 25 1946, and that I last saw h 9F alive on July 25 19 46.

Immediate cause of death Miliary tuberculosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration 7 mos.

per

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wm. E. Hughes M. D.

Address Balto. City Hosp. Date signed 7-28-46

VS 150

X

GA2493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. GA2493

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1611 E. Monument st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1611 E. Monument st. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lelia Moody

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	colored	widowed

6 (b) Name of husband or wife Hamd. Moody Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1 1877

8. AGE: Years	Months	Days	If less than one day
69	3	26	hr. min.

9. Birthplace Clover Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Horace Garrett
13. Birthplace Clover Va.

MOTHER
14. Maiden Name Patsy Garrett
15. Birthplace Clover Va.

16 (a) Informant Geneva Moody
(b) Address 1611 E. Monument st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 31 46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location Brooklyn, Md.

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson st. Balto. Md.

19 (a) 7 30 1946 (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1946 at 7:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1946 to 7/27 1946 and that I last saw her alive on 7/27 1946

Immediate cause of death: Pulmonary Congestion — Duration 7/29/46
Due to Cerebral Hemorrhage — 7/26/46
Due to Hypertension
Other Conditions Myocarditis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alfred A. Lafond M. D.
Address 1211 W. Baltimore St. Date signed 7/29/46

VS 150

X

G42194

497 425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

307

G42194

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 852 S. Bond St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Boto

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-19-92.

8. AGE: Years	Months	Days	If less than one day
53	9	6	hr. min.

9. Birthplace Rumania (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Frank Boto

13. Birthplace Rumania

MOTHER 14. Maiden Name Mary Booc.

15. Birthplace Rumania

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/46 (month) (day) (year)

(c) Cemetery or crematory Sleepy Hollow

Location Germantown Pike Rd

18 (a) Funeral director J. J. Fahey & Son

(b) Address 1518 Light St

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 30 1946 Washington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1946 at 11.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1946 to July 25 1946 and that I last saw him alive on July 25 1946

Immediate cause of death	Duration
Cardiac failure	
Due to	
Due to	
Other Conditions aortic aneurism	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M. E. Sanford M. D.

Address Date signed

X

G42495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42495 Registered No. 937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2822 Beechland Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Annie F. Wolf

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Deceased Wm. J. Wolf | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1872

8. AGE: Years 74 | Months 1 | Days 17 | If less than one day: hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Otto Falk
13. Birthplace Maryland

MOTHER
14. Maiden Name Dorthea ?
15. Birthplace Maryland

16 (a) Informant Mrs. Maretta Scar[illegible]
(b) Address 3822 Beechland Ave.

17 (a) Burial — (Burial, cremation, or removal) (b) Date thereof Aug 1 1946 (month, day, year)

(c) Cemetery or crematory Mt Olivet Cem
Location Baltimore Md.

18 (a) Funeral director G. Bernard Evans
(b) Address 400 E. Chase St.

(Date received by registrar) (b) Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1946, at 6:1A M

21. I certify that death occurred on the date above stated, that I attended deceased from July 23 1946 to July 29 1946, and that I last saw him alive on July 29 1946.

Immediate cause of death: Cardio-resp failure — Duration: 6 days

Due to: Congestive Heart failure — 5-10 years

Due to: Arteriosclerotic Cardiovascular disease

Other Conditions: Embolism - popliteal artery (my 2/4/46) Hypostatic pneumonia; bi-lateral

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas Turner M.D.
Address Mercy Hospital Date signed 7/29/46

VS 150

G42496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 15 7 6

Registered No. G42496

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Jefferson Village, Falls Church (If outside city or town limits, write RURAL and give town)
(d) Street No. 503 Marshall St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Michael Fred Jones.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-3-46.

8. AGE: Years	Months	Days	If less than one day
	3	26	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Jayne Jones

13. Birthplace N. Ca.

MOTHER 14. Maiden Name Jayne Vieneet

15. Birthplace N.C.

16 (a) Informant Rhonda

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/31/46 (month) (day) (year)

(c) Cemetery or crematory Ivy Hill Cemetery

Location Alexandria Va.

18 (a) Funeral director W W Chambers Co

(b) Address 1400 Chapin St N.W. Wash DC

19 JUL 31 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION A

20. DATE OF DEATH July 29 1946 at 10.25 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1946 to July 29 1946 and that I last saw him alive on July 29 1946.

Immediate cause of death	Duration
Biliary Obstruction	
Due to Congenital Abnormality of the Biliary tract —	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 26 July 1946

Major findings of operation — Atresia of the gall bladder + enlargement of the hepatic duct

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert J. Sheldon

Address Date signed 7/30/46

VS 150

G42197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49a

Registered No. G42197

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution: Elmhurst Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town City of Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1317 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MAMIE Milburn Hughes

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 215-22-4660

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Henry R. Hughes
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Oct. 26, 1892

8. AGE: Years 53 | Months 9 | Days 4 | If less than one day: hr. min.

9. Birthplace Washington - D.C. (Town, county, and state)

10. Usual Occupation ?
11. Industry or business ?

FATHER
12. Name John Donaldson
13. Birthplace Not ascertainable

MOTHER
14. Maiden Name Alice Morris
15. Birthplace Not ascertainable

16 (a) Informant Mr. Henry R. Hughes (Husband)
(b) Address 1317 Eutaw Place - City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8- -46 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Washington - D.C.

18 (a) Funeral director Stewart + Mowen Company
(b) Address 108 W. North Ave. - City

19 Date AUG 2 1946 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30, 1946 at 1:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1, 1946 to July 30 1946 and that I last saw her alive on July 29, 1946.

Immediate cause of death	Duration
Toxaemia from Eclampsia	
Due to Carcinoma of Lft Ovary with Metastases	
Due to Intestinal Obstruction	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 12 months ago
Major findings of operations Carcinoma of Lft Ovary
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sigmund Goldberg M.D.
Address 622 W. North Ave. Date signed 7/30/46

VS 150

G42498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

Registered No. G42498

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 540 McMechan Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 507 W. Lafayette Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES P. BIAS.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1870

8. AGE: Years	Months	Days	If less than one day
76	1	26	hr. min.

9. Birthplace Philadelphia, Penna.
(Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name Horace Bias
13. Birthplace Howard Co., Md.

MOTHER
14. Maiden Name Sarah Boston
15. Birthplace A. A. Co., Md.

16 (a) Informant Mr. James P. Bias- Jr.
(b) Address 507 W. Lafayette Ave.

17 (a) Burial (b) Date thereof 7-31-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Laurel Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (b)
(Date received by registrar) (Registrar)

JUL 31 1946 Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

A

20. DATE OF DEATH July 27, 1946 19 , at 4:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1946 to July 27 1946, and that I last saw h— alive on July 27 1946

Immediate cause of death Cerebral Hemorrhage

Duration 2

Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify kind of place)
(e) Means of injury

23. Signature [illegible]

Address [illegible] Date signed 7-30-46

X

G42499 ✓ G42499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1242

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 903 Edmundson Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Louvenia Gross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	N	

6 (b) Name of husband or wife Charles Gross
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-28-~~1877~~

8. AGE: Years	Months	Days	If less than one day: hr.	min.
68	6	21		1885

9. Birthplace Howard Co. Md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name William Smith
13. Birthplace Md

MOTHER
14. Maiden Name Mary Rods
15. Birthplace Md

16 (a) Informant Mr. Charles Gross
(b) Address 903 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-1-46 (month) (day) (year)
(c) Cemetery or crematory
Location Ethelton, Howard Co. Md

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 5718 W. Baltimore St. Baltimore, Md

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 31 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-29 1946, at 2 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-28 1946 to 7-29 1946, and that I last saw h[illegible] alive on 7-29 1946.

Immediate cause of death: Diabetes Mellitus
Strangulated Hernia — Duration: 24 hrs

Due to: Acute Nephritis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 7-28-46

Major findings of operation: Strangulated Hernia

of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 7-30-46

G42500

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 92C

G42500 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 439.4 Highland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Ulrich Ulrich.
3 (b) If veteran, name war
3 (c) Social Security Account No. 216-09-7246
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Lena Ulrich
6 (c) If alive, give age 58 years
7. Birth date of deceased (mo., day, yr.) Apr 25 - 1885
8. AGE: Years 61 Months 3 Days 4 If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Seltzer Business
11. Industry or business
FATHER 12. Name John Ulrich
13. Birthplace Baltimore
MOTHER 14. Maiden Name Margaret Herman
15. Birthplace Balto
16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1-1946 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem Location Rural
18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Bleams St
19 (a) Date JUL 3 1946 (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-29 1946 at 3:10 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 7-29 1946 and that I last saw h alive on 7-29 1946.

Immediate cause of death	Duration
Coronary occlusion	
Due to Aortic valvular sclerosis and calcification	
Due to Rheumatic Fever.	
Other Conditions Vegitations left auricle. (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation
of autopsy: Sclerosed aortic valve.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Eugene Meyer III
Address Johns Hopkins Hospital Date signed July 29, 46

VS 150

G42501

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

G42501 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 129 S East Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 129 S East ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Metzger

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Dorothy Metzger
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Nov 3 - 1879

8. AGE: Years	Months	Days	If less than one day
66	8	26	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business Copper Smith

FATHER
12. Name Gedeyn Metzger
13. Birthplace Baltimore

MOTHER
14. Maiden Name Annie Schair
15. Birthplace Baltimore

16 (a) Informant Mrs Dorothy Metzger
(b) Address 129 S East Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 200 S Caroline St

19 (a) (Date received by registrar) (b) Registrar

VS 190

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1946, at 8 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1946 to July 29 1946, and that I last saw h(im) alive on July 28 1946.

Immediate cause of death Coronary occlusion — Duration

Due to Coronary Thrombosis & Myocarditis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. A. Flaugher Jr. M. D.
Address 3503 Fait Ave Date signed July 29

G42502

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

87D

G42502
Registered No.

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert Sts.
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Born here 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4300 Roland Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine A. Morrill MORRILL

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	M

6 (b) Name of husband or wife James Morrill
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 26 Nov. 1917

8. AGE: Years	Months	Days	If less than one day
28 29	4	22 4	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Louis Bunde
13. Birthplace Md.

MOTHER
14. Maiden Name Constance Boucher
15. Birthplace Md.

16 (a) Informant Lt. Com. James F. Morrill
(b) Address 526 University Pkwy
17 (a) Burial (Burial, cremation or removal) (b) Date thereof 8 1 46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cath.
Location Baltimore Md.
18 (a) Funeral director Wilhelm Cook Co.
(b) Address 1219 E. Fond St.
19 (a) (b) (Signature of local registrar) Registrar

JUL 31 1946
VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 30 July 1946 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 26 Sept 1945 to 30 July 1946 and that I last saw h[illegible] alive on 30 July 1946.

Immediate cause of death Respiratory Failure — Duration

Due to Metastasis

Due to Multiple Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James O'Shea M. D.
Address Mercy Hosp. Date signed 7/30/46

X

G42503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83R

Registered No. G42503

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 422 Laurens St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 422 Laurens St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julia F Green.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Widowed

6 (b) Name of husband or wife unknown
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2-28-1886

8. AGE: Years	Months	Days	If less than one day
60	5	12	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name Rodie Gould
15. Birthplace Va

16 (a) Informant Luthys Green
(b) Address 422 Laurens St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania Ave

19 (c) (Date received by Registrar) (b) Registrar

JUL 31 1946

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1946 at 12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1946 to July 30 1946 and that I last saw h alive on July 29 1946

Immediate cause of death	Duration
Due to Uterus Sclerosis	9 dys
Due to Apoplexy	1 wk
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Edward Fisher
Address 1642 E Monument 7/30/46

X

G42504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940

Registered No. G42504

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Cecil
(c) City or town Cherry Hill
(If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Milly E. Carroll

3 (b) If veteran, name war	3 (c) Social Security Account No. 219-14-1947

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Percie Grover Carroll
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 2. 1902

8. AGE: Years	Months	Days	If less than one day
43	9	22	hr. min.

9. Birthplace Wrightsdale Lancaster Co Pa (town, county, and state)
10. Usual Occupation Guard
11. Industry or business Munitions

FATHER 12. Name	Landon Carroll
FATHER 13. Birthplace	Penna
MOTHER 14. Maiden Name	Mary E Houser
MOTHER 15. Birthplace	Penna

16 (a) Informant Mrs Milly E. Carroll
(b) Address Elkton R 5 Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2 46 (month, day) (year)
(c) Cemetery or crematory Cherry Hill
Location Elkton R D 5. Md

18 (a) Funeral director Joseph R. Leard
(b) Address North East Md

19 (a) (Date received by local registrar) JUL 31 1946 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1946, at 2.22 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1946 to July 30 1946 and that I last saw him alive on July 30 1946

Immediate cause of death Myocardial failure & anoxia — Duration

Due to Rheumatic Heart Disease

Due to Mitral Stenosis

Other Conditions Auricular fibrillation Embolic in both common iliac arteries

(Include pregnancy within 3 months of death)

Date of operation July 30 1946

Major findings of operations: Thrombus filling left common iliac artery

Date of autopsy Thrombi in both iliac arteries

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. E. McCurdy M. D.
Address University Hosp. Date signed 7-30-46

VS 150

G42505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

G42505 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 422 N. Pearl St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Hardy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Miss. (Town, county, and state)

10. Usual Occupation Filling Station Helper

11. Industry or business

FATHER
12. Name ?
13. Birthplace Miss.

MOTHER
14. Maiden Name ?
15. Birthplace Miss.

16 (a) Informant Charlene Hardy
(b) Address 422 N. Pearl St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A. G. County Md

18 (a) Funeral director Joseph E. Lock
(b) Address 1304 N. Central Ave

19 (a) JUL 31 1946 Howard Huntington Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1946, at 4:40 a. M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Stab wound of chest involving lung & aorta

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/27/46 at 3:22 a. M.
(b) Where did injury occur? 422 N. Pearl St.
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No.
(d) Means of injury Sharp instrument
23. Signature Howard J. Mueller M.D. Medical Examiner.
Date signed 7/27/46

VS 151

G12506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G12506

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 425 N. Milton Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 425 N. Milton Avenue
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Buettner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or ~~wife~~ Albert C. (deceased)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1878

8. AGE: Years	Months	Days	If less than one day
68 yrs.	6	26	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Valentine Martin
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Anna Greib
15. Birthplace Unknown

16 (a) Informant Anna B. Buettner -daughter
(b) Address 425 N. Milton Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Balto. Md.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601-03 E. Madison Street

19 (a) JUL 31 1946 (Date received by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1946, at 10.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1945, to July 28, 1946, and that I last saw her alive on July 28 1946.

Immediate cause of death	Duration
Coronary Thrombosis	1 Hour
Due to Hypertensive Cardio-Vascular Disease	5 Yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benj. B. Turner M. D.
Address 448 N. Luzerne Ave. Date signed 7-29-46

G42507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G42507

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4102 Southern Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County 1
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4102 Southern Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3 (a) FULL NAME Harry F. Schmidt

3 (b) If veteran, name war —

6 (c) Social Security Account No. 216-09-1145

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Eleanora Schmidt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13th 1884

8. AGE: Years	Months	Days	If less than one day
61	7	16	hr. min.

9. Birthplace Balto. City Md
(Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Ins. Co.

FATHER
12. Name Chas. Schmidt
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Weasel
15. Birthplace Balto. Md

16 (a) Informant Mrs. H. F. Schmidt
(b) Address 4102 Southern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 1 46 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. Md

18 (a) Funeral director Kavanaugh Funeral Home
(b) Address 7401 Belair Rd.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Registrar

JUL 31 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29th 1946, at 12:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1946 to July 29 1946. and that I last saw h/m alive on July 29 1946.

Immediate cause of death Coronary Thrombosis — Duration 24 hrs.

Due to Arteriosclerotic heart disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chandler V. Swaf M. D.
Address 4200 Parkwood Ave Date signed 7/29/46

G42508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

153

G42508

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Women's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 days

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County Harrison
(c) City or town Clarksburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 N. Oak St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Mary Agnes Moyle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Bernard Moyle
6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) 5 June 1901

8. AGE: Years	Months	Days	If less than one day
45	1	26	hr. min.

9. Birthplace Clarksburg W. Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Patrick J. Madden
13. Birthplace Grafton W. Va.

MOTHER
14. Maiden Name Margaret Ward
15. Birthplace Clarksburg W Va.

16 (a) Informant Bernard Moyle
(b) Address same above

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-46 (month) (day) (year)
(c) Cemetery or crematory
Location Clarksburg W. Va.

18 (a) Funeral director Leonard J. Kuck
(b) Address 5305 Harford Road

19 (a) (Filed by registrar) (b) Huntington W. Va. Registrar

AUG 3 1946

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 31 July 1946, at 6.20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 13 July 1946 to 31 July 1946 and that I last saw her alive on 30 July 1946.

Immediate cause of death: Exfoliative dermatitis, acute, generalized — Duration
Due to: Unknown cause
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: No autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Buchanan M. D.
Address Women's Hospital, Balt. Date signed 31 July 46

G42509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G42509 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1633 S. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1633 S. Charles St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine Louise Moran

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Widow

6 (b) Name of husband or wife Timothy Moran

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/23/1863

8. AGE: Years	Months	Days	If less than one day
83	2	20	hr. min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name J. Matthew Isenhoff

13. Birthplace Germany

MOTHER 14. Maiden Name Agnes Stetson

15. Birthplace Germany

16 (a) Informant My Son Moran

(b) Address 1633 S Charles

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/46. (month) (day) (year)

(c) Cemetery or crematory Holy Cross R.C. Location Ritchie Highway

18 (a) Funeral director J. D. Lahey & Sons

(b) Address 318 Light St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 100 21 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1946 at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/26 1946 to 7/28 1946 and that I last saw h alive on 7/28 1946.

Immediate cause of death Cardiac Thrombosis

Due to Senile Myocarditis

Due to Arterio Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 3 days 2 yr 3 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. T. Hawkins M. D.

Address 1 Randall St Date signed 7/29/46

Huntington Hollins, M.D.

G42510 JL - 103178 Allen

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G42510

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 831 W. Lexington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Dix- Bertha

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/24/46

8. AGE: Years	Months	Days	If less than one day
			6 hr. 20 min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Bertha Dix
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7/30/46 (month) (day) (year)
(c) Cemetery or crematory Cremation
Location Baltimore City Hospitals

18 (a) Funeral director
(b) Address

19 (a) 7-31-1946 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1946 at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1946 to July 25 1946, and that I last saw him alive on July 25 1946.

Immediate cause of death	Duration
Pulmonary Atelectasis	5 hours
Due to Prematurity	9 hours
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harvey Stone M. D.
Address Date signed

VS 150

G42511

BALTIMORE CITY HEALTH DEPARTMENT ✓ G42511
Registered No.

CERTIFICATE OF DEATH 131a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4108 Edmondson Avenue
(c) Hospital or institution:

16

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4108 Edmondson Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No).
If yes, name country

3 (a) FULL NAME Emma F. Lauterbach

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John C. Lauterbach
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1867

8. AGE: Years	Months	Days	If less than one day
79	6	10	hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Philip G. Swift
13. Birthplace Virginia

MOTHER
14. Maiden Name Elizabeth Alexandra
15. Birthplace Virginia

16 (a) Informant Mrs. Lydia M. Lauterbach
(b) Address 4108 Edmondson Avenue

17 (a) Burial (b) Date thereof 8-1-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave. & Longwood St.

18 (a) Funeral director Harry H. Witzke
(b) Address 4101 Edmondson Avenue

19 (a) (Date rec'd by registrar) (b)

JUL 31 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28, 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 23, 1942 to July 28, 1946, and that I last saw her alive on July 28, 1946.

Immediate cause of death	Duration
Cardiac Failure	
Due to Arteriosclerotic Cardiovascular Renal Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lloyd A. Kupp M. D.
Address 3030 Edmondson Ave. Date signed 7/29/46

X

G42512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G42512 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 60 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1318 N. Mount St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME (BURKE) Anna Dumpson — Anna Burke Dumpson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1900

8. AGE: Years	Months	Days	If less than one day
46	0	0	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Daniel Burke
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Perron
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/46 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Meg. B. Kelson
(b) Address 1303 Presstman St

19 (a) Date received by registrar 8/3/1946 (Signature of Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30, 1946 19 , at 5:10PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 19 46 to July 30 19 46, and that I last saw h er alive on July 30 1946

Immediate cause of death	Duration
Cerebral vascular accident	1 week
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature O. R. Hoffman M. D.
Address Baltimore City Hosp Date signed 30 July 46

VS 150

G42513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42513 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4703 Hampnett, Ave.

(c) Hospital or institution: Pine Ridge

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town 4016 Cermak Ave (If outside city or town limits, write RURAL and give town)

(d) Street No. Balto - Md (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MAMIE MARY OLDEWURTEL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Married

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30-1879

8. AGE: Years	Months	Days	If less than one day
67	1	-	hr. min.

9. Birthplace Balto - Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business at home

FATHER

12. Name Bernard

13. Birthplace Germany

MOTHER

14. Maiden Name Barbara Nehmsmann

15. Birthplace Germany

16 (a) Informant William Oldewurtel

(b) Address 4016 Cermak Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/46 (month) (day) (year)

(c) Cemetery or cemetory Holy Redeemer

Location Belair Rd

18 (a) Funeral director Selby & Zeh Inc

(b) Address 403 S. Wolfe St.

19 (a) AUG 2 1946 (Date rec'd by Registrar) (b) Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1946, at 3:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1944 to July 30 1946 and that I last saw h[illegible] alive on July 30 1946

Immediate cause of death Uremic Coma — Duration 7/29/46

Due to

Due to Chr. Nephr. 4 3 — Duration 8/1944

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William J Oldewurtel M. D.

Address 801 N Kenwood Ave Date signed 7/31/46

VE 2

642514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

642514 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 420 N. Montford Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 420 N. Montford Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie L. Raubach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: George M. Raubach

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25-1871

8. AGE: Years 75 | Months 2 | Days 4 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name George Beyer
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Cora Barton
(b) Address 420 N. Montford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 2/46 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn Cem.
Location Eastern Ave.

18 (a) Funeral director John F. Miller
(b) Address 2354 Jefferson St.

19 (a) JUL 31 1946 (Registrar's signature) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1946 at 7.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 19 to July 24 19 46.
and that I last saw [illegible] alive on July 24 19 46

Immediate cause of death: Cerebral Hemorrhage — Duration 2 wks
Due to Cerebral Arteriosclerosis 4 yrs.
Chronic Hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Irvin J. Jenkins M. D.
Address 700 E. Fayette St. Date signed 7/30/46

VS 150

G42515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

142 ✓ G42515 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3224 Eagle Side Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sylvester Roche

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-7934

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Mandie.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7 1885

8. AGE: Years	Months	Days	If less than one day
60	10	12	hr. min.

9. Birthplace Baltimore (Mt Washington) (Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business Contracting

FATHER
12. Name Sylvester J. Roche Sr.
13. Birthplace Ireland

MOTHER
14. Maiden Name Johanna Ryan
15. Birthplace Ireland

16 (a) Informant Mrs. Mandy C. Roche
(b) Address 3224 Eagle Side Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-46 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director Lorenz Byers
(b) Address 5035 Park Heights Ave.

19 (a) JUL 31 1946 (Date rec'd by registrar) Huntington Hillsdale, Md.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/29 1946 at 4:45 P.M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

Autopsy, Inspection or Inquiry

IMMEDIATE CAUSE OF DEATH Coronary Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. J. Juliano Jr M.D. Medical Examiner.

Date signed 7/29/46

G42516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94Q Registered No. G42516

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 419 N. Carolina St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lee Sterges

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-2-1905

8. AGE: Years	Months	Days	If less than one day
41	1	27	hr. min.

9. Birthplace Salisbury Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Charles H. Sterges
13. Birthplace Md

MOTHER
14. Maiden Name Martha Morris
15. Birthplace Md.

16 (a) Informant Almeata Sterges
(b) Address 419 N. Carolina St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/2/46 (month) (day) (year)
(c) Cemetery or crematory ARBUTUS Mem. Pk
Location

18 (a) Funeral director Elroy O. Wilson
(b) Address 1000 Edmondson Ave

19 (a) (Date received) JUL 31 1946 Huntington Williams (Registrar)

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/29 1946 at 10:45 A.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at A.M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. C. Lubinski M.D.
Medical Examiner.
Date signed 7/30/46

G42517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170

G42517 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 W. Rogers Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Potterfield

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Joseph (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 1, 1868

8. AGE: Years	Months	Days	If less than one day
77	8	29	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William Snyder
13. Birthplace Phila. Pa

MOTHER
14. Maiden Name Annie Sylvester
15. Birthplace Kent Co. Md

16 (a) Informant Miss A. Virginia Savage
(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-2-46 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Road

18 (a) Funeral director Williams Cook Co
(b) Address 1217 or Park Street

19 (a) (Date received by Local Registrar) JUL 31 1946 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30, 1946, at 9 45 P. M

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH Shock
Compound Comminuted Fracture of left leg bones.
Fractured Pelvis + ribs

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/30/46 at 8 30 P. M. 27/45
(b) Where did injury occur 2200 Blk - W. Rogers Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian - struck by auto

23. Signature Howard J. Mueller M.D. Medical Examiner.
Date signed 7/31/46

G42518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G42518 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1618 Patapsco st. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Lyons

3 (b) If veteran, name war: Wld #1

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Sngl

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 21. 1883

8. AGE: Years 62 | Months 10 | Days 8 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired Mason

11. Industry or business

FATHER — 12. Name Andrew T Lyons
13. Birthplace Baltimore Md

MOTHER — 14. Maiden Name Wilhelmina Dunhorn
15. Birthplace Balt Md

16 (a) Informant Sadie Schneider
(b) Address 905 E 22nd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/46 (month) (day) (year)
(c) Cemetery or crematory Patapsco
Location Baltimore Md

18 (a) Funeral director Wilhelm Gold Inc
(b) Address 1219 Park Ave

19 (a) (Date received by registrar) JUL 31 1946 Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-29- 1946, at 9:30 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Masters M.D. Medical Examiner.
Date signed 7-29-46

G42519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 462

Registered No. G42519

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2846 N. Calvert St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grace M. Nelson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-26-74

8. AGE: Years 71 | Months 7 | Days 4 | If less than one day: hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Retired School teacher

11. Industry or business

FATHER 12. Name James S. Monroe
13. Birthplace Md.

MOTHER 14. Maiden Name Lydia Fogelman
15. Birthplace Ohio

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

19 [illegible] 21 1946 [illegible] Registrar
(Date rec'd by registrar)
Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-30 1946 at 10 57 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1946 to 7-30 1946 and that I last saw h[illegible] alive on 7-30 1946

Immediate cause of death: Ascending colon, carcinoma of, Duration

Due to: carcinoma of [illegible] intestines [illegible]

Due to: liver & peritoneum

Other Conditions: Arteriosclerosis generalized
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. S. Thomas III, M.D.
Address Johns Hopkins Hospital Date signed 7/30/46

G42520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47D

Registered No. G42520

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2818 Dillon St.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2818 Dillon St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John J. Riley

3 (b) If veteran, name war
3 (c) Social Security Account No. 214-01-8814

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Anne R. Riley
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Feb 3, 1885

8. AGE: Years 60 | Months 5 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER
12. Name Edward Riley
13. Birthplace Unknown

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Annie R. Riley
(b) Address 2818 Dillon St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/46 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cemetery
Location German Hill Rd

18 (a) Funeral director John J. Duda
(b) Address 2829 Hudson St

19 JUL 31 1946 (Date received by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29, 1946, at 9:30 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy (Inspection or Inquiry), find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Primary Carcinoma of lung with metastasis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury ..... at ..... M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mussaio M.D. Medical Examiner.
Date signed 8-2-46

VS 151

X

G42521 OC# 48114 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 9 G42521 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 877½ W. Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 877½ W Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Leinkus

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1946

8. AGE: Years | Months 2 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name John L. Leinkus

13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name Helen F. Law

15. Birthplace Baltimore Md

16 (a) Informant John L. Leinkus

(b) Address 877 W Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/46 (Month) (day) (year)

(c) Cemetery or crematory Loudenschlager

Location 4300 Old Frederick Rd

18 (a) Funeral director Chas J. Goodwin Sons

(b) Address 1403 Hollins St

19 31 1946 (Date received) (b) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31st 1946 at 5-15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-24-46 19 to 7-31 19 46, and that I last saw h alive on 7-29 19 46

Immediate cause of death	Duration
Bronchopneumonia	24 hr.
Due to Pertussis	2 wks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(d) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Rosman M. D.

Address 206 S. Gilmor St Date signed 7-31-46

VS 150

X

G42522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G42522

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1314 S. Carey St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1314 S. Carey St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katie Wiegand

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John W. Wiegand
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) July 10. 1877

8. AGE: Years	Months	Days	If less than one day
69	0	20	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Winn
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant John W. Wiegand
(b) Address 1314 S. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3. 1946 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Ave

18 (a) Funeral director Mr. Mrs. John W. Teufel & Son
(b) Address 801 N. Fayette St.

19 AUG 1 - 1946 Huntington Williams, M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1946 at 8:30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1944 to July 31 1946 and that I last saw h[illegible] alive on July 30 1946

Immediate cause of death Myocardial degeneration + hypostatic pneumonia

Due to Arteriosclerotic type Heart disease with cardiac hypertrophy

Due to Congestive failure

Other Conditions Chronic Bronchitis with Bronchial asthma

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration: several years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

73. Signature L. W. Michel M. D.
Address 2901 Edmondson Date signed Aug 1 1946

VS 150

No. G42523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83B

Registered No. G42523

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: President Hospital 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 Druid Hill Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elmer Madden

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/25/1882

8. AGE: Years 64 | Months 4 | Days 4 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Cattler

11. Industry or business

FATHER 12. Name ?
13. Birthplace ?

MOTHER 14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mrs. Geneva Madden
(b) Address 1207 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof [illegible] 1946
(c) Cemetery or crematory Mt. Lucken
Location Pikesville, Md.

18 (a) Funeral director Mr. Lacy A. Hall
(b) Address 1631 Druid Hill Ave

19 (Date received by registrar) AUG 1 - 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-29- 1946 at 4 46 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 7-29 1946 and that I last saw him alive on 7-29 1946.

	Duration
Immediate cause of death: Cerebral Thrombosis	1 day
Due to (Essential) Hypertension	?
Due to arteriosclerosis	?
Other Conditions Obesity,	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Bernard Harris M. D.
Address 1207 N Carrollton Ave Date signed July 31, 1946

Bernard Harris X

VS 150

G42524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 111 B

Registered No. G42524

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1506 N. Mount St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary T Aylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife James T Aylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1904

8. AGE: Years	Months	Days	If less than one day
42	3	24	hr. min.

9. Birthplace Dundas, Va
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Organ Rice
13. Birthplace Dundas, Va

MOTHER
14. Maiden Name Minnie B. Morgan
15. Birthplace Dundas, Va

16 (a) Informant Joseph E. Taylor
(b) Address 1506 N. Mount St

17 (a) Burial (b) Date thereof Aug. 1, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Lou V. Holland
(b) Address 1691 Druid Hill Ave

19 AUG 1 1946 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1946, at 12:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1946 to July 28 1946, and that I last saw h[illegible] alive on July 28 1946.

Immediate cause of death Uremia
Acute Pulmonary Edema

Due to Malignant Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Milton Resch
Address Redwood & Greene Date signed 7/28/46 (M D)

VS 150

X

G42525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G42525 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2301 Ocala Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city limits, write RURAL and give town)
(d) Street No. 2301 Ocala Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Oscar Meyerhoff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hannah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years 82 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER 12. Name Alexander

13. Birthplace Russia

MOTHER 14. Maiden Name Jennie

15. Birthplace Russia

16 (a) Informant Hannah Meyerhoff

(b) Address 2301 Ocala Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-46 (month) (day) (year)

(c) Cemetery or crematory Shaarei Tfiloh

Location Woodlawn Mill Road

18 (a) Funeral director Jack Lewis Inc

(b) Address 1409 E. Baltimore St

19 (a) Filed AUG 1 1946 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION 35

20. DATE OF DEATH 7-31 1946, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1946, to July 31 1946, and that I last saw him alive on July 31 1946

Immediate cause of death: CARDIAC DECOMPENSATION — Duration 9 days.

Due to HYPERTENSIVE Cardio-Vascular Disease — 10 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert H. Hunneford

Address 1801 Eutaw Pl Date signed 7/31/46

VS 150

G42526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131 B

Registered No. G42526

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 818 McCulloh St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 - 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 818 McCulloh St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grace Randolph

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28 1904

8. AGE: Years	Months	Days	If less than one day
32	2	1	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Frank Randolph

13. Birthplace Va

MOTHER 14. Maiden Name Kate Stovall

15. Birthplace Va.

16 (a) Informant Josephine Stanley

(b) Address 818 McCulloh St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31 1946 (Month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location Ga County Md.

18 (a) Funeral director Mrs. R. A. Ellis by D.H.

(b) Address 2129 N. Caroline St.

19 (a) AUG 1 - 1946 (Date rec'd by registrar) (b) [illegible]

VS 150

MEDICAL CERTIFICATION

28. DATE OF DEATH July 29 1946 at 4:08 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1946, to July 29 1946 and that I last saw [illegible] alive on July 29 1946

Immediate cause of death Cardiac Decompensation + Nephritis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jas. A. Juliano Jr. M.D.

Address 611 N. Eutaw St. Date signed 7/31/46

X

G42527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42527 Registered No. 121

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette St.
(c) Hospital or institution: Franklin Sq. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Calif. (b) County
(c) City or town Los Angeles
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1140 S. Union Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Elizabeth Seitz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles Albert Seitz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 25, 1878

8. AGE: Years	Months	Days	If less than one day
67	10	5	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Lewis F. Mickey
13. Birthplace Mifflintown, Pa.

MOTHER
14. Maiden Name Sarah E. Charteris
15. Birthplace Duncannon, Pa.

16 (a) Informant Mrs. Elsie A. Dayton
(b) Address 7114 Stockley Rd., Upper Darby, Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 2, 1946 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Md.

18 (a) Funeral director E. Millio Lamoreau
(b) Address 4510 Liberty Heights Ave.

AUG 1 - 1946 (Date rec'd by registrar) (b) Huntington Nottingham M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-30-46 19 , at 1:40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-20-46 19 to 7-30- 1946, and that I last saw her alive on 7-30- 1946.

Immediate cause of death Acute Appendicitis Complicated by an acute pulmonary Embolism.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 7-21-46

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence [redacted] at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M.D.
Address Franklin Sq. Hosp. Date signed 7/30/46

VS 150

G42528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓94a

Registered No. G42528

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5118 Reisterstown Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28-1
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5118 Reisterstown Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Noah Edward Kirk

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Glova Constantine Kirk
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) September 9, 1879

8. AGE: Years	Months	Days	If less than one day
66	10	22	hr. min.

9. Birthplace Hebbville, Baltimore Co., Md. (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business Self

FATHER
12. Name William H. Kirk
13. Birthplace Hebbville, Baltimore Co., Md.

MOTHER
14. Maiden Name Annie Mary Wallace
15. Birthplace Hebbville, Baltimore Co., Md.

16 (a) Informant Mrs. N. Edward Kirk
(b) Address 5118 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 3, 1946 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Md.

18 (a) Funeral director E. Wallis Lamborn
(b) Address 4510 Liberty Heights Ave.

AUG 1 - 1946 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1946 at 10.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 29 1946 to July 31 1946. and that I last saw h. alive on July 31 1946.

Immediate cause of death Angina Pectoris
Due to Coronary Thrombosis
Due to Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at A M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John D Burket M.D.
Address 5268 Reisterstown Rd Date signed 8/1/46

VS 150

G42529

BC# J. 52543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 157E

Registered No. G42529

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balt. Gen'l. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balt Co. Della
(If outside city or town limits, write RURAL and give town)
(d) Street No. 64 Della Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Connie Mel Tucker

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None
4. Sex: Female
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: None
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): July 26, 1946
8. AGE: Years | Months | Days: 5 | If less than one day: hr. min.
9. Birthplace: West Balt Gen'l. Hosp. (Town, county, and state)
10. Usual Occupation: None
11. Industry or business

FATHER
12. Name: Wilson Tucker
13. Birthplace: Balt Md

MOTHER
14. Maiden Name: Melville Commander
15. Birthplace: Lambert Miss.

16 (a) Informant: Wilson L. Tucker
(b) Address: 64 Della Ave. Della Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 1 1946 (month) (day) (year)
(c) Cemetery or crematory: Good Shepherd
Location: Rockland Howard Co Md

18 (a) Funeral director: Easton Jones
(b) Address: Ellicott City Md

19 (a) AUG 1 1946 (Date received by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1946, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1946, to July 31 1946, and that I last saw h[illegible] alive on July 31 1946.

	Duration
Immediate cause of death: Congenital Heart Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation: Death preceded by cyanosis
Major findings of operation:
of autopsy: Aortic Stenosis with Dextrocardia and Situs Inversus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature: E. D. Trepton
Address: W. Balto Gen Hosp Date signed: 8-1-46 (M. D.)

VS 150

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B42530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131 B

Reg. B42530

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2311 Madison Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 D
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2311 Madison Ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Lester Brooks

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-5362

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Widowed

6 (b) Name of husband or wife Victoria Brooks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30, 1875

8. AGE: Years	Months	Days	If less than one day
71	1	9	hr. min.

9. Birthplace S. Carolina (Town, county, and state)
10. Usual Occupation Molder
11. Industry or business Foundry

FATHER
12. Name Henry Brooks
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Annie Norris
15. Birthplace SC

16 (a) Informant Queen Brooks (Daughter)
(b) Address 2311 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1 1946 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Balto Md

18 (a) Funeral director Sarah L Brompton
(b) Address 1080 North Fremont St

19 AUG 1 1946 (b) Huntington Williams, Md
Registrar

VS 188

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1946 at 2A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1946 to July 24 1946, and that I last saw h[illegible] alive on July 23 1946.

Immediate cause of death Chronic Nephritis
Uremia — Duration Complete yrs

Due to

Due to

Other Conditions Mitral Insufficiency — Duration Complete yrs

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph J Young, M.D.
Address 1429 E Fremont Ave Date signed 7/31/46

X

G42531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1467

G42531
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1205 Glyndon Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 Glyndon Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adolph RAZGAITIS

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-4425

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1914

8. AGE: Years	Months	Days	If less than one day
32			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Vest Maker

11. Industry or business

FATHER
12. Name George Razgaitis
13. Birthplace Lith.

MOTHER
14. Maiden Name Pauline Kockes
15. Birthplace Lith.

16 (a) Informant Pauline Razgaitis
(b) Address 1205 Glyndon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3-46 (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Beloit Rd

18 (a) Funeral director Joseph Razgaskas Jr.
(b) Address 607 Washington Blvd

19 (a) (b)
(Signature by registrar) Registrar

AUG 1 - 1946
VS 15a

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1946, at 11:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1946 to July 31 1946 and that I last saw h[illegible] alive on July 31 1946.

Immediate cause of death: Carcinoma of Rectum and Liver

Duration: 1 yr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature John P. Unlocke, Jr.
Address 1227 Wash. Blvd Date signed July 31 '46

X

G42532

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 183a

Registered No. G42532

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 334 n. Calhoun St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-1
(e) Length of stay in Baltimore (yrs., mos., or days) 19 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 334 n. Calhoun St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Worrell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	colored	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 2, 1893

8. AGE: Years	Months	Days	If less than one day
53	8	28	hr. min.

9. Birthplace N. Y. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert Worrell
13. Birthplace Va

MOTHER
14. Maiden Name Delia Johnson
15. Birthplace Va

16 (a) Informant Beulah Depree
(b) Address 336 n. Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-46 (month) (day) (year)
(c) Cemetery or crematory Arbutus Cem
Location Md

18 (a) Funeral director George E. Kelson
(b) Address 1303 Preston St

19 (a) AUG 1 1946 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1946 at 1P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1946 to 7-30 1946, and that I last saw h[illegible] alive on 7-30 1946.

Immediate cause of death
Cerebral Apoplexy — Duration 3 Days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature B. B. Hatcher
Address 1 r 25 Parker Date signed 8/1/46 M.D.

G42533

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 B

Registered No. G42533 3698

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ALL RIGHTS RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 Presbury St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-2
(e) Length of stay in Baltimore (yrs., mos., or days) 22yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 Presbury (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Calvin Montgomery
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife Elizabeth Montgomery
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 1867

8. AGE: Years	Months	Days	If less than one day
79	2	25	hr. min.

9. Birthplace Goffaney S.C (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Elijah Montgomery
13. Birthplace South Carolina

MOTHER
14. Maiden Name Rhoda Foster
15. Birthplace South Carolina

16 (a) Informant Mrs Laura Chambers
(b) Address 1700 Presbury St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 | 3 | 46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md.

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Pennsylvania Ave

19 AUG 1 - 1946 (Date rec'd by local registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-31-1946 at 6:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1 1946. to 7-31-1946 and that I last saw alive on 7-30-1946.

Immediate cause of death: Carcinoma of Prostate — Duration: Unknown
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank A. Saunders M. D.
Address 1029 N. Stricker Date signed 7-31-46

VS 150

X

G42534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G42534

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital 2 East DOA
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1226 S. Clinton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Hume

3 (b) If veteran, name war

3 (c) Social Security Account No. 177-07-3656

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 4, 1881

8. AGE: Years	Months	Days	If less than one day
64	7	14	hr. min.

9. Birthplace Leith Scotland (Town, county, and state)

10. Usual Occupation Freight Handler

11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace Unknown.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown.

16 (a) Informant James Warther
(b) Address 1226 S Clinton at

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/2/46 (month) (day) (year)
(c) Cemetery or crematory St Johns
Location Ellicott City Md

18 (a) Funeral director Ambrose Shue
(b) Address 414 N Franklintown rd

19 (a) AUG 1 - 1946 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1946, at 8:39 P. M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Howard J. Mullis M.D. Medical Examiner.
Date signed 7/29/46

VS 151

G42535

AB-161174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓137a

Registered No. G42535

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 11-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mos- 21days
(e) Length of stay in Baltimore (yrs., mos., or days) 8yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 926 Madison Ave. Zone 1
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elijah Palmer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Sidney

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16 1871

8. AGE: Years	Months	Days	If less than one day
74	7	15	hr. min.

9. Birthplace N.C.
(Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Nathan Palmer (D
13. Birthplace N.C.

MOTHER
14. Maiden Name Matilda Boyd (D
15. Birthplace N.C.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Removal (b) Date thereof 8/3/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Washington D.C.

18 (a) Funeral director J. A. Blakeney
(b) Address 918 Druid Hill Ave.

19 (d) AUG 1 - 1946 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 1- 1946, at 12:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-9 1946 to 8-1 1946, and that I last saw h im alive on 8-1 1946.

Immediate cause of death	Duration
Cardiac failure	
Due to Hypertensive C.V.D.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 7-17-46
Major findings of operation Benign prostatic hypertrophy
Autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature /Henry L Ryder M. D.
Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS 150

G42536 BC# G52333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G42536

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimor (If outside city or town limits, write RURAL and give town)
(d) Street No. 528 J Shannon St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Priscilla Sample.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Baby

6 (b) Name of husband or wife | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-24-46

8. AGE: Years | Months | Days 6. | If less than one day hr. min.

9. Birthplace md. (Town, county, and state)

10. Usual Occupation

11. Industry or business Baby

MOTHER / FATHER
12. Name James Sample
13. Birthplace Maryland
14. Maiden Name Essie Bourne
15. Birthplace Maryland

16 (a) Informant Friends.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Cedar Hill Md.

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave.

19 Aug 1 1946 (b) Huntington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1946 at 930 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1946 to July 29 1946 and that I last saw h alive on July 29 1946.

Immediate cause of death: Pulmonary Hemorrhage — Duration

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert J. Sheldon
Address J. H. Hosp. Date signed 7/30/46

VS 150

642537 WALTERS

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registration No. 642537

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 710 Pierce St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 710 Pierce St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Walters

3 (b) If veteran, name war

3 (c) Social Security Account No.

MEDICAL CERTIFICATION

20. DATE OF DEATH 31 July 1946 9:25 P M

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1920

8. AGE: Years 26 | Months | Days | If less than one day hr. min

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name Sam Walters
13. Birthplace North Carolina

MOTHER
14. Maiden Name Charlotte McPherson
15. Birthplace North Carolina

16 (a) Informant Charlotte Wright
(b) Address 710 Pierce Street

17 (a) Removed (Burial, cremation, or removal) (b) Date thereof 8/3/46 (month) (day) (year)

(c) Cemetery or crematory
Location Parkton N. C.

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave

19 (a) AUG 1 - 1946 (Date received by registrar) Huntington Williams, M.D.

21. I certify that I took charge of the remains described above, held an Autopsy & Inq thereon (Autopsy, Inspection or Inquiry) and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Tuberculosis, pulmonary

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature William F. Kelly M.D.
Medical Examiner.
Date signed 1 Aug 46

VS 151

G42538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G42538 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address D.S.A.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1507 Kennsett ST (If rural give location)
(e) Citizen of foreign country? Kuwait (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES W. BUTCHER Charles Butcher

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband/wife: Laura Butcher

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29, 1876

8. AGE: Years 70 | Months 1 | Days 2 | If less than one day hr. min.

9. Birthplace Shrewsbury Pa. (Town, county, and state)

10. Usual Occupation City Employee Retired

11. Industry or business City of Baltimore

FATHER
12. Name William Butcher
13. Birthplace Shrewsbury Pa.

MOTHER
14. Maiden Name Carrie Butcher
15. Birthplace New Freedom Pa.

16 (a) Informant Mrs. Charles W. Butcher
(b) Address 1507 Kennsett St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/46 (month) (day) (year)
(c) Cemetery Loudon Park
Location Baltimore Md.

18 (a) Funeral director WM. J. TICKNER & SONS INC.
(b) Address North & Pa Aves. Balto. Md.

19 (a) Date received by Registrar AUG 1 1946 (b) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/31 1946 at 2:30 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic C V disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. F. Sulzbacher M.D. Medical Examiner.
Date signed 7/31/46

Dr. White

G42539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G42539

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2808 Strathmore Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2808 Strathmore Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Ella Tames

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife George W. Tames

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 7, 1861

8. AGE: Years	Months	Days	If less than one day
85	4	24	hr. min.

9. Birthplace Penna. (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name ? Whitmore
13. Birthplace Penna

MOTHER
14. Maiden Name ? Hepner
15. Birthplace Penna

16 (a) Informant
(b) Address 2808 Strathmore Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-46 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road

AUG 1 1946 (b) Huntington Ave. Baltimore, Md.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31st, 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1946 to July 31 1946 and that I last saw h[illegible] alive on July 31 1946

Immediate cause of death
Cerebral Embolism with Hemiplegia - Right — Duration 12 days
Due to Arteriosclerotic Cardio Vascular Disease —
Other Conditions Senility —
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation —
of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature James E. White
Address 5214 Harford Rd Date signed 31 July 46

G42540 G42540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1012 Riverside Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 Riverside Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret B. Irwin
3 (b) If veteran, name war —
(c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	White	Married

6 (b) Name of husband or wife J. Harry Irwin
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 22, 1888

8. AGE: Years	Months	Days	If less than one day
58	3	9	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Raymond W. Lewis
13. Birthplace [illegible] Va

MOTHER
14. Maiden Name Mary Hill
15. Birthplace Baltimore Md.

16 (a) Informant J. Harry Irwin
(b) Address 1012 Riverside Ave.

17 (a) Burial (b) Date thereof 8-3-1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md.

18 (a) Funeral director Hynes & Flannery
(b) Address 414 Light St.

AUG 1 - 1946 (b) Lexington-Williamson Md.
Date rec'd by registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1946 at 4 [illegible] M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1946 to July 31 1946 and that I last saw h[illegible] alive on July 31 1946.

Immediate cause of death	Duration
Pulmonary edema	2 days
Due to Hemiplegia	3 mos
Due to Cerebral Hemorrhage	3 days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. B. Mellott M.D.
Address 279 Williamson Date signed 8/1/46
M. D.

G42541

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a

G42541 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Cecil Co.
(c) City or town Outside Rising Sun.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Laura A. Whited

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Married

6 (b) Name of husband ~~or wife~~ William A. Whited
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) 7/5/1876

8. AGE: Years	Months	Days	If less than one day
70	0	26	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Slater.
13. Birthplace Va.

MOTHER
14. Maiden Name Hannah Alexander
15. Birthplace Va.

16 (a) Informant William T. Whited
(b) Address Rising Sun. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5, 1946 (month) (day) (year)
(c) Cemetery or crematory Rose Bank
Location near Rising Sun Md.

18 (a) Funeral director J. E. Hyson.
(b) Address Rising Sun. Md.

19 (c) AUG 1 - 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1946, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1946 to Aug. 1 1946, and that I last saw her alive on Aug 1 1946.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis & Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? Baltimore 18, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Blackwell Jr. M.D.
Address Union Memorial Hospital Baltimore 18, Md. Date signed 8-1-46

VS 3

G42542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G42542

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood and Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 DA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town TOWSON (If outside city or town limits, write RURAL and give town)
(d) Street No. 217 COURTLAND AVE. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME Harry L. Brun

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife EMMA F. LEBRUN
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) JUNE 1, 1874

8. AGE: Years	Months	Days	If less than one day
72	1	31 30	hr. min.

9. Birthplace BALTO. CO. (Town, county, and state)
10. Usual Occupation OFFICE
11. Industry or business

FATHER
12. Name JOSEPH H. LEBRUN
13. Birthplace BALTO. CO.

MOTHER
14. Maiden Name EMMA LUDWIG
15. Birthplace BALTO. CITY

16 (a) Informant MRS. E. LEBRUN
(b) Address 217 COURTLAND AVE. TOWSON

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8 2 46 (month) (day) (year)
(c) Cemetery or crematory WAUGH CHAPEL
Location BALTO. COUNTY

18 (a) Funeral director A.R. SLADE
(b) Address 4907 YORK RD.

AUG 1 — 1946 (Date rec'd by Reg.) (Signature) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-31 1946, at 1 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-28 1946 to 7-31 1946, and that I last saw h[illegible] alive on 7-31 1946.

Immediate cause of death Heart failure Congestive failure — Duration

Due to Arteriosclerosis

Due to

Other Conditions Acidosis · dehydration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter T. Crouch M. D.
Address University Hospital Date signed 7-31-46

VS 150

G42543

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

G42543 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 848 Glode Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days) about 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. 25 Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 848 Glode Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maria Virginia Parker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife James A Parker
(c) If alive, give age 10[illegible] years

7. Birth date of deceased (mo., day, yr.) Aug 2-1902

8. AGE: Years	Months	Days	If less than one day: hr.	min.
44	11	28		

9. Birthplace Frederick Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name John Merchant
13. Birthplace Frederick Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Frederick Md

16 (a) Informant Mr. Kenneth Watts
(b) Address 5223 Kresgeme Rd (25)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2 46 (month) (day) (year)
(c) Cemetery or crematory New U.S. National
Location Frederick Rd

18 (a) Funeral director Milton B. Skilling
(b) Address 3914 E. Hamond St

(Date) 1946 Signature by registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30th 1946 at 11 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1946 to July 30 1946 and that I last saw h[illegible] alive on July 29 1946

Immediate cause of death	Duration
Coronary occlusion	
Due to Hypertension	
Due to Obesity	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Rubin M. D.
Address 203 Baldpate Date signed

VS 180

G42544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. G42544

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5201 Anthony Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5201 Anthony Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma J. Benner

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Benjamin J
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22 1852

8. AGE: Years	Months	Days	If less than one day
94	0	9	hr. min.

9. Birthplace Baltimore Md (Town, county, and State)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name George Waters
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Isabel Lutherwood
15. Birthplace Md

16 (a) Informant Mrs John J. Wright
(b) Address 5201 Anthony Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/46 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md

18 (a) Funeral director Wilson Sons & Co
(b) Address 1217 E Fayette St

19 (Registered by me) AUG 2 - 1946 Hampton Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1946, at 6:29 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1945 to July 31 1946, and that I last saw h.e.r. alive on July 31 1946.

Immediate cause of death Bronchopneumonia — Duration 2 weeks
Due to chronic nephritis — 2 years
Due to generalized arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. C. Dunagan M. D.
Address 31 E North Ave Date signed 8/4/46

VS 150

X

G42545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

G42545 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: So Balto Gen. Hosp. 24
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 62

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1455 Richardson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Addie R Wagner

3 (b) If veteran, name war: W
3 (c) Social Security Account No. ~~xxx~~ na

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Walter M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/12/84

8. AGE: Years	Months	Days	If less than one day
62	5	19	hr. min.

9. Birthplace Balto, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Frank McCauley
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Wells
15. Birthplace Md.

16 (a) Informant Marie Klemmich
(b) Address 1455 Richardson St

17 (a) Burial (burial, cremation, or removal) (b) Date thereof 8/3/46 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Irvington Md

18 (a) Funeral director Milton Orr Jr
(b) Address 1217 Fort Ave

19 AUG 2 – 1946 (b) Huntington Williams Md
(Date rec'd by local reg.)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1946 at 4:37 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1946 to July 31 1946, and that I last saw her alive on July 30 1946.

Immediate cause of death Anemia — Duration

Due to Pontomitis

Due to Perforating Ca of Terminal Ileum

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Ca of Terminal Ileum

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Vincent O Carrickson M. D.
Address So Balto Gen Hosp Date signed 8/3/46

VS 150

G42546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

Registered No. G42546

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 rd St.
(c) Hospital or institution: UNION MEMORIAL HOSPITAL 9-W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1121 MONTPELIER ST.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY WOOD PFEIFFER.

3 (b) If veteran, name war: NO.

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	M.

6 (b) Name of husband or wife: CARRIE
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) APRIL 21, 1894

8. AGE: Years	Months	Days	If less than one day
52	3	10	hr. min.

9. Birthplace BALTIMORE, MD.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name HENRY PFEIFFER.
13. Birthplace GERMANY.

MOTHER
14. Maiden Name MARY ?
15. Birthplace MARYLAND.

16 (a) Informant: CARRIE. PFEIFFER.
(b) Address 1121 MONTPELIER ST. BALTO.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Park
Location Baltimore Co. Md.

18 (a) Funeral director Wilson Cook Inc.
(b) Address 124 E. Saint St.

AUG 2 - 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 31 1946, at 1.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from JULY 31 1946 to JULY 31 1946 and that I last saw HIM alive on JULY 31 1946.

Immediate cause of death

UREMIA. — Duration 14 D.

Due to ARTERIOLAR - NEPHROSCLEROSIS

Due to HYPERTENSIVE CARDIOVASCULAR DISEASE.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: ARTERIOLAR NEPHROSCLEROSIS

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George H. Yohannan M.D.
Address U. M. H. Date signed 7/31/46

VS 150

X

G42547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G42547

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 W Rogers Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Amanda Ramsey

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Robert L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb 13 1870

8. AGE: Years	Months	Days	If less than one day
76	6	18	hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: None
11. Industry or business:

FATHER
12. Name: William Snyder
13. Birthplace: Philadelphia Pa

MOTHER
14. Maiden Name: Anna R. Sylvester
15. Birthplace: Kent Co Md

16 (a) Informant: A. Eugenia Savage
(b) Address: 221 Rogers Ave
17. (a) Burial, cremation, or removal: Sinai (b) Date thereof (month) (day) (year) 8/5/46
(c) Cemetery or crematory: Western
Location: Baltimore Md
18 (a) Funeral director: Williams & Foreman
(b) Address: 1214 E. Fayette
19 (a) (Date rec'd by Registrar) AUG 2 - 1946 (b) Huntington for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1, 1946, at 12 M

21. I certify that I took charge of the remains described above, held an autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Fractured Skull
Fractured Pelvis
Due to
Other Conditions: Fracture of ribs; Laceration, abrasions, bruises & bruises
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/30/46 at 2715 8:30 P. M.
(b) Where did injury occur 2200 - Blk. W. Rogers Ave
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury: Pedestrian struck by auto

23. Signature: Howard J. Mackenzie M.D.
Date signed 8/3/46

VS 151

G42548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G42548

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day 7 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Millersville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Viola Catherine Berget

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1938

8. AGE: Years	Months	Days	If less than one day
8	4 3	15	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Milard Berget
13. Birthplace Balto Md

MOTHER
14. Maiden Name Viola Brady
15. Birthplace Baltimore Md

16 (a) Informant Mrs Carl Colley
(b) Address 618 N. Calvert St

17 (a) Buried (b) Date thereof Aug 2/46
(burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodland Park
Location Taylor Ave Parkville Md

18 (a) Funeral director Deligan Cook Inc
(b) Address 1217 St Paul St Balto Md

19 (a) AUG 2 1946 (b) Huntington Williamson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1946, at 11:45 P.M

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Fractures Skull
Intracranial Hemorrhage

Due to

Other Conditions Ruptured esophagus & kidney - multiple lacerations, contusions etc
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/29/46 at a.a. Bet 10 & 2 a. M.
(b) Where did injury occur? Crane Highway
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Pedestrian - hit by truck

23. Signature Howard J. Chevalier M.D.
Medical Examiner.
Date signed 7/31/46

VS 151

G42549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. G42549

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2907 Wayne Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2907 Wayne Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Orville Roscoe Conklin Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Irene M
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) June 11, 1890

8. AGE: Years	Months	Days	If less than one day
56	1	20	hr. min.

9. Birthplace Monronton, Penna. (Town, county, and state)
10. Usual Occupation Sales Manager
11. Industry or business Fleet-McGinly

FATHER
12. Name Eli Conklin
13. Birthplace Penna.

MOTHER
14. Maiden Name Nancy O Gibbs
15. Birthplace Penna.

16 (a) Informant Mrs. Irene Conklin
(b) Address 2907 Wayne Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5, 1946 (month) (day) (year)
(c) Cemetery or crematory Lorraine Mausoleum
Location Baltimore, Md.

18 (a) Funeral director Wm Cook Inc
(b) Address 1217 St Paul St., Balto., Md.

19 Filed [illegible] (b) [illegible]

MEDICAL CERTIFICATION

28. DATE OF DEATH Aug 1 1946, at 7:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1946, to Aug 1 1946 and that I last saw h[illegible] alive on Aug 1 1946.

Immediate cause of death: Carcinoma of Colon — Duration

Due to

Due to

Other Conditions Congestive failure with Edema (Include pregnancy within 3 months of death)

Date of operation Sept 1945

Major findings of operation: Carcinoma of Colon & Metastasis.

Autopsy: None

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hubert J Stanley M D
Address 917 N Charles St Date signed 8-1-46

VS 150

G42550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓46 B

Registered No. G42550

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 321 E. Gittings Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 321 E Gittings Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HARRY IMWOLD

3 (b) If veteran, name war NO
3 (c) Social Security Account No. 213-05-3375

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Ella
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 7, 1878

8. AGE: Years 67 | Months 7 | Days 24 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Executive
11. Industry or business National Can Company

FATHER
12. Name Henry Imwold
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Anna Kaiser
15. Birthplace Baltimore, Maryland

16 (a) Informant Ed. M. Imwold
(b) Address 321 E. Gittings Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/46 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore Md

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul Street

19 [redacted] (b) Huntingtown, Williamsport, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1946, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1946 to July 31 1946, and that I last saw h[illegible] alive on July 31 1946.

Immediate cause of death: Hypostatic Pneumonia
Edema of Lungs
Due to Secondary cancer of Liver and Peritoneum
Due to Primary carcinoma of Stomach
Other Conditions

Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. J. Ledermann M. D.
Address 3E. Preston Street Date signed July 1, 46

VS 150

G42551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V 748

Registered No. G42551

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway
(c) Hospital or institution: Church Home & Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3213 Beverly Rd.
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Esther L Knouss (ESTHER LOUISE KNOUSS)

3 (b) If veteran, name war No

3 (c) Social Security Account No. 212-07-0235

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife None.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23, 1911

8. AGE: Years 35 | Months 2 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Stenographer

11. Industry or business Baltimore Steam Co

FATHER
12. Name Carl Knouss
13. Birthplace Missouri

MOTHER
14. Maiden Name Emma Kilmar (Keiner)
15. Birthplace Westbalto Md

16 (a) Informant Mrs. Esther L. Knouss MRS. M. LOUISE KNOUSS
(b) Address 3213 Beverly Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/46 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 AUG 2 - 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31, 1946, at 12 55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1946 to July 31 1946, and that I last saw deceased alive on July 30, 1946.

Immediate cause of death

	Duration
1) Aleukemic leukemia	3 mo.
2) Purpura, thrombocytopenic	3 mo.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Aleukemic leukemia

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Bacharach M. D.
Address Church Home & Hosp. Date signed July 31, 46

VS 190

(over)

G42552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42552

Registered No. 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address North Broadway

(c) Hospital or institution: Church Home & Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs 25 min

(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Dundalk 22

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1922 Sunbury Rd

(If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Raschka, Joseph. (JOSEPH RASCHKA)

3 (b) If veteran, name war No

3 (c) Social Security Account No. 476-07-3173

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Thekla Raschka

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Jan ? 1899

8. AGE: Years 67 | Months 6 | Days 23 24 | If less than one day — hr. — min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Retired Steam Engineer

11. Industry or business Laborer

FATHER

12. Name Joseph Raschka

13. Birthplace Austria

MOTHER

14. Maiden Name Unknown

15. Birthplace Austria

16 (a) Informant Rev. Joseph T. Raschka

(b) Address 704 Silver Rt Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/2/46 (month) (day) (year)

(c) Cemetery or crematory Christ Evangelical Lutheran Ch. Cem. Dundalk, Md

Location

18 (a) Funeral director HENRY SA NDER & SONS, INC.

(b) Address NORTH AVE & BROADWAY

19 AUG 2 - 1946 (b) Registered by Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1946 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1946 to July 31 1946, and that I last saw [illegible] alive on July 30 1946.

Immediate cause of death: Bronchopneumonia, confluent, subacute, at lung.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Bronchopneumonia, at lung

Duration
6 mos.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature David Bacharach

Address Church Home & Hosp. Date signed July 31, 46

VS 100

G42553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G42553

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Forbes & Chase Sts.

(c) Hospital or institution: Belvedere Hotel

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4212 Gruncoy (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mary M. Carroll

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife John F.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15, 1880

8. AGE: Years 66 | Months 6 | Days 16 | If less than one day hr. min.

9. Birthplace Cassadaga, N. Y. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Martin McGuire

13. Birthplace Ireland

MOTHER 14. Maiden Name Judith Gustis

15. Birthplace Ireland

16 (a) Informant John F. Carroll.

(b) Address 4212 Gruncoy.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-46 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore Md.

18 (a) Funeral director Milburn Ork Inc

(b) Address 1219 St Paul St

19 (a) Registered by (b) Huntington Williams M.D.

AUG 2 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1946 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1946 to July 31 1946 and that I last saw h[illegible] alive on July 31 1946.

Immediate cause of death (Enter only one cause per line for a, b, and c.)

a. Cardio vascular disease — Duration 10 yrs.

Due to Generalized arteriosclerosis

Due to

Other Conditions Cerebral Hemorrhage 3 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature R. D. Flynn M. D.

Address 11 E. Chase St. Date signed 8/2/46 M. D.

G42554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 14

Registered No. G42554

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard's Green St.
(c) Hospital or institution: University Hospital 22
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 515 Para St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Willis Smith ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	black	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1944

8. AGE: Years	Months	Days	If less than one day
2		79	hr. min.

9. Birthplace Balto md
(Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Elliott Smith
13. Birthplace S.C

MOTHER
14. Maiden Name Susie Mae
15. Birthplace S.C

16 (a) Informant Elliott Smith
(b) Address 515 S. Para St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. & Mag

18 (a) Funeral director Isaac T Bowie
(b) Address 1038 W Montgomery St

19 (a) Date received AUG 2 1946 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 19 46, at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1946, to July 30 1946, and that I last saw him alive on July 30 1946

Immediate cause of death Cardiac Failure — Duration

Due to acute bleeding trauma

Due to meningitis over

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James A Vaughan M.D.
Address University Hospital Date signed 7-31-46

VS 150

X

G42555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

G42555 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address D.O.A. University Hospital.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-10
(e) Length of stay in Baltimore (yrs., mos., or days) 10 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4305 Garrison Blvd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CLARENCE A. NACHMAN

3 (b) If veteran, name war

3 (c) Social Security Account No. 323-03-0433.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Florence Nachman.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch. 20, 1881.

8. AGE: Years 65 | Months 4 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Furniture Salesman.

11. Industry or business Brager-Eisenberg Co.

FATHER
12. Name Adolph Nachman,
13. Birthplace New York City.

MOTHER
14. Maiden Name Fannie Cohen,
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Florence Nachman,
(b) Address 4305 Garrison Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/ 2/ 46. (month) (day) (year)
(c) Cemetery or crematory Har Sinai
Location Baltimore, Md.

18 (a) Funeral director Harris Sonnenreich's Son
(b) Address 1902 Eutaw Place.

19 (a) AUG 2 - 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31st. 1946, at 4:00 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William G. Kelsch M.D. Medical Examiner.

Date signed 1 Aug 46

VS 6

G42556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G42556

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2014 Clifton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2014 Clifton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE S. WEHN

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Spanish American	none	M	W	Married

6 (b) Name of husband or wife Grace May Wehn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 26, 1876

8. AGE: Years	Months	Days	If less than one day: hr.	min.
70	5	15		

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Auto Painter
11. Industry or business Martin Bros.

FATHER
12. Name George Wehn
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Sarah Gilmor
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Grace M. Wehn
(b) Address 2014 Clifton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/46 (month) (day) (year)
(c) Cemetery or crematory Balto. Nat'l
Location Baltimore Md.

18 (a) Funeral director WM J. TICKNER & SONS INC.
(b) Address North & Pa Aves. Balto. Md.

19 (a) AUG 2 - 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31, 1946, at 4:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1946 to July 31 1946 and that I last saw him alive on July 31 1946.

Immediate Cause of death: Pulmonary Edema — Duration
Due to Arteriosclerosis
Due to Hypertension and Hemiplegia
Other Conditions Cardiac Decompensation
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Kitch, M.D.
Address 2151 Westwood Date signed 8/1/46

VS 180

G42557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. Book 2557

83a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp 15-9
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3311 Elgin Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNA N. ROOP

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Married

6 (b) Name of husband ~~or wife~~ Guy R. Roop
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1889

8. AGE: Years	Months	Days	If less than one day
56	7	2	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name Harry G. Nicholson
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Ann Griffith Orme
15. Birthplace Balto. Md.

16 (a) Informant Mr. Guy R. Roop
(b) Address 3311 Elgin Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/46 (month) (day) (year)
(c) Cemetery or ~~Crematory~~ Woodlawn Cem.
Location Woodland Md.

18 (a) Funeral director WM. J. TICKNER & SONS INC.
(b) Address North & Pa Ave. Balto., Md.

19 (a) AUG 2 - 1946 (Date rec'd by registrar) Huntington for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31, 1946 at 6.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15, 1946 to July 31 1946, and that I last saw her alive on July 31, 1946.

Immediate cause of death Respiratory failure — Duration
Due to Pulmonary edema
Due to Subdural hematoma bilateral
Other Conditions Mild arteriosclerosis
Double ureter on left.
(Include pregnancy within 3 months of death)
Date of operation 7/24/46 & 7/29/46
Major findings of operations Subdural hematoma, bilat.
of autopsy Same as above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leon Tolby M.D.
Address West Balto Gen. Hosp. Date signed 8/1/46

VS 150

G42558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

G42558 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 824 W. Baltimore St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18-1
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 824 W. Balto St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Levin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Isaac

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER: 12. Name Joseph Levin
13. Birthplace Russia

MOTHER: 14. Maiden Name Nettie
15. Birthplace Russia

16 (a) Informant Meyer Levin
(b) Address 824 W Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-46 (month) (day) (year)

(c) Cemetery or crematory Rosedale
Location Philadelphia Rd, Hamilton Ave

18 (a) Funeral director Jack Levin Inc
(b) Address 1859 E Balto St

19 (a) AUG 2 - 1946 (Date rec'd by registrar) Huntington Williams MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-1-1946 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1946 to Aug 1 1946, and that I last saw her alive on Aug 1 1946.

Immediate cause of death: Cerebral Hemorrhage — Duration: 10 days
Due to
Due to Arteriosclerosis — ?
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J Harry Glassman M. D.
Address 2687 Madison Date signed Aug 2 46

VS 180

642559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 737

642559 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2626 Loyola Northway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-13
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2626 Loyola Northway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Abraham Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed or divorced: married

6 (b) Name of husband or wife: Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Hardware Store

11. Industry or business

FATHER
12. Name Nathan
13. Birthplace Russia

MOTHER
14. Maiden Name unknown
15. Birthplace Russia

16 (a) Informant Anna Smith
(b) Address 2626 Loyola Northway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-46 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Lemmon Hill Road.

18 (a) Funeral director Jack Lewin Inc
(b) Address 1479 E Balto St

19 (Date rec'd by registrar) AUG 2 - 1946 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-1-1946, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-18 1946 to 8-1 1946, and that I last saw him alive on 8-1 1946.

Immediate cause of death: Aplastic anemia

Due to: Influenza

Due to: —

Other Conditions: none

(Include pregnancy within 3 months of death)

Date of operation: none

Major findings of operations: —

of autopsy: none

Duration: 6 months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Irving Freeman M. D.
Address 2401 Eutaw Pl. Date signed 8-1-46

VS 130

G42560

497958.

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 1248

Registered No. G42560

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days).
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Prince Georges -
(c) City or town Naylor.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Duvall.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Mall.	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-31-09.

8. AGE: Years	Months	Days	If less than one day
37.	4	1	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Farmer.
11. Industry or business

FATHER
12. Name William Duvall
13. Birthplace Md.

MOTHER
14. Maiden Name Mary L. Baker
15. Birthplace Md

16 (a) Informant Reeds
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 4 46 (month) (day) (year)
(c) Cemetery or crematory St. Thomas
Location Croom, Md.

18 (a) Funeral director Tuttle Bros
(b) Address Upper Marlboro, Md.

19 AUG 2 4 1946 (Date rec'd by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug - 1 1946 at 8.05 M

21. I certify that death occurred on the date above stated; that I attended deceased from July - 29 1946 to Aug - 1 1946 and that I last saw him alive on Aug - 1 1946

Immediate cause of death Hemorrhage — Duration

Due to Cirrhosis of Liver & hypoprothrombinemia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Philip A. Negley M. D.
Address Johns Hopkins Hosp Date signed 8-25-46

G42561 Joy Bell

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49D

Registered No. G42561

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 947 Pennsylvania (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joy Bell (alias Daisy Johnson)
3 (b) If veteran, name war
(c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mary Whitten Son
(b) Address 1110 N. Fremont Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/2/46 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location
18 (a) Funeral director Charles E. Rice
(b) Address 700 N. Calhoun St.
19 Filed by registrar AUG 2 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1946, at 5:25 P.M.

21. I certify that I took charge of the remains described above, held an inq. & aut. Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Carcinoma Vulva

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury
Signature John R. Davis M.D.
Medical Examiner.
Date signed

VS 151

G42562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 83a

G42562

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ____ St., ____ Ward)

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Hannah Dennard

If U. S. Veteran specify WAR ____

(a) Residence: No. 1308 Druid Hill Ave St., 17-2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 25, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
59	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James E Dennard

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Louisa Payne

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mayie Dennard
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date 8/3 46

19. UNDERTAKER Geo. A. Nelson
(Address) 1303 Pennsylvania Ave

20. FILED AUG 2 - 1946 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/31 46

22. I HEREBY CERTIFY, That I attended deceased from June 10 46 to July 31 46

I last saw h[illegible] alive on July 31 46 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epidermoid Carcinoma Vulva Biopsy	
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ____, 19__

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ____

(Signed) Thos S Hamblen M. D.

(Address) 1204 Eutaw Pl Bell Ave

VS 3

+

IMPORTANT—A CERTIFICATE OF DEATH MUST BE FILED FOR EVERY DEATH WITHIN 24 HOURS. AGE, BIRTH DATE, PLACE OF BIRTH EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

G42563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

G42563 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 602 W. 34th. Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 - 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3102 Chestnut
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Donald Milton Lutz

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-9007

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Gertrude May Lutz
6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) 2/10/1903

8. AGE: Years	Months	Days	If less than one day
43	5	28 21	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Carpenter & builder
11. Industry or business

FATHER
12. Name Charles K. Lutz
13. Birthplace Maryland

MOTHER
14. Maiden Name Gertrude Dandy
15. Birthplace Maryland

16 (a) Informant Miss Blanche Lutz
(b) Address 602 W. 34th. Street

17 (a) Burial (b) Date thereof Aug 3 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd

18 (a) Funeral director Hammond & Donovan
(b) Address 2615-17 Christmas Ave.

19 (a) AUG 2 - 1946 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31, 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 4th. 1946, to July 31 1946, and that I last saw him alive on July 29, 1946.

Immediate cause of death	Duration
Cardiac Failure	1 day
Due to advanced Pulmonary Tuberculosis	Few months.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edgar A. Kemp
3030 Edmondson Ave. Date signed 8/1/46. M.D.

VS 150

G42564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G42564

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Providence Hospital 11
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1022 Linden Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-5591

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Violet Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 16, 1884

8. AGE: Years	Months	Days	If less than one day
61	9	13	hr. min.

9. Birthplace St. Michael Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name James Smith
13. Birthplace Md.

MOTHER 14. Maiden Name Zinnie Tucker
15. Birthplace Md.

16 (a) Informant Violet Smith
(b) Address 1022 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3, 1946 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 AUG 2 - 1946 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/29 1946, at 11:50 PM

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Chronic Myocardial Degeneration

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature J. P. Sutherland M.D.
Medical Examiner.
Date signed 7/30/46

VS 151

G42565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G42565 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1207 N. Eden St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 N. Eden St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jarrett Mills

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	C.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 26, 1873

8. AGE: Years	Months	Days	If less than one day
72	11	5	hr. min.

9. Birthplace Balto., Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Samuel Mills
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Sarah Jane Jones
15. Birthplace Md.

16 (a) Informant Mrs Fannie Mills
(b) Address 1207 N. Eden St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Joseph E. Lorle, Jr.
(b) Address 1314 N. Central Ave

19 AUG 2 - 1946 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/31 1946 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1946 to July 31 1946 and that I last saw h[illegible] alive on July 31 1946

Duration

Immediate cause of death: Congestive Heart Failure

Due to Hypertensive Cardiovascular

Due to Cerebral Hemorrhage

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. K. Adams M. D.
Address 1222 N. Carolina Date signed 8-2-46

VS 150

G42566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108

Registered No. G42566

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 912 N. Pine Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gertrude Parker alias Geraldine P. Thompson ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Melvin Thompson

6 (c) If alive, give age: 30 years

7. Birth date of deceased (mo., day, yr.) July 21, 1918

8. AGE: Years 28 | Months — | Days 10 | If less than one day: hr. min.

9. Birthplace Woodstock - Balto. Co. Md. (Town, county, and state)

10. Usual Occupation Waitress - Tavern

11. Industry or business Saratoga & Pine St.

FATHER
12. Name James E. Parker
13. Birthplace Maryland

MOTHER
14. Maiden Name Hattie Dorsey
15. Birthplace Maryland

16 (a) Informant Melvin Thompson
(b) Address 912 N. Pine Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-46 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Pk.
Location Arbutus, Md.

18 (a) Funeral director Charles R. Lear
(b) Address 802 Madison Avenue

Date rec'd AUG 2 1946 (b) Huntingtown Hill

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1946 at 12 40 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Lobar Pneumonia

Fibrinous Pleurisy

Fatty liver

Due to

Other Conditions Chronic Bronchitis

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature Thomas J. Mesaris M.D. Medical Examiner.

Date signed 8-1-46

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

G42567 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 523 New Pittsburgh - Dundalk
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ventress Leroy Booker Jr.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 23 1928

8. AGE: Years	Months	Days	If less than one day
17 18	10	8	hr. min.

9. Birthplace New Jersey
(Town, county, and state)
10. Usual Occupation Seaman
11. Industry or business

FATHER
12. Name Ventress Leroy Booker Sr
13. Birthplace Va

MOTHER
14. Maiden Name Susie Holmes
15. Birthplace Va

16 (a) Informant Ventress Booker
(b) Address 523 New Pittsburgh Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A A County

18 (a) Funeral director Jno. A. Elliott & Dept.
(b) Address 1129 N. Carlton St.

19 (a) AUG 2 - 1946 (Date received by registrar) (b) Hunting for Williams H.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1946, at 9:25 P. M.

21. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to Her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Bullet wounds of heart and lung
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 7/31/46 at about 7:45 P. M.
(b) Where did injury occur? Oak & Main St. Turner Sta.
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? No
(d) Means of injury Shooting - pistol

23. Signature Howard J. Weidner M.D.
Medical Examiner.
Date signed 8/1/46

VS 151

G42568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G42568

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 224 Warren Ave.
(c) Hospital or institution: 22

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 224 Warren Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Franklin P. Whitson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Minnie C. Whitson (nee Zimmerman) (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) December 16, 1867

8. AGE: Years 78 | Months 7 | Days 15 | If less than one day hr. min.

9. Birthplace Martinsburg Berkely Co. W. Va. (town, county, and state)

10. Usual Occupation Retired Boiler Inspector

11. Industry or business B. & O. Railroad

FATHER
12. Name William Whitson
13. Birthplace Martinsburg, W. Va.

MOTHER
14. Maiden Name Lydia Shopper
15. Birthplace Martinsburg W. Va.

16 (a) Informant Mrs. Minnie C. Whitson (Wife)
(b) Address 224 Warren Ave, Balto. 30

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 2, 1946 (month) (day) (year)
(c) Cemetery or crematory Greenhill Cem. Location Martinsburg, Berkely Co. W. Va.

18 (a) Funeral director Peter Edward Evans
(b) Address 1400 Eutaw St. Balto. 30

AUG 2 - 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 at 1946 at 9:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1946 to July 31 1946.
and that I last saw h[illegible] alive on July 31 1946

Immediate cause of death
Myocardial Failure
Duration 2 hrs 46
Antecedent cause
Due to Arteriosclerosis
Due to Senility
Other Conditions
Congestion, Dropsy
(Including pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Walter Lokie, M.D.
Address 102 E. Fortieth Date signed 8/1/46

G42569

495358.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √46B

G42569

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1016 St. Georges Road 13 (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mrs. Donald R. Hooker

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of ~~husband~~ or wife Edith Mongle Hooker

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) 9-7-78

8. AGE: Years	Months	Days	If less than one day
69	9/10	25	hr. min.

9. Birthplace Iowa. (Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER 12. Name Frank Hooper

13. Birthplace Iowa

MOTHER 14. Maiden Name Grace Russell

15. Birthplace Iowa

16 (a) Informant Records.

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Aug 3/1946 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore Md.

18 (a) Funeral director Henry W. Penkin Sons Co.

(b) Address McCulloh & Eastern Ave.

19 (AUG 2 - 1946 Registered by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 August 1946 at 10:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 14 June 1946 to 1 August 1946 and that I last saw h[illegible] alive on 1 August 1946.

Immediate cause of death Pulmonary Edema — Duration

Due to Heart failure

Due to Carcinomatosis and Carcinoma of Stomach

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 17 June 46

Major findings of operation Inoperable carcinoma stomach

of autopsy ibid.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. William Smith, Jr.

Address Johns Hopkins Hosp. Date signed 8/2/46 (M.) (D.)

VS 150

G42570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 46E

Registered No. G42570

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hosp. 27
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6512 Rosemont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Mariano Sabatino

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Giulia Sabatino
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Oct. 10 1897

8. AGE: Years	Months	Days	If less than one day
69	9	21	hr. min.

9. Birthplace Sicily, Italy (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Bernardo Sabatino
13. Birthplace Italy

MOTHER
14. Maiden Name Maianna Onorato
15. Birthplace Italy

16 (a) Informant Joseph Sabatino
(b) Address 6512 Rosemont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/15/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belgian Road

18 (a) Funeral director John C. Miller Inc.
(b) Address 2436 E. Oliver St.

AUG 2 - 1946 (Date rec'd by registrar) (b) Huntington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1946 at 10:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1946 to Aug 1 1946, and that I last saw him alive on Aug 1 1946

Immediate cause of death Peritonitis — Duration

Due to Perforation of duodenal ulcer

Due to Ulcer due to carcinoma of pylorus

Other Conditions Pleurisy

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Allen H Macht M. D.
Address Sinai Hosp Date signed 8/2/46

VS 150

A Macht

G12571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1/31a

Registered No. G12571

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4700 HARFORD AVE. 8-4
(c) Hospital or institution: CONVALESCENSE HOME.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 MONTH.
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE.

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND. County
(c) City or town BALTIMORE CITY. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2325 EAST PRESTON STREET (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME ANNIE M. PFEIFFER.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 1868

8. AGE: Years 78 | Months 1 | Days 26 | If less than one day: hr. min.

9. Birthplace Baltimore - Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Gotthard
13. Birthplace Germany

MOTHER
14. Maiden Name Rosalie Kundle
15. Birthplace Germany

16 (a) Informant Fred W. Pfeiffer
(b) Address 2325 E. Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/46 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location North Avenue

18 (a) Funeral director John C. Miller Inc.
(b) Address 2436 E. Oliver St.

AUG 2 1946 Huntington Williams M.D.
(Local registrar)

VS 180

MEDICAL CERTIFICATION A

20. DATE OF DEATH JULY 31 1946 19 at 5.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from APRIL 1 1946 to JULY 31 1946 and that I last saw her alive on JULY 31 1946.

Immediate cause of death: APOPLEXY JULY 27 — Duration 1946
Due to CHRONIC INTERSTITAL. NEPTHRITIS — 1945.
Due to ARTERIOR SCLEROSIS. — 1946.
Other Conditions NONE

(Include pregnancy within 3 months of death)
Date of operation NONE
Major findings of operation: NONE
of autopsy: NONE.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas. P. Clautice M. D.
Address 3013 ST PAUL ST . JULY 31 1946. Date signed

X

G425772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. G425772

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 4013
(a) Baltimore City, Maryland
(b) Street address 4013 Liberty Hgts
(c) Hospital or institution: Alterity Conv Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 ds
(e) Length of stay in Baltimore (yrs., mos., or days) 26 ds

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 425 Anglesea Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. S. Layfield

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife George Layfield
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 26 1872

8. AGE: Years	Months	Days	If less than one day
73	7	3	hr. min.

9. Birthplace King & Queen Co. Va
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Geo Wesley Redd
13. Birthplace Va

MOTHER
14. Maiden Name Susan Hunt
15. Birthplace Va

16 (a) Informant Wm. S. Robins ROBINS
(b) Address 425 Anglesea

17 (a) Parkwood Cemetery (b) Date thereof Aug 3-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Taylor ave

18 (a) Funeral director Bernard A Zink
(b) Address 3609 Belair Rd.

AUG 2 - 1946 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1946 at 3:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1946 to July 31 1946 and that I last saw her alive on July 30th 46

Immediate cause of death Heart Failure — Duration 1 day

Due to Arterio-sclerosis

Due to Senility

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Boulton M.D.
Address 3909 Pearson Blvd Date signed 7/31/46

(over)

VS 150

G42573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G42573

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4031 Woodhaven Ave.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4031 Woodhaven Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Van Meter

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Florence Greaver
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31, 1874

8. AGE: Years	Months	Days	If less than one day
72	--	1	hr. min.

9. Birthplace Hardensville, W. Va. (Town, county, and state)
10. Usual Occupation accountant
11. Industry or business

FATHER
12. Name Regin Beall
13. Birthplace W. Va.

MOTHER
14. Maiden Name Sarah Eliz. Williams
15. Birthplace W. Va.

16 (a) Informant Mrs. Florence G. Van Meter
(b) Address 4031 Woodhaven Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/46 (month) (day) (year)
(c) Cemetery ~~crematory~~ Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 AUG 2 - 1946 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1946, at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1946 to Aug. 1, 1946 and that I last saw him alive on July 30, 1946

Immediate cause of death: Circulatory failure — Duration 2 Days
Due to Senile Pneumonia — 7 yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice E. Shamoon M. D.
Address 3300 W. North Ave. Date signed

VS 150

X

G42574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

G42574 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6028 Old Harford Rd
(c) Hospital or institution: Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1707 N Collington (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Philip C. Gross

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Bessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10-1870

8. AGE: Years 76 | Months 1 | Days 21 | If less than one day hr. min.

9. Birthplace Balto. Md (town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Philip Gross
13. Birthplace Balto. Md

MOTHER 14. Maiden Name Dont Known
15. Birthplace Balto. Md

16 (a) Informant Mrs. Marie Arendorff
(b) Address 5813 Ready Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3-46 (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Old Frederick Rd

18 (a) Funeral director John A. McShane
(b) Address 3000 E. Balto St

AUG 2 — 1946 (Date rec'd by Registrar) (b) Huntington Williamsport, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1- 1946, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/25 1946, to 8/1 1946, and that I last saw living alive on 8/1 1946

Immediate cause of death Pulm Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hylan W. Holley M. D.
Address 5703 Harford Rd Date signed 8/2/46

VS 8

FOREIGN WHITE PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42575

BALTIMORE CITY HEALTH DEPARTMENT X

CERTIFICATE OF DEATH 159

G42575 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Texas
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Green.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-1-46

8. AGE: Years	Months	Days	If less than one day
			12 hrs. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Taylor H. Green
13. Birthplace Virginia

MOTHER 14. Maiden Name Violet Green
15. Birthplace Virginia

16 (a) Informant Records-
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3 1946 (month) (day) (year)
(c) Cemetery or crematory Fork M.E. Cem
Location Fork Md.

18 (a) Funeral director Clarence E. Arthur
(b) Address Fork Md.

19 (a) Date received AUG 6 - 1946 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug - 1 - 1946; at 6.35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1946 to Aug 1 1946 and that I last saw him alive on Aug 1 1946.

Immediate cause of death: Aspiration Pneumonia — Duration 6 Hrs.
Due to: Prematurity
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alberta J. Shelby M.D.
Address Date signed 8/7/46

VS 150

G42576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13B

Registration No. G42576

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1001 Orion Park Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 W
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 Orion Park Road
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Joseph Weishaar

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mrs Elizabeth F. Weishaar
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) 29 Apr. 1890

8. AGE: Years	Months	Days	If less than one day
56	3	3 2	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Machinist.
11. Industry or business Westinghouse Electric Co.

FATHER
12. Name Jacob H. Weishaar
13. Birthplace Carrol Co. Md.

MOTHER
14. Maiden Name Mary E Darkin
15. Birthplace Carrol Co. Md.

16 (a) Informant Mrs. Elizabeth F. Weishaar
(b) Address 1001 Orion Park Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 3/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Wittle
(b) Address 4101 Edmondson Ave

19 (a) AUG 2 1946 (Date received by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1st Aug. 1946 at 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 July 1946 to 1 Aug 1946 and that I last saw h[illegible] alive on 1st Aug 1946

Immediate cause of death
Arteriosclerotic C.V. Disease
Chronic Myocarditis
Due to

Due to

Other Conditions Tuberculosis pulmonary, fibroid
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration
?
3-4 Mo.?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. E. Muse Jr. M. D.
Address 331 St. Paul St. Date signed 8/2/46

937

G42577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74a

G42577 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette St.
(c) Hospital or institution: Bons Secours
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 216 Washington St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine Mains

3 (b) If veteran, name war: No
3 (c) Social Security Account No. No

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Samuel Mains
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Unknown
8. AGE: Years 75? Months Days If less than one day hr. min.
9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name James Francariglia
13. Birthplace Italy

MOTHER
14. Maiden Name Ann Italiano
15. Birthplace Italy

16 (a) Informant Mr. Samuel Mains
(b) Address Frederick, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-46 (month) (day) (year)
(c) Cemetery or crematory St. Johns
Location Frederick, Md.

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Md.

19 AUG 7 1946 (Date rec'd by local registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/1/46 19 . at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 19 46 to Aug 1 19 46 and that I last saw her alive on Aug 1 19 46.

Immediate cause of death Pneumonia
paralysis — Duration

Due to Myeloid Leukemia

Due to

Other Conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Huntington Williams M. D.
Address Bon Secours Hosp. Date signed 8/4/46

VS 180

42578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

Registered No. G42578

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 509 N Castle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town 509 N Castle St
(If outside city or town limits, write RURAL and give town)
(d) Street No. Balto Md
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James (Jake) Rote Heurider

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 20 1880

8. AGE: Years	Months	Days	If less than one day
66	2	12	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Balto City

11. Industry or business Water Dept.

FATHER
12. Name Michael Rote Heurider
13. Birthplace Germany

MOTHER
14. Maiden Name Josephine Kobelz
15. Birthplace Balto

16 (a) Informant Mary Rote Heurider
(b) Address 509 N Castle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 3 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Eastern Av

AUG (a) 2 — 1946 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1 1946, at 6 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1946, to Aug 1 1946, and that I last saw h[illegible] alive on Aug 1 1946.

Immediate cause of death: Myocardial Infarction — Duration: 2 weeks
Due to: Arteria Sclerotic Hypertension — Duration: 2 yrs
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Swidler M. D.
Address 120 E. Fayette St Date signed Aug 1-46

VS 180

X

G42579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G42579 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians; please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Laguna & Hulseland
(c) Hospital or institution: West Baltimore Gen Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2416 Edmondson Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mabel M. Eck.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race W.

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Geo Eck

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) May 10 - 1884

8. AGE: Years 60 | Months 2 | Days 21 | If less than one day: hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER
12. Name Walter A Berry
13. Birthplace Balto

MOTHER
14. Maiden Name Lillie M Forney
15. Birthplace Baltimore

16 (a) Informant Geo Eck
(b) Address 2416 Edmondson

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Aug 3 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St

19 (a) Aug 2 1946 (State file d'by number) **(b)** Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 31 July 1946 at 3:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 29 July 1946 to 31 July 1946 and that I last saw h alive on 31 July 1946

Immediate cause of death Uremia — Duration

Due to Hypertension 100 C.V. —

Due to Renal Dis —

Other Conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lewis A. Scott M.D.
Address West Baltimore Gen Hosp **Date signed** 7/31/46

VS 150

1310

G42580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No. G42580

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 S. Green
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 310 Southway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cora W. Bickel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	

6 (b) Name of husband or wife Harvey C Bickel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 6, 1885

8. AGE: Years	Months	Days	If less than one day
60	8	27	hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name David S. Wilhelm
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Sarie B. Knorr
15. Birthplace Penn.

16 (a) Informant H. C. Bickel
(b) Address 310 Southway Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5 1946 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill
Location Govans Balto. Co. Md

18 (a) Funeral director Sandin M. Bradley
(b) Address Govans, Md

AUG 3 - 1946 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/3 1946 at 4:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 8/2 1946.

Immediate cause of death: Respiratory failure — Duration 3 hrs. — 8/3/46

Due to: Lymphosarcoma-mediastinum abdomen

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation July 24 1946

Major findings of operation: Lymphosarcoma of abdomen

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles H. Hawkins M.D.
Address Univ. Hospital Date signed 8/3/46

G42581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

Registered No. G42581

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1629 N. Bradford St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1629 N. Bradford St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence Miles

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-09-8382

4. Sex	5. Color or race	6 (a) Single, married, ~~widowed~~, or ~~divorced~~.
Male	White	Married

6 (b) Name of ~~husband~~ or wife Louise
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 11th 1880

8. AGE: Years	Months	Days	If less than one day
66	6	21	hr. min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation Carpet Layer
11. Industry or business McHowell & Co

FATHER
12. Name George Miles
13. Birthplace Md

MOTHER
14. Maiden Name —
15. Birthplace Md

16 (a) Informant Mrs. Louise Miles
(b) Address 1629 N. Bradford St

17 (a) Burial (b) Date thereof 8-5th 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Loyalton Ave

18 (a) Funeral director Leo S. Crook
(b) Address 1701-03 N. Patterson Park Ave

19 (a) (Date received by local registrar) AUG 3 1946 (b) Huntington Ave, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-1st 1946, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1946, to Aug 1 1946
and that I last saw him alive on July 31 1946

Immediate cause of death Coronary Thrombosis

Duration 6 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eugene L. Casey M. D.
Address 514 Dorsey Lane Date signed 8/2/46

Ltr rt: VS 190 Dr Persagno

X

G42582 BC# D51164 G42582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1576

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Outlaws
(c) Hospital or institution: Sinai Hosp. 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 910 Homestead St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Englis Betty Ann Englis ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/9/46

8. AGE: Years 0 | Months 0 | Days 5 | If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Edward B. Englis
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret
15. Birthplace Md.

16 (a) Informant Edward B. Englis
(b) Address 910 Homestead St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 3rd 1946 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave

18 (a) Funeral director Leo G. Lasch
(b) Address 1701-03 N. Patterson Park Ave

19 ~~AUG 2 1946~~ ~~Washington Wis.~~

~~(Date received by registrar)~~ ~~(Registrar's signature)~~

MEDICAL CERTIFICATION

28. DATE OF DEATH 7-14 1946 at 3:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-10 1946 to 7-14 1946, and that I last saw h[illegible] alive on 7-14 1946

Immediate cause of death Bronchopneumonia

Duration

Due to Aspiration

Due to Natural debility & prematurity

Other Conditions Congenital Heart disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Atelectasis bronchopneumonia Congenital defect

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Elliott F. Weitzman M. D.

Address Date signed

VS 150

X

G42583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. G42583

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 906 Fawn St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 906 Fawn St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNIE 07 Adelaide Juliano

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~HUSBAND~~ Vincenzo Juliano

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17-1875

8. AGE: Years 70 | Months 10 | Days 14 | If less than one day: hr. min.

9. Birthplace Rocco Avellino (Italy) (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name Michele Marino
13. Birthplace Italy

MOTHER
14. Maiden Name Teresa Del Gatto
15. Birthplace Italy

16 (a) Informant Charles Juliano (Son)
(b) Address 906 Fawn St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof August 5/46 (month) (day) (year)
(c) Cemetery or ~~BURIAL~~ Holy Redeemer
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Dalla Rocca
(b) Address 52 N. Morley St.

AUG 3 - 1946 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 1, 1946, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 25, 1946 to Aug. 1, 1946, and that I last saw her alive on July 25, 1946.

Immediate cause of death: Coronary Thrombosis — Duration: 1 hour

Due to: Coronary Sclerosis — 3 years

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Joseph Tumulty M. D.

Address 1 Medical Arts Bldg. Date signed 8/2/46

G42584

Dr. Warner.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓186a

Registered No. G42584

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2803 Garrison Avenue
(c) Hospital or institution: Garrison Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 305 East 27th Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY JOSEPHINE AIKEN

3 (b) If veteran, name war ------
3 (c) Social Security Account No. -----

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Gerard Aiken
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1885
8. AGE: Years 61 | Months - | Days - | If less than one day: hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Patrick J. McKenna
13. Birthplace Ireland

MOTHER
14. Maiden Name C. Cutler
15. Birthplace Va.

16 (a) Informant Mr. Gerard Aiken
(b) Address 516 East 21st Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/46 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem
Location City

18 (a) Funeral director WIEDEFELD AND SON
(b) Address Greenmount Ave & 22nd St

19 (a) AUG 3 - 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1st, 1946 at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-25 1946, to 8-1 1946, and that I last saw her alive on 8-1 1946

Immediate cause of death: Acut Congestive Heart Failure — Duration: 3 day
Due to: Fract. of left femur — Duration: 6 week
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence August 1946
(c) Where did injury occur? Garrison Nursing Home Baltimore (City or town) (County) (State) M
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? NO
(Specify type of place)
(e) Means of injury Fall - Patient walking
23. Signature Howard A. McKeown
Address 2607 Garrison Blvd Date signed 8-3-46 M.D.

Med. Exam. Retained - Howard A. McKeown, M.D.

G42585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1244

G42585

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto- Co
(c) City or town Edgemere P.O.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mattie Branhame

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Lee

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12 - 2 - 82

8. AGE: Years 63 | Months 56 | Days 8 | If less than one day: hr. - min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Montreap Cove

13. Birthplace Va

MOTHER 14. Maiden Name Virginia Price

15. Birthplace Va.

16 (a) Informant Records -

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 6 46 (month) (day) (year)

(c) Cemetery or crematory Franklin Square

Location Hillsboro Md.

18 (a) Funeral director John C. Smith Sons

(b) Address 1900 Eutaw Place

19 (a) AUG 3 1946 (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1946 at 3:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1946 to Aug 2 1946, and that I last saw her alive on Aug 2 1946

Immediate cause of death: Cardiac failure — Duration: 24 hrs

Due to Hyp

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert E. Mason M. D.

Address Johns Hopkins Hosp. Date signed 2 Aug 46

VS 150

G42586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

Registered No. G42586

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 212 Stoney Run Lane
(c) Hospital or institution: Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 615 Parkwyrth Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Sarah H. Chandler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20, 1873

8. AGE: Years	Months	Days	If less than one day
73	4	13	hr. min.

9. Birthplace Cecil County, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name George Chandler
13. Birthplace Del.

MOTHER
14. Maiden Name Sarah R. Caine
15. Birthplace Md.

16 (a) Informant Etta C. Chandler
(b) Address 615 Parkwyrth Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 8/5/46 (month) (day) (year)
(c) Cemetery or crematory River View
Location Wilmington, Del.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) AUG 3 - 1946 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1946, at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1945 to Aug 2 1946 and that I last saw h alive on Aug 1 1946.

Immediate cause of death

	Duration
Carcinoma of Pancreas	2 yrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 2200 Garrison Blvd. Date signed 8/3/46

VS 180

G42587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

Registered No. G42587

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens + Caton Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 108 S. Tremont Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Elizabeth Langschmidt

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Herman Langschmidt
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): May 5, 1863
8. AGE: Years 83 Months 2 Days 27 If less than one day hr. min.
9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Philip Klotz
13. Birthplace: Germany

MOTHER
14. Maiden Name: Apollonia ?
15. Birthplace: Germany

16 (a) Informant: Mr Frederick W. Langschmidt
(b) Address: 108 S. Tremont Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 5, 1946 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Balto Md

18 (a) Funeral director: Wm. J. Tickner + Sons Inc
(b) Address: North + Pennsylvania Ave

19 AUG 3 - 1946 (Date rec'd by registrar) (b) Registrar: Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-2 1946, at 6:07 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-27 1946, to 8-2 1946, and that I last saw alive on 8-2 1946

Immediate cause of death: Intestinal obstruction — Duration: 1 week

Due to: Carcinoma, rectosigmoid colon

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 7-28-46

Major findings of operation: Intestinal obstruction.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Clarence Y. Cannon, M.D.
Address: St. Agnes Hosp. Date signed: 8-2-46

VS 150

G42588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G42588

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ——
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 115 N. Highland Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ——

3 (a) FULL NAME John Bryden JOHN BRYDEN

3 (b) If veteran, name war ? none

3 (c) Social Security Account No. ? none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Mary M. Bryden
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) March 3, 1875

8. AGE: Years	Months	Days	If less than one day
71	4	28	hr. —— min.

9. Birthplace Scotland Fyr (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business ——

FATHER
12. Name John Bryden
13. Birthplace Scotland

MOTHER
14. Maiden Name Elizabeth McCurra
15. Birthplace Scotland

16 (a) Informant Relative Mrs. Mary M. Bryden
(b) Address 115 N. Highland Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 8/5/46 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial
Location Baltimore Md.

18 (a) Funeral director WM. J. TICKNER & SONS INC.
(b) Address North & Pa Ave. Balto. Md.

AUG 3 - 1946 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1946, at 9:10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1946, to August 1 1946, and that I last saw him alive on August 1 1946.

Immediate cause of death	Duration
Cardiac Failure	
Due to Hypertensive arterio-sclerotic heart disease	
Due to ——	
Other Conditions Chronic urinary retention (Include pregnancy within 3 months of death)	
Date of operation ——	
Major findings of operations: ——	
of autopsy: ——	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ——
(b) Date of occurrence —— at —— M
(c) Where did injury occur? —— (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? —— (Specify type of place) While at work? ——
(e) Means of injury ——

23. Signature Crawford W. Bridgman Jr. M. D.
Address 4 West Mount Vernon Pl. Date signed 8-1-46

G42589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. G42589

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd ST.
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE. (If outside city or town limits, write RURAL and give town) AMBASSADOR APARTMENTS
(d) Street No. CANTERBURY ROAD. (If rural give location)
(e) Citizen of foreign country? NO. (Yes or No) If yes, name country

3 (a) FULL NAME ANNA K. ANDREWS

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	W

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 4, 1873

8. AGE: Years	Months	Days	If less than one day
73	5	26	hr. min.

9. Birthplace ILLINOIS Quincy (Town, county, and state)
10. Usual Occupation HOUSEWIFE.
11. Industry or business

FATHER
12. Name FREDERICK STRATMANN
13. Birthplace GERMANY

MOTHER
14. Maiden Name Hannah THESEN
15. Birthplace GERMANY.

16 (a) Informant Mr. K.A. Andrews
(b) Address AMBASSADOR APTS., BALTO, MD

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/3/46 (month) (day) (year)
(c) Cemetery Quincy Ill
Location Same

18 (a) Funeral director WM. J. TICKNER & SONS INC.
(b) Address North & Pa Ave., Balto., Md.

19 (a) Date received by Reg. AUG 2 1946 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH AUGUST 2 1946, at 3:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from JULY 12 1946 to AUG. 2 1946 and that I last saw HER alive on AUG 2 1946.

Immediate cause of death	Duration
CONGESTIVE HEART FAILURE.	21 days.
Due to ARTERIOSCLEROTIC HEART DISEASE.	16 MON.
Due to	
Other Conditions CORONARY THROMBOSIS (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul B. Towne, M.D.
Address U.M.H., 33rd & CALVERT St. Date signed 8/2/46

VS 150

G42590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E

G42590
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) ½ day
(e) Length of stay in Baltimore (yrs., mos., or days) ½ day

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County ~~Howard~~ Harford.
(c) City or town Pylesville, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Eugene Wilson Knopp.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1945

8. AGE: Years	Months	Days	If less than one day
1	1 2		hr. min.

9. Birthplace Pylesville Maryland (Town, county, and state)
10. Usual Occupation child
11. Industry or business

FATHER
12. Name Ray D. Knopp
13. Birthplace Maryland

MOTHER
14. Maiden Name Ruby Grafton
15. Birthplace Maryland

16 (a) Informant mother
(b) Address Pylesville, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-46 (Month) (Day) (Year)
(c) Cemetery or crematory St. Ottilia
Location Parkville, Md.

18 (a) Funeral director W. E. Yeskey
(b) Address Towson, Md. Rt. 1

19 Filed AUG 3 - 1946 Registrar by Washington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 - 3 1946, at 5:37 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-2 1946, to 8-3 1946, and that I last saw him alive on 8-3 1946.

Immediate cause of death: Heart failure — Duration: 7 days.
Due to ? Congenital Heart Lesion ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Katherine Spaunt M. D.
Address Union Memorial Hosp Date signed 8-3-46

VS 190

G42591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √ 131 B

Registered No. G42591

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 806 N. Monument St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 806 N. Monument St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Ignatious Mason. II.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	Colored	Widower

6 (b) Name of husband or wife Stacee

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day hr.	min.
50				

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business Marble yard

FATHER
12. Name Walter I. Mason I.
13. Birthplace St. Mary's Co. Md.

MOTHER
14. Maiden Name Mary Mason
15. Birthplace St. Mary's Co. Md.

16 (a) Informant Walter I Mason III.
(b) Address 806 N. Monument St.

17 (a) Burial (b) Date thereof 8/3/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery Mt. Calvary
Location Cedar Hill, Md.

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave

19 AUG 3 - 1946 (b) Huntington Williams, M.D.
Received by Registrar (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1946 at 9:00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1946 to July 31 1946 and that I last saw him alive on July 31 1946.

Immediate cause of death Chronic nephritis

Duration 1 yr.

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. C. Patterson M. D.
Address 917 Hamilton Ave Date signed Aug 3/46

VS 150

G42592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

G42592 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1208 BATTERY AVENUE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1208 Battery Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN HARDY BROWN

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-20-8958

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	MARRIED

6 (b) Name of husband or wife ANNIE M BROWN

6 (c) If alive, give age 7 years

7. Birth date of deceased (mo., day, yr.) AUG. 29-1885

8. AGE: Years	Months	Days	If less than one day
60	11	4	hr. min.

9. Birthplace NORTH CAROLINA
(Town, county, and state)

10. Usual Occupation LABORER

11. Industry or business

FATHER
12. Name WILLIAM BROWN
13. Birthplace N CAROLINA

MOTHER
14. Maiden Name SARAH LEWIS
15. Birthplace N CAROLINA

16 (a) Informant ANNIE M. BROWN
(b) Address 1208 BATTERY AVE

17 (a) SHIPPING (Burial, cremation, or removal) (b) Date thereof AUG. 5-46 (month) (day) (year)
(c) Cemetery or crematory ROCKY MOUNT
Location N. CAROLINA

18 (a) Funeral director BERNARD C HARRIS
(b) Address 121 E MED ST

19 (a) AUG 3 - 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/2/46 19 , at 5:11 A.M.

21. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Coronary Vascular Disease,

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R Ward M.D.
Medical Examiner.
Date signed 8/3/46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

Registered No. G42593

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1601 Canal Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 Canal Court (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gertrude Elizabeth Chester

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Femal

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16 1916

8. AGE: Years 30 Months 4 Days 14 If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Willie Satchel
13. Birthplace Md.

MOTHER
14. Maiden Name Clara Gray
15. Birthplace Md.

16 (a) Informant Clara Chester
(b) Address 1601 Canal Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 4/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County

18 (a) Funeral director Wm. H. D. Elliott & Son
(b) Address 1129 N. Carolina St.

AUG 3 – 1946 (Date rec'd) Huntington Williams, M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/1 1946 at 12:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/26 1946 to 8/1 1946 and that I last saw her alive on 7/30 1946

	Duration
Immediate cause of death CARCINOMATOSIS	
Due to CARCINOMA of CERVIX of UTERUS	6 MOS
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Raynel Browne X

Address 15 W E. Madison St Date signed 8/1/46 M/D

G42594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G42594 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 640 W. Franklin St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 640 W. Franklin St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Murry

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Widow

6 (b) Name of husband or wife Alexander Murry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 1880

8. AGE: Years	Months	Days	If less than one day
66	-	24	hr. min.

9. Birthplace Balto- Md.
(Town, county, and state)

10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Eugene H. Woods
13. Birthplace Charlottesville Va.

MOTHER
14. Maiden Name Emma Turner
15. Birthplace Q Q Co. Md.

16 (a) Informant Ruth Baker
(b) Address 536 Bradley St.

17 (a) Burial (b) Date thereof Aug 2/1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory W.P. Cutsbury Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 Schroeder St.

19 (a) AUG 3 1946 (b) Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 1 1946 at 2:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 6 1946 to Aug 1 1946 and that I last saw h[illegible] alive on July 30 1946.

Immediate cause of death Cerbrale Cardio-Renal Disease — Duration about 6 mo

Due to Tuberculosis

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify typical place)
(e) Means of injury

23. Signature John W. James M.D.
Address 507 W. Hamburg St. Date signed 8/2/46

VS 150

G42595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

G42595 Registered No.

1. PLACE OF DEATH: D.H.
(a) Baltimore City, Maryland
(b) Street address 221 N. Carrollton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 221 N. Carrollton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Minnie Reynolds

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widowed

6 (b) Name of husband Virgil
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1883

8. AGE: Years	Months	Days	If less than one day
63 SAT	-	1	hr. min.

9. Birthplace South Carolina
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward Bolden
13. Birthplace S.C.

MOTHER
14. Maiden Name Rebecca ?
15. Birthplace S.C.

16 (a) Informant Virgil Reynolds, Jr
(b) Address 221 N. Carrollton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 3, 1946 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mem.
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (c) AUG 3 - 1946 (Date rec'd by registrar) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/31 1946, at 5:45 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to h[illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH
Arteriosclerotic C.V. disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. J. Schroeder M.D.
Medical Examiner.
Date signed 7/31/46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 151

G42596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 58 B

Registered No. G42596

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct spelling. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2008 Boyd St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Loretta Rita Townsley

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 215-09-2862

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Howard L.

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 23-1917

8. AGE: Years	Months	Days	If less than one day
29	0	10	____ hr. ____ min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Charles W. Kecken
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Barbara Lutz
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Howard L. Townsley
(b) Address 2008 Boyd Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/43 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Baltimore, Maryland

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address NORTH AVE. & BROADWAY

19 (a) [illegible] (b) Huntington Ave

AUG 3 1943

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2nd 1946, at 12:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1946, to Aug 2 1946, and that I last saw h[illegible] alive on Aug 2 1946

Immediate cause of death: Congestive Heart Failure — Duration: ____

Due to: Valvular insufficiency mitral & aortic — Duration: ____

Due to: Rheumatic Heart disease — Duration: ____

Other Conditions: ____ — Duration: ____

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: ____

of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, or public place? (Specify type of place) While at work?
(e) Means of injury ____

23. Signature Melvin Jaworski M. D.
Address [illegible] Date signed 8/2/46

G42597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42597 Registered No.

47F

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky. (b) County
(c) City or town Lexington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 Richmond Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grace Bullock

3 (b) If veteran, name of war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-13-77

8. AGE Years	Months	Days	If less than one day
68	8	20	hr. min.

9. Birthplace Ky.
(Town, county, and state)

10. Usual Occupation
11. Industry or business Housewife

FATHER
12. Name Carter Hambrick
13. Birthplace Ky.

MOTHER
14. Maiden Name Amelia Neale
15. Birthplace Ky

16 (a) Informant JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (b) Date thereof Aug 5-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lexington
Location

18 (a) Funeral director John Phillips Sons & Jones
(b) Address 1900 Eutaw Place Baltimore, Md.

19 (a) Aug 1946 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-3 1946 at 1:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-3 1946 to 8-3 1946 and that I last saw h[illegible] alive on 8-3 1946.

Immediate cause of death: Reticulum cell Sarcoma
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
over

Date of operation
Major findings of operation: Biopsy Confirmed
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. A. Sprunt III M.D.
Address Johns Hopkins Date signed Aug 5/46

VS 150

X

Type or write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42598 G42598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Fayette St
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore — 15 (If outside city or town limits, write RURAL and give town)
(d) Street No. 3951 Boarman Ave. (If rural give location)
(e) Citizen of foreign country? [redacted] No) If yes, name country

3 (a) FULL NAME Mr. William Levinson

3 (b) If veteran, name war: World War 1

3 (c) Social Security Account No: 082-07-5132

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Married

6 (b) Name of husband or wife: Mrs. Frances Levinson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 25, 1892

8. AGE: Years	Months	Days	If less than one day
53	10	10	hr. min.

9. Birthplace Balto, Maryland (Town, county, and state)
10. Usual Occupation Traveling Salesman
11. Industry or business

FATHER
12. Name Jacob Levinson
13. Birthplace Russia

MOTHER
14. Maiden Name Adeli ?
15. Birthplace Russia

16 (a) Informant Mrs. Francis Levinson
(b) Address 3951 Boarman Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5/96 (month) (day) (year)
(c) Cemetery or crematory Beth Shalom Cem.
Location 6130 O'Donnell St

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North Ave.

19 (a) 8-1946 (Date received by registrar) (Signature of Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3, 1946, at 12 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 3 1946, to Aug 3 1946, and that I last saw him alive on Aug 3, 1946.

Immediate cause of death: Coronary thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation ✓

Major findings of operation: ✓

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. Levinson M. D.
Address Bon Secours Hosp. Date signed 8-3-46

VS 250

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

G42599 over

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V1170

G42599 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1143 Leaden Hall St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Abraham Asken

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Minnie Asken
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 10, 1890

8. AGE: Years	Months	Days	If less than one day
55 years	11	21	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Store Keeper
11. Industry or business

FATHER
12. Name Solomon Asken
13. Birthplace Russia

MOTHER
14. Maiden Name Lily Cohen
15. Birthplace Russia

16 (a) Informant Mrs Minnie Asken
(b) Address 1143 Leadenhall st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1/46 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rondale
Location Philip Rd & Hamilton ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North ave

19 (a) Aug 1-46 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1 1946, at 10 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1946 to Aug 1 1946, and that I last saw him alive on Aug 1 1946.

Immediate cause of death: Cardiac insufficiency — Duration
following
Due to Gastric Resection
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation July 24 1946 Aug 23, 1946
Major findings of operation: ulcer of stomach
of autopsy: 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John H. Angell M. D.
Address Church Home & Hospital Date signed Aug 1

VS 150

G42600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

G42600 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument St

(c) Hospital or institution: Sinai

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2205 Treasury St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Dora Lasoff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Solomon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 72 Months Days If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name unknown

13. Birthplace Russia

MOTHER 14. Maiden Name unknown

15. Birthplace Russia

16 (a) Informant Maurice Lasoff

(b) Address 7919 Chalgrove Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-46 (month) (day) (year)

(c) Cemetery or crematory Lovedale

Location Philadelphia Rd + Hamilton Ave

18 (a) Funeral director Jack Lewis Inc

(b) Address 1459 E Balto St

19 (a) 1946 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 August 1946 at 11:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 29 July 1946 to 1 Aug 1946 and that I last saw her alive on 1 Aug 1946.

Immediate cause of death Heart failure — Duration

Due to Bronchopneumonia

Due to Arteriosclerotic heart disease

Other Conditions Diabetes mellitus gangrene rt. foot

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard H. Patt M. D.

Address Sinai Hospital Date signed 1 Aug 46

93D

G42601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42601 Registered No. 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3407 Piedmont Ave

(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3407 Piedmont Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Morris Daniel Moss formerly Moskowitz (over)

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-0480

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Freida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10 - 1896

8. AGE: Years	Months	Days	If less than one day: hr.	min.
50	2	22		

9. Birthplace Romania (Town, county, and state)

10. Usual Occupation Engineering

11. Industry or business

FATHER 12. Name Zeda Moskowitz

13. Birthplace Rumania

MOTHER 14. Maiden Name Gertrude

15. Birthplace Russia

16 (a) Informant Mrs L. Long

(b) Address 3407 Piedmont Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 8-4-46 (month) (day) (year)

(c) Cemetery or crematory Lebanon Cemetery

Location Delaware County, Penna. per Lewis Inc

18 (a) Funeral director

(b) Address 1439 E. Balto St

19 (a) Date 1946 (b) Registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-2- 1946 at 6A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 2 1946 to Aug 2 1946 and that I last saw h[illegible] alive on July 30 1946

Immediate cause of death Interstitial Nephritis & Hypertension — Duration

Due to Arteriosclosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Isaac C. Dickson

Address 3055 Tr. North Ave Date signed 8-2-46 M. D.

VS 150

G42602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

De Veau 1946

G42602 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 707 E Preston St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George DeVeau

3 (b) If veteran, name war

3 (c) Social Security Account No. 484-07-0127

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 1901

8. AGE: Years	Months	Days	If less than one day
45	5		hr. min.

9. Birthplace Canada
(Town, county, and state)

10. Usual Occupation Steel Worker

11. Industry or business

FATHER
12. Name Theo. DeVeau
13. Birthplace Canada

MOTHER
14. Maiden Name Agnes Coutreau
15. Birthplace Canada

16 (a) Informant Mildred Gagnon
(b) Address 44 Waverey St., Lynn, Mass.

17 (a) (Burial, cremation, or removal) (b) Date thereof 7 4 46 (month) (day) (year)

(c) Cemetery or crematory
Location Boston Mass.

18 (a) Funeral director Rita Wiedefeld
(b) Address 900 E. Biddle St.

AUG 4 1946

19 (a) (Date rec'd by registrar) (b) Registrar
Huntington Williams, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/3 19 46 at 1:35 P.M.

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Coronary Disease

Due to

Other Conditions
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature C. J. Sarbinski M.D.
Medical Examiner.
Date signed 8/3/46
(over)

G42603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

G42603 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1120 St Paul St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 84 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 St Paul St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellin Curzon Pleasants

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	

6 (b) Name of husband or wife unmarried

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1862

8. AGE: Years	Months	Days	If less than one day
84	4	23	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Richard Hall Pleasants
13. Birthplace Baltimore

MOTHER
14. Maiden Name Elizabeth Maria Baltzey
15. Birthplace Baltimore

16 (a) Informant J. Hall Pleasants
(b) Address 201 Longwood Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5 1946 (month) (day), (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md.

18 (a) Funeral director Henry W. Peebles & Son
(b) Address McCulloh & Richard Sts.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3rd 1946, at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1st 1946, to Aug 3rd 1946, and that I last saw h[illegible] alive on Aug 3rd 1946

Immediate cause of death: Hypertrophic Emphysema, Chronic Bronchitis — Duration: 1 Year, 2 Days

Due to Arteriosclerosis — Duration: 4 years

Due to Carcinoma of Rectum — Duration: 1 Year

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 8th

Major findings of operations:

of autopsy: 8th

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Hall Pleasants M. D.

Address 1130 N. Calvert St Date signed Aug 3rd 46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 4 Vs 1946 Huntington Williams, M.D.

G42604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51 B

G42604 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Cold Spring Lane.
(c) Hospital or institution: Cold Spring Convt. Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ yr.
(e) Length of stay in Baltimore (yrs., mos., or days) Abt 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1031 N Carrollton
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Hom Ting

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Chinese	Married

6 (b) Name of husband or wife ?

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) About 1891

8. AGE: Years	Months	Days	If less than one day
About 55	?	?	hr. min.

9. Birthplace China.
(Town, county, and state)

10. Usual Occupation Laundry.

11. Industry or business —

FATHER
12. Name Not Known
13. Birthplace China.

MOTHER
14. Maiden Name Not Known.
15. Birthplace China

16 (a) Informant Herman Hom Kim (cousin)
(b) Address 7-N. High St. Apt 2

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn.

18 (a) Funeral director Steward Mortuary Co.
(b) Address 108 W North Ave.

19 (a) Date registered AUG 4 1946 (b) Registrar Washington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 31 1946, at 5:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb-1 1946 to July 31 1946, and that I last saw h[illegible] alive on July 31 1946.

Immediate cause of death	Duration
GENERALIZED CARCINOMATOSIS —	2½ mo.
Due to CARCINOMA - PROSTATE -	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Norman R Klein M. D.
Address 3803 Edmondson Ave Date signed 8/1/46.

X

12605 BC# G42605

BALTIMORE CITY HEALTH DEPARTMENT

F63326 CERTIFICATE OF DEATH 1333 B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Wd (b) County Frederick
(c) City or town Frederick P.O.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Pratt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sally McCormick

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-15-42

8. AGE: Years 4 | Months - | Days 20 | If less than one day hr. min.

9. Birthplace Wd.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Hugh McCormick
13. Birthplace Va.

MOTHER 14. Maiden Name Louise Fidler
15. Birthplace Va.

16 (a) Informant JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (b) Date thereof 8-6-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Edgehill Cemetery
Location Charlestown - W. Va.

18 (a) Funeral director C. E. Claire & Son
(b) Address Frederick - Md.

AUG 5 - 1946 Huntington Williamsport Md
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-4 1946 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-3 1946 to 8-4 1946 and that I last saw h-- alive on 8-4 1946.

Immediate cause of death: Cardiac failure — Duration 1 day
Due to Nephrosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Demetrius J. Jaggar
Address Johns Hopkins Hosp. Date signed 8/4/46

VS 150

G42606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G42606 Registered No.

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Fairmount ave
(c) Hospital or institution:
Church Home and Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 46½ hr
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore - 2 Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 2914 Libertypark way (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Collin, Baby girl

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	infant

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 2, 1946

8. AGE: Years	Months	Days	If less than one day
		2	46 hr. 30 min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business —

FATHER
12. Name Collin, Mr. Joseph Jr.
13. Birthplace Maryland

MOTHER
14. Maiden Name Helen Cavanaugh
15. Birthplace Maryland

16 (a) Informant Joseph Collins
(b) Address 3217 Cotter Pl.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/46 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Tully & Zeiler
(b) Address 403 S Gilford St

AUG 5 - 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1946, 3:46 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 2 1946, to Aug 4 1946, and that I last saw her alive on Aug. 4 1946.

Immediate cause of death	Duration
Respiratory failure	
Prematurity	
Due to Pneumonia + atelectasis	
Due to Immaturity	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Consolidation with lung. Hemorrhage around intestines

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard J. Kohlenberg M. D.
Address Church Home Date signed Aug 4

VS 189

G42607

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

Registered No. G42607

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 61
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2304 E. Baltimore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY SILVERSTEIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Samuel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
72			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Louis Pure
13. Birthplace Russia

MOTHER
14. Maiden Name Fannie ?
15. Birthplace Russia

16 (a) Informant Louis Silverstein
(b) Address 4314 Springdale Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5/46 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowleys Lane

18 (a) Funeral director SOL LEVINSON & BROS
(b) Address 1124-26 W. North Ave.

19 (a) [redacted] (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4 1946, at 11:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 4 1946 to Aug 4 1946, and that I last saw her alive on Aug 4 1946.

Immediate cause of death: Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan B. Hyman M. D.
Address Sinai Hospital Date signed 8-4-46

VS 150

G42608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

G42608 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 724 Edgewood St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town's limits, write RURAL and give town)
(d) Street No. 724 Edgewood St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jennie Catherine Godfrey.
3 (b) If veteran, name war No
3 (c) Social Security Account No. none
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Wilbur A
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 16, 1873
8. AGE: Years 73 Months 4 Days 17 If less than one day hr. min.
9. Birthplace (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name John Lord
13. Birthplace Md

MOTHER
14. Maiden Name Mary J Todd
15. Birthplace Md

16 (a) Informant Catherine I. Strohmeyer
(b) Address 8285 - 166th St Jamaica
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/46 (month) (day) (year)
(c) Cemetery or crematory Edgewood
Location Edgewood Md
18 (a) Funeral director Wilbur A Orr Jr
(b) Address 1217 Eutaw St
19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3 1946 at 5 P M
21. I certify that death occurred on the date above stated; that I attended deceased from August 3 1946 to Aug 3 1946, and that I last saw h.e/s alive on Aug 3 1946.

Immediate cause of death: Cardio-Vascular Renal Disease — Duration
Due to Generalized arterio-sclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Percy H. Stirling M. D.
Address 3417 Guilford Ave Date signed Aug 4 46

AUG 5 - 1946

FUNERAL DIRECTOR, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42609
494918.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G42609 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2006 Ridgehill Road
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Fritz.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male.
5. Color or race: White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 7-6-32
8. AGE: Years 14 | Months - | Days 26 | If less than one day hr. min.
9. Birthplace md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name George Fritz
13. Birthplace md.

MOTHER
14. Maiden Name Irma Browning
15. Birthplace md

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/46 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Milburn & Tyler
(b) Address 1217 E Pratt St

19 (a) (Delivered by registrar) (b) Huntington Williams, M.D.
AUG 5 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH. Aug. 2 1946. at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 7 1946 to Aug. 2 1946, and that I last saw him alive on Aug. 2 1946.

Immediate cause of death: Cerebral accident — Duration: 1 day
Due to: periarteritis nodosa — 3 mos.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C L Randolph
Address Johns Hopkins Hospital Date signed 8/7/46

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42610 G42610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1122a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Redwood & Irene.
(b) Street address ~~1508 Northgate~~
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town 1508 North Gate Rd.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Martha Becker

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	M

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/22/66

8. AGE: Years	Months	Days	If less than one day
80	2	8	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Gottcher
13. Birthplace Ger.

MOTHER
14. Maiden Name not known
15. Birthplace Ger.

16 (a) Informant Louis Winkler
(b) Address 1502 north Gaty Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/46 (month) (day) (year)
(c) Cemetery or crematory Johnson's
Location O'Donnell St

18 (a) Funeral director Blaine & Hoffman
(b) Address 1639 N Broadway

19 (a) Harrington Williams
(Date rec'd by registrar)

AUG 5 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1946, at 6:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1946 to Aug 1 1946, and that I last saw her alive on Aug 1 1946.

Immediate cause of death	Duration
Generalized peritonitis E	
Subdiaphragmatic abscess	
Due to Strangulated femoral	
hernia and perforated	
Due to gangrenous bowel	
Other Conditions Thrombophlebitis	
auricular fibrillation	

(Include pregnancy within 3 months of death)

Date of operation 7-25-46
Major findings of operation: Strangulated femoral hernia & perf bowel
of autopsy: Gangrenous bowel

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Martin
Address University Hospital Date signed 8-1-46

X 1

G42611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

G42611 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 9/6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 E. Lanvale St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James H. Busick
3 (b) If veteran, name war (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	M

6 (b) Name of husband or wife Minnie Allison
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 6 - 1888

8. AGE: Years	Months	Days	If less than one day
58	4	26	hr. min.

9. Birthplace Delta Md (Town, county, and state)
10. Usual Occupation Bookkeeper
11. Industry or business ammidon Co

FATHER
12. Name Geoff
13. Birthplace Delta Md

MOTHER
14. Maiden Name Jennie Lee
15. Birthplace Delta Md

16 (a) Informant Wife
(b) Address 1704 E Lanvale St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/46 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave
18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 Brookdale
19 (a) AUG 5 - 1946 (Date rec'd by registrar) (b) Burlington Wilson Funeral Home

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2, 1946, at 6 40 A.M.

21. I certify that I took charge of the remains described above, held an autopsy (Autopsy, Inspection or Inquiry) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were

IMMEDIATE CAUSE OF DEATH
Fracture skull
Intracranial + intra cerebral hemorrhage
Multiple fractures
Lacerations + Bruised Brain

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 8-1-46 at 3:15 P.M. 4/1
(b) Where did injury occur? Mercantile Trust Bldg.
(c) Did injury occur at home, on farm, industrial place, in public place? Industrial While at work? Yes
(d) Means of injury Fell down 3 flights of stairs
23. Signature Howard J. Maldeis M.D. Medical Examiner.
Date signed 8-2-46

VS 151

G42612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G42612 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3117 Grindon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3117 Grindon Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Kate Collins

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Gilbert M

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21 1853

8. AGE: Years 93 | Months - | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER 12. Name William Rippey

13. Birthplace Pa

MOTHER 14. Maiden Name Rebecca Valiant

15. Birthplace Md

16 (a) Informant Evelyn Loponville

(b) Address 3117 Grindon Ave

17 (a) Burial (Burial, cremation, or removal?) (b) Date thereof Aug 6 1946 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Frederick Road

18 (a) Funeral director John G Moran

(b) Address 3000 E Baltimore St

19. AUG 5 - 1946 (Date rec'd by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1946 to Aug 2 1946 and that I last saw h[illegible] alive on 8-2-1946.

Immediate cause of death: Myocardial Insufficiency — Duration 3 days

Due to: Arteriosclerosis — 20 yrs.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur J Davis M. D.

Address 800 N Eutaw St Date signed 8-3-46

VS 150

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 51D

G42613 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Corner Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2018 Cecil Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wilkinson William James

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4th 1868

8. AGE: Years	Months	Days	If less than one day hr.	min.
77	9	29		

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business School Teacher

FATHER
12. Name James M. P. Wilkinson
13. Birthplace Va

MOTHER
14. Maiden Name Martha Cummings
15. Birthplace Va

16 (a) Informant Mrs Alice Wilkinson
(b) Address 2018 Cecil Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 6th 1946 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Hindsen Mill Road

18 (a) Funeral director Leo G. Cook
(b) Address 201-03 N Patterson Park Ave

19 (a) AUG 5 - 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3 1946, at 2:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1946, to August 3 1946, and that I last saw him alive on August 3 1946.

Immediate cause of death Coronary Thrombosis — Duration

Due to Coronary Occlusion

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 8-11-46

Major findings of operation: Coronary Occlusion

of autopsy Non Performed.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Gray
Address University Hospital
Date signed 8-3-46 M. D.

VS 150

X

Instructions: Please write plainly, with undertaking ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46

Registered G42614

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1744 E. Oliver St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1744 E Oliver St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John F. Meyers
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Divorced
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1874
8. AGE: Years 72 | Months | Days | If less than one day hr. min.
9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant George Meyers
(b) Address 1403 Hanley Place
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5th 1946 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave
18 (a) Funeral director 1921-63 N. Patterson Park Ave
(b) Address Leo J. Leach
19 (a) AUG 5 1946 (Date rec'd by Registrar) Huntington Williams, M.D.

VS 150 Dr Pokorny

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3, 1946, at A M
21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1946 to Aug 3 1946 and that I last saw h[illegible] alive on Aug. 1 1946

Immediate cause of death: Ruptured Aortic Aneurism — Duration: 1 day
Due to: Cardio Vascular Renal Disease — Duration: ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Joseph Pokorny
Address 2202 E Madison St
M. D. Date signed 8/5/46

X

G42615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

G42615 Registered No.

PRINT WHITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd ST.
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 77 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. ALISTON APTS. CHARLES AND 33rd ST.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME RICHARD CORNELIUS WARD.

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W	W.

6 (b) Name of husband or wife: Margaret I. Ward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 3, 1862

8. AGE: Years	Months	Days	If less than one day
83	10	29	hr. min.

9. Birthplace PENNSYLVANIA Stewartstown
(Town, county, and state)
10. Usual Occupation NONE.
11. Industry or business

FATHER
12. Name LUTHER SUMMERFIELD WARD.
13. Birthplace PENNSYLVANIA.

MOTHER
14. Maiden Name EMILY CORNELIUS.
15. Birthplace PENNSYLVANIA.

16 (a) Informant RALPH B. JOHNSTON.
(b) Address ALISTON APTS. Charles St, BALTO.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/46 (month) (day) (year)
(c) Cemetery Moreland Mem. Cem.
Location Baltimore Md.

18 (a) Funeral director WM. J. TICKNER & SONS INC.
(b) Address North & Pa Ave. Balto. Md.

19 Filed Aug 6 1946 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH AUGUST 2 1946 at 11:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from JULY 30 1946 to AUGUST 2 1946. and that I last saw him alive on AUG. 2 1946.

Immediate cause of death

CORONARY SCLEROSIS — 7

Due to ARTERIOSCLEROTIC HEART DISEASE.

Due to

Other Conditions OSTEITIS DEFORMANS.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Findings of autopsy CORONARY SCLEROSIS. OSTEITIS DEFORMANS

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George H. Schlosser M.D.
Address U. M. H. Date signed 8/5/46

VS 150

X

G42616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH V42D

Registered No. G42616

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 247 S. Chester St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 247 S. Chester St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alex Bronzert

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-03-2355

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	W.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation Press Hand.
11. Industry or business Continental Can Co.

FATHER
12. Name John Bronzert
13. Birthplace Poland

MOTHER
14. Maiden Name Stefanica Skrucha
15. Birthplace Poland

16 (a) Informant Janina Lukowska
(b) Address 247 S. Chester St

17 (a) Burial (b) Date thereof Aug 5-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Balto Co.

18 (a) Funeral director Wm. L. Fialkowski
(b) Address 2007 Eastern ave

19 (a) (b)
(Local Registrar) Registrar

Aug 5 1946 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2 1946 at 3:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1946 to Aug 2 1946 and that I last saw h alive on 19

Immediate cause of death: Hypostatic Pneumonia — Duration 8 D
Due to: Carcinoma of Lung — 2 Yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Stella Stypanek
Address 501 S Kenwood Ave Date signed 8/6/46

VS 150

I certify that the above statements are true to the best of my knowledge and belief. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1370

G42617

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Undertakers must fill every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 228 S. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME KECK, ALBERT George

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	Married

6 (b) Name of husband or wife Olga Keck
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 1898

8. AGE: Years	Months	Days	If less than one day
47	9	13	hr. min.

9. Birthplace Md
(town, county, and state)
10. Usual Occupation Mechanic Helper
11. Industry or business Blue Line Stamping Co.

FATHER
12. Name George Keck
13. Birthplace Md

MOTHER
14. Maiden Name Barbara Beck
15. Birthplace Md

16 (a) Informant Olga Keck
(b) Address 228 S. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5/46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director Harry H. Tuttle
(b) Address 401 Edmondson Ave

19 (a) AUG 5 - 1946 (Date rec'd by Registrar) (b) Washington Blvd. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1946, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1946 to August 2 1946, and that I last saw him alive on August 2 1946.

Immediate cause of death CEREBRAL THROMBOSIS, LEFT — Duration 3 DAYS

Due to HYPERTENSIVE CARDIOVASCULAR DISEASE

Due to

Other Conditions ARTERIOLITIS, ACUTE CYSTITIS, BENIGN PROSTATIC HYPERTROPHY; SUPPURATIVE PYELONEPHRITIS, LEFT (Importance to death)

Date of operation July 30, 1946

Major findings of operation: BENIGN PROSTATIC HYPERTROPHY

of autopsy: CEREBRAL THROMBOSIS

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Lerman M. D.
Address Sinai Hospital Date signed 8-2-46

G42618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

172

Registered No. G42618

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give name)
(d) Street No. 719 W Saratoga St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Kate Coats (Devone)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C.	Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1907

8. AGE: Years	Months	Days	If less than one day
39 40			hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Janitress

11. Industry or business Medical Arts Bldg.

FATHER
12. Name John Bryant
13. Birthplace North Carolina

MOTHER
14. Maiden Name Emmaline Murry
15. Birthplace North Carolina

16 (a) Informant Mary Fundell
(b) Address 236 St. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location

18 (a) Funeral director A. Halstead
(b) Address 918 Druid Hill Ave

19 (a) [illegible] Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 31 July 1946 at 10 45 P M

21. I certify that I took charge of the remains described above, held an Aut & Insp thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Tuberculosis, bone

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at Work
(d) Means of injury

23. Signature William G Mitchell M.D. Medical Examiner.

Date signed 1 Aug 46

VS 151

Dr. Rangle
4948 Washington Blvd
Dobbs Ferry

G42619 BALTIMORE CITY HEALTH DEPARTMENT G42619
CERTIFICATE OF DEATH 48a
Registered No.

1. PLACE OF DEATH: (6024)
(a) Baltimore City, Maryland
(b) Street address Old Harford Road
(c) Hospital or institution: Beach Hill Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 29th St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Tucker
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FM	W	Widow

6 (b) Name of husband or wife David E. Tucker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24 1874

8. AGE: Years	Months	Days	If less than one day
72	4	28	hr. min.

9. Birthplace Long Green, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Charles Johnson
13. Birthplace Md

MOTHER
14. Maiden Name Susan Clayton
15. Birthplace Md

16 (a) Informant Joseph R. Tucker
(b) Address 1612 E. 29th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/46 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Eastern Ave

18 (a) Funeral director Leonard J. Buck
(b) Address 5305 Harford Road

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3 1946 at 5:15 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1946 to August 1946 and that I last saw her alive on August 3rd 1946

Immediate cause of death Terminal Bronchial pneumonia

Duration 2 yr.

Due to Carcinoma of Cervix

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. V. Rangle M.D.
Address 642 North Dithridge Date signed 8-4-46

VS 150

Huntington Williamsport, Md.

X R. V. Rangle

G12620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48B

G12620 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 114 Reedbird Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 114 Reedbird Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary S. P. Layton

3 (b) If veteran, name war

(c) Social Security Account No. 220-03-3578

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife George Layton

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) July 22, 1898

8. AGE: Years	Months	Days	If less than one day
48		4	hr. min.

9. Birthplace Martinsburg Berkeley Co., W. Va.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Elmer Dixon, Jr.
13. Birthplace Martinsburg, W. Va.

MOTHER
14. Maiden Name Catherine Van Meter
15. Birthplace Martinsburg, W. Va.

16 (a) Informant Geo. T. Wyatt (Friend)
(b) Address 114 Reedbird ave., Balto. 29, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 5, 1946 (Month) (Day) (Year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Anne Arundel Co., Md.

18 (a) Funeral director A. Howard Evans
(b) Address 402 S. Eutaw St.; Balto. 30, Md.

19 AUG 5 - 1946 (Date rec'd by registrar) (b) Huntington Nitkowski, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2, 1946 at 2:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1946 to Aug 2 1946 and that I last saw h alive on Aug 1 1946

Immediate cause of death Uremic Hemorrhage

Due to Pneumonia

Due to Sclerosis of Uterus

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
1 day
2 Mo.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

Signature H. H. Campbell M. D.

Address 1600 N. Eutaw Date signed Aug 3 46

VS 150

X

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

42621 Bulgen

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

G42621 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 940 Burgundy St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 940 Burgundy St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Jacob A. Bulgen

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-14-4499

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary E. Bulgen (nee Streifer) (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1887

8. AGE: Years	Months	Days	If less than one day
58	10	23	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Roll mill operator
11. Industry or business Am. Hdw. Paint Co.

FATHER
12. Name Henry Bulgen
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Margaret Zell
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Mary E. Bulgen (Wife)
(b) Address 940 Burgundy St. Balto. 29 Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 6 1946 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Baltimore Md.

18 (a) Funeral director Raymond Brown
(b) Address 4000 Clarks Ln. Balto 29

19 AUG 5 - 1946 Huntington Williams, M.D. (Date received by Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3rd 1946, at about 3:30 P M

21. I certify that death occurred on the date above stated, that I attended deceased from July 1 1946 to Aug 3 1946 and that I last saw h[illegible] alive on July 31 1946.

Immediate cause of death: Coronary Thrombosis — Duration 1 day

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
(f) Signature Neil Schuyler M.D.
Address 301 Cumpston Date signed 8/5 1946

VS 150

Please write clearly, with unfading ink. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 188

Registered No. G42622

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 307 Myrtle Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 307 Myrtle Ave. (Rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Gatch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fem

5. Color or race Col

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John Gatch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1895

8. AGE: Years 51 Months 5 Days 23 If less than one day hr. min.

9. Birthplace Elizabeth N. J. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Samuel Whiting
13. Birthplace Gloucester Co. Va.

MOTHER
14. Maiden Name
15. Birthplace Gloucester Co. Va

16 (a) Informant Ella Wright
(b) Address 307 Myrtle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5 '46 (Month, day), (year)
(c) Cemetery or crematory W.M. Auburn Cem.
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1 1946 at 12 31 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1946 to Aug 1 1946 and that I last saw h[illegible] alive on 8/1/46 M

Immediate cause of death

(a) Lobar Pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert Lowe M. D.
Address 1131 Harlem Ave Date signed 8/1/46

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

G42623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 122a

Registered No. G42623

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County No
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4212 Belvieu Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Edith V Martin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Harry C. Martin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25 1864

8. AGE: Years	Months	Days	If less than one day
81	7	7	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Francis Piddazzi
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Amelia Chenneleanne
15. Birthplace Balto. Md.

16 (a) Informant Dr. Clarence Martin
(b) Address 4212 Belvieu Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/44 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto Co.

18 (a) Funeral director C. D. Sampson Jr
(b) Address 1938 E. Lafayette Ave.

AUG 5 - 1946 (Date and hour registered) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2 1946 at 4 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/22 1946 to 8/2 1946 and that I last saw h[illegible] alive on 8/2 1946

Immediate cause of death Arterio-sclerotic Heart disease — Duration

Due to

Due to

Other Conditions Incarcerated rt. Femoral Hernia (Include pregnancy within 3 months of death)

Date of operation 7-31-46

Major findings of operation: Incarcerated Femoral Hernia

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John B Zeller M. D.
Address Date signed

VS 150

X

G42624 new

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1513

G42624 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Caroline St
(c) Hospital or institution: St Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 723 No. Belnord Ave.
(If rural give location)
(e) Citizen of foreign country? Md. (Yes or No)
If yes, name country

3 (a) FULL NAME ~~Baby Girl~~ Lanius. Karen Lee Lanius (LANIUS)

3 (b) If veteran, name war no.

3 (c) Social Security Account No none.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8 3 46

8. AGE: Years	Months	Days	If less than one day
			18 hr. 50 min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William J Lanius.
13. Birthplace Havre, Montana

MOTHER
14. Maiden Name Emilie Agnes Rys
15. Birthplace Baltimore

16 (a) Informant Emilie Agnes Lanius
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Oak Hill Cemetery.
Location Hoffmen Lane.

18 (a) Funeral director Charles E. Schimpeler
(b) Address 1936 E. Madison Street

AUG 5 - 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/3 1946, at 11 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/2 1946 to 8/3 1946, and that I last saw her alive on 8/2 1946

Immediate cause of death Cardio-Respiratory failure

Due to Atelectasis Both Lungs.

Due to

Other Conditions Icterus Gravis.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John B. Sellers M. D.
Address Date signed

VS 150

161a

Correct name of deceased, with surname first. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42625

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

G42625
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 906 N. Mount Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 906 N. Mount Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3 (a) FULL NAME Mary E. Diggs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Married

6 (b) Name of husband or wife Thomas Diggs
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27, 1884

8. AGE: Years	Months	Days	If less than one day
62	1884 May	27 +	hr. min.

9. Birthplace Virginia
(Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Franklinton
13. Birthplace Va.

MOTHER
14. Maiden Name Isabella Franklinton
15. Birthplace Va

16 (a) Informant Frank Diggs
(b) Address 906 N. Mount St.

17 (a) Burial (b) Date thereof 8/5/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location MD

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Pennsylvania Ave

19 (a) (b) Huntington Williams, MD
Date received by registrar

AUG 5 1946

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1946 at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/7 1946 to 8/1 1946, and that I last saw her alive on 7/27 1946.

Immediate cause of death Cancer of left breast — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
(f) Signature Joan K Beeler
Address 601 N. Calhoun St Date signed 8/5/46
M. D.

X

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42626 G42626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83 A

Registered No. 3698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1615 madison ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14

(e) Length of stay in Baltimore (yrs., mos., or days) 34 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Madison ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rosie Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	colored	Widowed

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace St Mary's Co. Md
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business own home

FATHER
12. Name David Lewis
13. Birthplace St. Mary's Md

MOTHER
14. Maiden Name Lata ?
15. Birthplace St Mary's Co.

16 (a) Informant Mary Rebecca Williams
(b) Address 1615 Madison ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/8/46 (month) (day) (year)

(c) Cemetery or crematory St Peters
Location Md

18 (a) Funeral director Geo H. Kelson
(b) Address 1303 Presstman St

19 (a) (Signature of registrar) (b) Huntington Williams M.D.

5 1946

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-4-1946, at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1 1946, to 8-4 1946, and that I last saw her alive on 8-3 1946.

Immediate cause of death Cerebral hemorrhage — Duration 2 Mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank A. Saunders
Address 1029 N. Stricker Date signed 8-4-46

X

G42627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131B

Registered G42627

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1839 N. Spring St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1839 N. Spring St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Cora Armstead

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	Widow

6 (b) Name of husband or wife Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 7/1871

8. AGE: Years	Months	Days	If less than one day
75	6	24	hr. min.

9. Birthplace Virginia (Town, county and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Pengelton Derricott
13. Birthplace Va

MOTHER
14. Maiden Name Matilda —
15. Birthplace Va

16 (a) Informant Naomi Armstead
(b) Address 1839 N. Spring St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5-1946 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a. a. County Farm

18 (a) Funeral director Raynor Sanders
(b) Address 1412 E. Preston Street

19 (a) Date rec'd by registrar Aug 5 - 1946 VS 159 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1 1946, at 3 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1946 to Aug 1 1946, and that I last saw h[illegible] alive on July 31 1946.

Immediate cause of death Chronic Nephritis

Duration Complete

Due to

Due to

Other Conditions Chronic Myocardiotis and Arterio Sclerosis

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations —

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph T Young M. D.
Address 1424 E Monument St Date signed Aug 2 1946

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-168451 G42628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G42628

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3417 Chestnut Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary McCann

3 (b) If veteran, name war ##
3 (c) Social Security Account No. ###

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 28, 1885
8. AGE: Years 61 Months 2 Days 8 If less than one day hr. min.
9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business Home

FATHER
12. Name Joseph McCann
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Margaret Swift
15. Birthplace Baltimore Md.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/46 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore Md.

18 (a) Funeral director Geo. W. Little
(b) Address 2700 Edmondson Ave.

19 (a) AUG 5 1946 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3 1946, at 5.35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-3- 1946 to 8-3- 1946 and that I last saw h ## alive on 8-3 1946

Immediate cause of death: Respiratory Failure — Duration: 1 day
Due to: Cerebrovascular Accident
Due to: Hypertension
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: No ext. lesion on brain

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund Beardsley M.D.
Address Baltimore Md. Date signed Aug 5 1946

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G42629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 56E

G42629 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Gen. Hosp. 14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 Payson (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Leo Ruggeri

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 214-20-4913

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife: Pasquarosa Ruggeri
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb. 5 1887

8. AGE: Years	Months	Days	If less than one day
59	5	29	hr. min.

9. Birthplace: Silvi Italy (Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER
12. Name: Tommaso Ruggeri
13. Birthplace: Italy

MOTHER
14. Maiden Name: Carmine Costantini
15. Birthplace: Italy

16 (a) Informant: Pasquarosa Ruggeri (Wife)
(b) Address: 704 N. Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: August 6/46 (month) (day) (year)
(c) Cemetery: Meadowridge Memorial Park
Location: Washington Blvd.

18 (a) Funeral director: Frank Keller Sons
(b) Address: 52 N. Morley St.

19 (a) Aug 5 1946 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3 Aug 1946 at 2:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 26 July 19__ to 3 Aug 1946, and that I last saw him alive on 3 Aug 1946.

Immediate cause of death	Duration
Resp. Failure	
Due to Bronchial Aspiration with obstruction?	
Due to Rt. Pneumonectomy	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation: 3 Aug 46
Major findings of operation: Bronchiect. & lt. cyst of lung
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Carl J. Merckheim M.D.
Address: West Balt. Gen. Hos. Date signed: 3 Aug 46

X Merckheim

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 148

Registered No. G42630

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1223 McCulloh Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1223 McCulloh Street
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME SUSIE M. CAMPBELL

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 17, 1888

8. AGE: Years	Months	Days	If less than one day
57 58	11	15	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Bud Mollison
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Franklin
15. Birthplace Md.

16 (a) Informant Mr. Earl Campbell
(b) Address 947 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-46 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

AUG 5 1946 (Date received by Registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

P

20. DATE OF DEATH Aug. 2 1946, at 4:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1946 to Aug 2 1946 and that I last saw h alive on to

Immediate cause of death Carcinoma of the uterus — Duration 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm H. Watts

Address 154 Washington Ave Date signed 8/3/46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42631 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 301 N. Eutaw St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Brother Bonaventure, C.F.X. (THOMAS J. DONOHUE)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 19, 1872
8. AGE: Years 73 Months 9 Days 16 If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Teacher - religious
11. Industry or business Catholic Brother

FATHER
12. Name Patrick Donohue
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Kane
15. Birthplace Ireland

16 (a) Informant Record
(b) Address same

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 6 - 1946 (month) (day) (year)
(c) Cemetery or crematory CATHEDRAL
Location

18 (a) Funeral director Chas. J. Evans & Son, Inc.
(b) Address 118 N. Mt. Royal Ave

19 (a) (Date rec'd by registrar) (b) Registrar
Huntington Williams, M.D.

VS Form AUG 5 - 1946 - 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1946, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1946, to August 4 1946 and that I last saw him alive on August 3 1946.

Immediate cause of death	Duration
Cardio-respiratory failure	
Due to Lymphosarcoma	
Due to Anemia	
Other Conditions Excision of tumor mass in left axilla	

(Include pregnancy within 3 months of death)

Date of operation July 5, 1946

Major findings of operation: Lymphosarcoma in left axilla and neck

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Clarence E. McWilliams, M.D.
Address Mercy Hospital Date signed 8-5-46

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42632 36BC4

BALTIMORE CITY HEALTH DEPARTMENT

G42632 Registered No. 09542

CERTIFICATE OF DEATH ✓6

G42632

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address JOHNS HOPKINS HOSPITAL
(c) Hospital or institution: 10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Barnes St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Warner Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/21/44

8. AGE: Years	Months	Days	If less than one day
1 2	10	13	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Warner Jones
13. Birthplace

MOTHER
14. Maiden Name Margaret Berry
15. Birthplace

16 (a) Informant JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 6/46 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Mrs. Robert G. Ward & Daughter
(b) Address 1129 N. Eutaw St.

19 (a) Aug 5 - 1946 Huntington Williamsport, Md.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug - 4 - 1946 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 4 1946 to Aug 4 1946 and that I last saw him alive on Aug 4 1946

Immediate cause of death	Duration
Meningococcemia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C L Randol
Address Johns Hopkins Hospital Date signed 8/5/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G42633

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

G42633 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dft
(e) Length of stay in Baltimore (yrs., mos., or days) Dft

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 69 Smithson Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mike Miles Hughes

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife: Martha Hughes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/26/1873

8. AGE: Years	Months	Days	If less than one day
73	5	8	hr. min.

9. Birthplace Shanbrook N. S. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Miles L. Hughes
13. Birthplace Shanbrook N. S.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant David Hughes
(b) Address 2000 Chatsfield Ave

17 (a) Burial Norfolk Va (b) Date thereof 8-5-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Port Olivet
Location Norfolk, Va

18 (a) Funeral director Mrs Leo H. Holland
(b) Address 1631 Arnold Hall Ave Huntington Williamson, W. Va.

8-5-1946 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/4/46 19..., at 4 M

21. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained
Autopsy, Inspection or Inquiry
by said Autopsy, Inspection or Inquiry, find that said deceased came to [illegible] death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Arteriosclerotic Cardiovascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:
(a) Date of injury at M.
(b) Where did injury occur?
(c) Did injury occur at home, on farm, industrial place, in public place? While at work?
(d) Means of injury

23. Signature John R Evans M.D.
Medical Examiner.
Date signed 8/5/46

VS 151

Aug. 3 1946 8-15 a.m.

G42634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42634 Registered No.

83a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 502 N. Mechen St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days): 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 502 N. Mechen St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mattie Summers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 4, 1893

8. AGE: Years 52 53 | Months 11 | Days 29 | If less than one day hr. min.

9. Birthplace Pickens, S.C.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Henry Summers
(b) Address 502 N. Mechen St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 6, 1946 (month) (day) (year)
(c) Cemetery or crematory Family lot
Location Liberty, S.C.

18 (a) Funeral director Geo. W. Walker & Son
(b) Address 1691 Pennsylvania Ave. Huntington, W. Va.

19 (a) Aug 5 1946 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 3 1946 at 8:15 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1946 to Aug 3 1946 and that I last saw [illegible] alive on Aug 3 1946.

Immediate cause of death: Cerebral Hemorrhage — Duration: About 2 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature Garland Connelly, M.D.

Address 153 4th Ave. Date signed Aug 3 1946

VS 150

Please answer all questions. Physicians: please write the causes of death clearly and legibly.

G42635

BALTIMORE CITY HEALTH DEPARTMENT X G42635 Registered No.

CERTIFICATE OF DEATH √51 B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) ~~8 3 days~~

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto.
(c) City or town Texas.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Wilson

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col.	Married.

6 (b) Name of husband or wife Nancy Wilson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1865

8. AGE: Years	Months	Days	If less than one day
80 ~~75~~	7	22	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Driller
11. Industry or business Tidewater Stone Quarry

MOTHER / FATHER
12. Name Charles Wilson
13. Birthplace Va.
14. Maiden Name Cornelia Pleasant
15. Birthplace Va.

16 (a) Informant Mrs. Nancy Wilson
(b) Address Texas, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 7 46 (month) (day) (year)
(c) Cemetery or crematory Basil Chapel
Location Cockeysville Md.

18 (a) Funeral director Scott Brooks
(b) Address Sparks, Md.

19 (a) AUG 5 1946 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1946, at 9 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 17 1946 to Aug 9 1946 and that I last saw him alive on Aug 4 1946

Immediate cause of death: Carcinoma of Prostate — Duration: Unknown
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation June 4, 1946
Major findings of operation: Malignancy of Prostate
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wayland D. Jones, M. D.
Address Provident Hosp Date signed 8/7/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any person who willfully makes any false statement in this certificate shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of not more than $500 or by imprisonment for not more than one year, or both. The

VS 150

Huntington Williams M.D.

X

G42636 allen

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42636 Registered No. 1579

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 2 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1800 Bradshaw Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Klein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Fml | 5. Color or race W | 6 (a) Single, married, widowed, or divorced S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5 1946

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day 2 hr. 0 min.

9. Birthplace B
(Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER

12. Name Leonard Klein

13. Birthplace Balto

14. Maiden Name Rosalie

15. Birthplace Balto

16 (a) Informant Hosp Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-46 (month) (day) (year)

(c) Cemetery or crematory Mt Lebanon

Location Harmony Hill Rd

18 (a) Funeral director Jack Langrehr

(b) Address 1439 E. Baltimore St

19 (a) Huntington Williams, M.D. (b) Registrar

Aug 5 1946 (Date registered by registrar)

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MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 1946, at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 5 1946 to Aug 5 1946, and that I last saw her alive on Aug 5 1946

Immediate cause of death: Asphyxia Neonatorum

Due to: Prematurity

Due to: Wt 1 lb

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
2 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.

Address Franklin Sq Hosp. Date signed 8/6/46

X

G42637

BALTIMORE CITY HEALTH DEPARTMENT X G42637 Registered No.

CERTIFICATE OF DEATH 46 B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene St
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Dorchester
(c) City or town Cambridge
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Essie Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 3, 1891

8. AGE: Years	Months	Days	If less than one day
55	0	2	hr. min.

9. Birthplace Cambridge Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Robert Wilson
13. Birthplace Upper Hills Md.

MOTHER
14. Maiden Name Hattie Clash
15. Birthplace Cambridge, Md

16 (a) Informant Mrs. Lillian Talley
(b) Address Cayland Ge Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 8, 1946 (month) (day) (year)
(c) Cemetery or crematory Wangler Cemetery
Location Cambridge, Md.

18 (a) Funeral director A. M. Le Compte & Claiborne
(b) Address Cambridge, Md.

19 (a) (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 1946, at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1946 to Aug 5 1946 and that I last saw her alive on Aug 5 1946

Immediate cause of death: Cardiac Failure — Duration

Due to Hypertensive C.V. Disease

Due to

Other Conditions Ca of Stomach.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton Resch, M.D.
Address Redwood & Greene St Date signed Aug 5/46

AUG 5 1946

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1931

G42638 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2204 Frederick Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2204 Frederick Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest Henry Meyer

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) January 23, 1879

8. AGE: Years	Months	Days	If less than one day
67	6	12	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Joachim Meyer
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Eckelberg
15. Birthplace Germany

16 (a) Informant Elizabeth Kellogg
(b) Address 2204 Frederick Ave.

17 (a) Burial (b) Date thereof Aug. 6, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Pauls
Location Violetsville Md.

18 (a) Funeral director George L. Schwartz
(b) Address 2401 Frederick Ave.

AUG 5 1946
(Date rec'd by registrar) (b) Washington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4, 1946, at 7:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1946, to Aug 4 1946, and that I last saw him alive on Aug 1 1946

Immediate cause of death Coronary Thrombosis.

Due to Hypertension, Myocarditis

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joshua C. Mitchell M. D.
Address 251 Wellington a Date signed Aug 5/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9 G42639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓2010

G42639 9 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3025 W. Forrester St
(c) Hospital or institution: BONS SECOURS ST
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County —
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 123 S HILTON ST 29
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME AUGUST John FALCK

3 (b) If veteran, name war

3 (c) Social Security Account No. 205-07-9286

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife HELEN V FALCK
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18, 1885

8. AGE: Years	Months	Days	If less than one day
61	2	17	hr. min.

9. Birthplace BALTO MD (Town, county, and state)
10. Usual Occupation MACHINIST
11. Industry or business B & O. R. R.

FATHER
12. Name John Falck
13. Birthplace Maryland

MOTHER
14. Maiden Name Caroline Beste
15. Birthplace Maryland

16 (a) Informant Helen V. Falck
(b) Address 123 S. Hilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-7-46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Geo. L. Lakwab
(b) Address 2101 Frederick Avenue

19 (a) 4848 (Filed by registrar) (b) 8-7 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1946, at 10:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-1 1946 to 8-4 1946, and that I last saw h. alive on 8-4 1946.

Immediate cause of death HYPERPYREXIA. CARDIAC FAILURE

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy LYMPHOID TUMOR (?)

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. L. Markey, M.D.
Address Bon Secours Date signed 8-6-46

VS 180

Respect age is especially important. Physicians: please write the causes of death clearly and legibly.

1 G42640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 118

G42640 Registered No. 0

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1211 Light St.
(c) Hospital or institution: So. Balto Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos. or days) 1-7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1140 Sargent St. #30.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Florence Roberts.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Wm Roberts.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/30/1890

8. AGE: Years 55 Months 8 Days 5 If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Lawrence Riley
13. Birthplace Maryland.

MOTHER
14. Maiden Name —
15. Birthplace

16 (a) Informant Son-Wm Roberts
(b) Address ~~1504~~ Pulaski 57.

17 (a) Burial (b) Date thereof 8-7-46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director George L. Schnabel
(b) Address 2101 Frederick Ave.

19 (a) (b)
(Date rec'd by Registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-4 1946, at 1-55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-3 1946 to 8-4 1946 and that I last saw her alive on 8-4 1946

Immediate cause of death: Acute Dilatation of Stomach.

Due to: Unknown Cause

Due to: Autopsy performed

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Acute Dilation of Stomach

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert L. Schnabel M.D.
Address So. Balto Gen'l Hosp Date signed 8-4-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42641 BC# G50932 BALTIMORE CITY HEALTH DEPARTMENT G42641

CERTIFICATE OF DEATH 1190

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 W. 42nd St
(If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME David Jordan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/1/46

8. AGE: Years	Months	Days	If less than one day
	1	4	hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Roland Jordan
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Ruth Howard
15. Birthplace Pa

16 (a) Informant
(b) Address

17 (a) Burial (b) Date thereof 8-6-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Dillsburg Pa.

18 (a) Funeral director O'Dea Funeral Home Inc
(b) Address 4644 York Road

19 (a) (b)
Registrar Registered

Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/5 1946, at 11:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/15 1946 to 8/5 1946, and that I last saw him alive on 8/5 1946

Immediate cause of death	Duration
Respiratory failure	
Due to Aspiration of fluid	
Due to Cachexia	
Other Conditions Diarrhea	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. W. Liguton, Jr M. D.

Address University Hosp. Date signed 8/5/46

X

Give age is especially important. Physicians: please write the causes of death clearly and legibly. Use only authorized abbreviations. Space must not be left blank. Any other information supplied will be entered.

G42642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

Registered No. G42642

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Idon Valley Stuw City
(c) Hospital or institution:
Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St.
(If rural give location)
(e) If foreign born, how long in U. S. A. years

3 (a) FULL NAME Julia ~~Sirker~~ Barbar

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1869

8. AGE: Years	Months	Days	If less than one day
77	0	20	hr. min.

9. Birthplace Austria
(Town, county, and state)
10. Usual Occupation Farming
11. Industry or business

FATHER
12. Name Joseph Sirker
13. Birthplace Austria

MOTHER
14. Maiden Name Kathrya Secker
15. Birthplace Austria

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley Stown city

17 (a) Burial (b) Date thereof 8 7 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 900 E. Biddle St.

19 (a) AUG 6 - 1946 Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 4 1946, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1946, to July 18 1946
and that I last saw HER alive on July 18 1946.

Immediate cause of death	Duration
Cerebral Hemorrhage	10 days
probably thrombus	
Due to Heart	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Otto H. Duker
Address 928 E. North Ave. Date signed 8/5/46

VS 3

Complete age is especially important. Physicians: please write the causes of death clearly and legibly.

BCH#

G42643 B52022

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157 G Registered No. G42643

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1005 Brentwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Dennis Ebert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/19/46

8. AGE: Years	Months	Days	If less than one day
		17	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name James Ebert
13. Birthplace Baltimore

MOTHER 14. Maiden Name Concetta Caprinolo
15. Birthplace Baltimore

16 (a) Informant James Ebert
(b) Address 1005 Brentwood Ave

17 (a) Burial (b) Date thereof 8 6 46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 900 E. Biddle St

19 AUG 6 - 1946 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 5 August 1946, at 9:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1 Aug 1946 to 5 Aug 1946.
and that I last saw him alive on 5 Aug 1946.

Immediate cause of death Congenital Pyloric Stenosis — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James J Nolan
Address Mercy Hospital, Balt Md Date signed 8/6/46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42644 G42644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1900 Linden Ave.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1900 Linden Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Virginius A. Chowning

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary V. Smith
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1869

8. AGE: Years	Months	Days	If less than one day
76	8	16	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer - boiler tender
11. Industry or business Bethlehem-Steel Corp.

FATHER
12. Name Chowning
13. Birthplace Va.

MOTHER
14. Maiden Name
15. Birthplace Va.

16 (a) Informant Mrs. Mary V. Chowning
(b) Address 1900 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Pikesville, Md

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place
(c) Huntington Williams, Md.

AUG 6 - 1946 (Date rec'd by the Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3 1946 at 10/30PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1946 to Aug. 3 1946 and that I last saw him alive on Aug. 3 1946

Immediate cause of death	Duration
Coronary Occlusion	4 minutes
Due to Arterio Sclerosis	—
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edgar P. Sandrock M. D.
Address 3615 Ednor Road Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42645 dwlg

HR #103386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. G42645

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 202 Hamlin Ct. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Holmes (Jeanette)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced. Newborn

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 1, 1946

8. AGE: Years | Months | Days | If less than one day 7 hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Woodrow Holmes
13. Birthplace ?

MOTHER
14. Maiden Name Jeanette Brogden
15. Birthplace Pa.

16 (a) Informant Balto. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8/2/46 (month) (day) (year)
(c) Cemetery or crematory Cremation
Location Baltimore City Hospitals

18 (a) Funeral director
(b) Address

19 AUG 6 - 1946 (Date rec'd by registrar) Washington for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1, 1946 at 1:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from August 1, 1946 to August 1946. and that I last saw h alive on Aug. 1, 1946.

Immediate cause of death: Pulmonary Atelectasis — Duration: 7 hours

Due to: Prematurity

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Culbertson M. D.
Address City Hospital Date signed 2 Aug 46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46a

Registered No. G42646

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linford + Greene
(c) Hospital or institution: University Hospital, Balto, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 721 W. Fayette (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Conrad Klafer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
68	?	?	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Handyman
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Christina ?
15. Birthplace Germany

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School AUG 1 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 AUG 6 1946 (Date rec'd by registrar) (b) H. Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1946, at 3:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1946 to July 30 1946 and that I last saw h[illegible] alive on July 29 1946.

Immediate cause of death
Shock
Due to Carcinoma of Esophagus
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation July 19 - 1946
Major findings of operation
Ca of Esophagus - Inoperable
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John E Conrad M. D.
Address Elkton Hosp Date signed 7/31/46

VS 150

3690

G42647

JL - 14849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

17a

G42647

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 - 0-30
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 107 N. Poppleton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Singleton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Sarah (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1889

8. AGE: Years 56 | Months 7 | Days 12 | If less than one day hr. min.

9. Birthplace S. C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Charles Singleton
13. Birthplace S. C.

MOTHER
14. Maiden Name Lucille
15. Birthplace S. C.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School AUG 1 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 AUG 6 1946 (Date rec'd by registrar) (Signature of Registrar) M.D. Registrar

MEDICAL CERTIFICATION

A

20. DATE OF DEATH July 22, 1946 19 , at 11:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1946 to July 22 1946, and that I last saw him alive on July 22 1946

Immediate cause of death
Tuberculosis adenitis of pericarditis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

Duration
6 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M.D.
Address Balto. City Hosp. Date signed 23 July 46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

5689

G42648

BALTIMORE CITY HEALTH DEPARTMENT

HB #103185 CERTIFICATE OF DEATH 13B

Registered No. G42648

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 36 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 248 N. Exeter Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Levy Alford

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Separated

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1908?

8. AGE: Years	Months	Days	If less than one day
38?	?	?	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Sam Alford
13. Birthplace North Carolina

MOTHER
14. Maiden Name Fannie Geston
15. Birthplace Virginia

16 (a) Informant Balto. City Hospitals (Records)
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School AUG 1 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 AUG 6 1946 (Date rec'd by registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 1946, at 8:07A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1946 to July 27 1946, and that I last saw him alive on July 27, 1946

Immediate cause of death: Pulmonary Tuberculosis far advanced — Duration: 4 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A S Hoff M. D.
Address Balto City Hosp Date signed 7/29/46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

3088

G42649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓46F

Registered No. G42649

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Donnelly Ave Glenwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ralph Trouble

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-22-1884

8. AGE: Years	Months	Days	If less than one day
62	5	8	hr. min.

9. Birthplace Pa (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Elias Trouble
13. Birthplace Pa

MOTHER 14. Maiden Name Elizabeth Cove
15. Birthplace Pa

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School AUG 5 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 AUG 6 1946 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 31 July 1946, at 2 ~~P.M.~~ M

21. I certify that death occurred on the date above stated; that I attended deceased from 8 July 1946, to 31 July 1946 and that I last saw h[illegible] alive on 31 July 1946.

Immediate cause of death Bloody ulcer

Due to Probable Carcinoma

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward P. Smith, M. D. M. D.
Address Mercy Hospital Date signed 7-31-46

VS 150

3687

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

Registered No. G42650

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cloverdale Rd. & Madison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Temple Garden Apts. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME SYDNEY J. HAMBURGER.

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-9137.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 9th. 1878.

8. AGE: Years	Months	Days	If less than one day
68	3	27	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Musician.

11. Industry or business

FATHER
12. Name Jacob Hamburger.
13. Birthplace Germany.

MOTHER
14. Maiden Name Louisa Marshutz.
15. Birthplace Germany.

16 (a) Informant Mrs. S. Hamburger.
(b) Address 1902 Bolton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/46. (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebraw
Location Balto. Md.

18 (a) Funeral director Harris Levine & Son
(b) Address 1902 Eutaw Place.

19 Aug. 6 - 1946 (b) Huntington Williams, M.D.
Filed by Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 5th. 1946 at 4 P.M.

21. I certify that death occurred on the date above stated, at the hour stated, of the above named deceased from July 31st 46 to Aug. 5th 46.
and that I last saw [illegible] alive on Aug. 5th 46.
Immediate cause [illegible]
Due to Coronary Occlusion
Due to Arteriosclerotic Heart Disease
Due to
Other Conditions Uremia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration
1 day
5 yrs
1 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence Aug. 5th at 4 30 A.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Wm. Bimakoff M. D.
Address Emersonian Apts. Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G42651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. G42651

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Ingram Hall Apts. 7301 Park Heights Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Ingram Hall Apts. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME BENJAMIN S. MEYER.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Josephine L. Meyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1878

8. AGE: Years	Months	Days	If less than one day
67	8	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Prop. M. & F. Mens' Shop.
11. Industry or business

FATHER
12. Name Michael Meyer,
13. Birthplace Germany.

MOTHER
14. Maiden Name Bertha Stern,
15. Birthplace Germany.

16 (a) Informant Mrs. Josephine L. Meyer,
(b) Address Ingram Hall Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/ 6/46. (month) (day) (year)
(c) Cemetery or crematory Har Sinai
Location Baltimore, Md.

18 (a) Funeral Director Samuel Sonneborn's Sons
(b) Address 1902 Eutaw Place.

19 (a) Filed AUG 6 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3 1946, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941 to Aug 2 1946, and that I last saw him alive on Aug 2 1946.

Immediate cause of death coronary thrombosis — Duration sudden.
Due to arteriosclerosis — 10 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Sonneborn M. D.
Address 1720 Eutaw. Date signed 8/7/46.

VS 150

Huntington Williams, M.D.

X

G42652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46D

Registered No. G42652

1174

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1207 Druid Hill Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 Druid Hill Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: VALLEY LEE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife John Lee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8, 1895

8. AGE: Years	Months	Days	If less than one day
50	11	24	hr. min.

9. Birthplace Frederick, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Clevia Diggs
13. Birthplace Frederick, Md.

MOTHER
14. Maiden Name Rachel Champer
15. Birthplace Md.

16 (a) Informant Mr. John Lee
(b) Address 1207 Druid Hill Ave.

17 (a) Buiral (b) Date thereof 8-5-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hopehill Cem.
Location Frederick, Co., Md.

18 (a) Funeral director Mac R. Etchison and Son
(b) Address 166 E. Church St.

19 (a) Filed (date) AUG 6 1946 (b) Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

P

20. DATE OF DEATH Aug. 2, 1946 at 4:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1946, to Aug 2 1946, and that I last saw ~~him~~ her alive on Aug 2 1946.

Immediate cause of death Carcinoma of Cervix — Duration

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation July 25, 1946

Major findings of operation Carcinoma of Cervix

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas. J. Wood M. D.
Address 814 Cathedral Date signed 8-2-46

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 4&B

Registered No. G42653

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 505 S. Chapel Gate Lane
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 505 S. Chapel Gate Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Margaret Hedrich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lawrence L. Hedrich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 23, 1888

8. AGE: Years 57 | Months 9 | Days 10 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Rauschmeier
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Lawrence L. Hedrich
(b) Address 505 S. Chapel Gate Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 6/46 (month) (day) (year)
(c) Cemetery or crematory Louden Park
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Nutter
(b) Address 4101 Edmondson Ave.

19 (a) Aug 6 1946 (b) Registrar
Registered by me Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 3/46. 19 at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/23/ 19 46 to 8/3 19 46 and that I last saw h[illegible] alive on 7/23/ 19 46.

Immediate cause of death: Metastatic Carcinoma
Due to: Ca. of Cervix
Due to: Ulcerating Tumor of Uterus & Metastasis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

Duration: 3 yrs. Primary

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Thos Antin, Jr
Address 1933 W. Balto. St Date signed 8/3/46 M.D.

Aug 6 1946
HB 150

"correct age is especially important. Physicians; please write the causes of death clearly and legibly.

G42654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G42654 166

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 D
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 659 Portland st
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dorothy A Sellers

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife William N. Sellers
6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Feb 14. 1914

8. AGE: Years	Months	Days	If less than one day
32	5	20	hr. min.

9. Birthplace Balto. Co. Md
(Town, county, and state)
10. Usual Occupation Waitress
11. Industry or business Restaurant

FATHER
12. Name Joseph Narer
13. Birthplace Howard Co. Md

MOTHER
14. Maiden Name Margaret E. Smuppo
15. Birthplace Balto. Md

16 (a) Informant William N. Sellers
(b) Address 315 E. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 7. 1946 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Ave

18 (a) Funeral director Mr & Mrs John W. Turfel
(b) Address 801 N. Fayette St

19 (Date rec'd by registrar) AUG 6 - 1946 Huntington Williamson, M.D.

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-4-46 19 , at 3 15 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to her death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Gunshot wound of head involving brain + Gunshot wound of abdomen.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 8/4/46 at 3 P.M.
(b) Where did injury occur? 659 Portland st
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Firearm, revolver

23. Signature Howard J. Madison, M.D.
Medical Examiner.
Date signed 8-5-46

G42655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

G42655 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 408 N. Pulaski Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 408 N. Pulaski Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY C. MILLIRON

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife George G.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24, 1864

8. AGE: Years	Months	Days	If less than one day
82	2	12	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas E. Simmons
13. Birthplace Maryland

MOTHER
14. Maiden Name Henrietta Evans
15. Birthplace Winchester Virginia

16 (a) Informant Henry F. L. Milliron
(b) Address 408 N. Pulaski Street

17 (a) Burial (b) Date thereof Aug. 7, 1946
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn, Maryland

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul Street

19 (a) AUG 6 - 1946 (b) Huntington Williams, Mort.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5- 1946, at 3:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 16 1945 to August 5- 1946, and that I last saw h.. alive on July 30- 1945

Immediate cause of death	Duration
Organic heart disease	unknown
Due to	
Due to	
Other Conditions Arterial hemorrhage	hours

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chester Roland, M.D.
Address 2532 Edmondson Ave. Date signed 8-5-46.

VS 150

G42656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1641 Registered G42656

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 659 Portland st. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James H Hedges

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Carle E
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Mch 29 1892
8. AGE: Years 54 | Months 5 | Days 5 | If less than one day hr. min.
9. Birthplace: Charles Town W Va (Town, county, and state)
10. Usual Occupation: Outside Mechanic
11. Industry or business: Railroad

FATHER
12. Name: William L Hedges
13. Birthplace: W Va

MOTHER
14. Maiden Name: Cora Hockley
15. Birthplace: W Va

16 (a) Informant: Carl Hedges
(b) Address: 819 S Poca St
17. Burial (Burial, cremation, or removal) (b) Date thereof 8/7/46 (month) (day) (year)
(c) Cemetery or crematory: Glen Haven
Location: Glen Burnie Md
18 (a) Funeral director: Wilson Conine
(b) Address: 1217 S Conkling St Huntington Williams, Md
19 (a) AUG 6 - 1946 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-4-1946 at 3:15 A.M.

21. I certify that I took charge of the remains described above, held an Autopsy & Inq. thereon and from the evidence obtained (Autopsy, Inspection or Inquiry) by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Gunshot wound of head involving brain

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☑ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 8/4/46 at 3 A M.
(b) Where did injury occur? 659 Portland st
(c) Did injury occur at home, on farm, industrial place, in public place? Home While at work? No
(d) Means of injury Shot himself

23. Signature Thomas J. Marcus M.D. Medical Examiner.
Date signed 8-5-46

VS 151

G42657 over

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

Registered No. G42657

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 4202 Woodstock Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Bennett
3 (b) If veteran, name war: No
3 (c) Social Security Account No.
4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: None
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Aug 5 1946
8. AGE: Years | Months | Days | If less than one day: hr. 5 min.
9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: None
11. Industry or business
FATHER 12. Name: Frederick A Bennett
13. Birthplace: New York
MOTHER 14. Maiden Name: Mildred V Carey
15. Birthplace: Baltimore Md
16 (a) Informant: Mrs A Bennett
(b) Address: 4202 Woodstock Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/6/46 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Lodge
Location: Dorsey Rd
18 (a) Funeral director: Milholm Coh Inc
(b) Address: 1217 N Fremont St
19 (a) AUG 6 1946 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 5 1946 at 10 12 AM
21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death: Prematurity — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: Lawrence J. Knott
Address: Mercy Hosp Date signed: 8-5

Huntington Nolliphia, M.D.

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

589

G42658 Registered No.

Physicians: please write the causes of death clearly and legibly. Be sure that the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4519 Hamilton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 6 (If outside city or town limits, write RURAL and give town)
(d) Street No. 4519 Hamilton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Katherine Evans

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	Wh	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18th., 1895

8. AGE: Years	Months	Days	If less than one day
51	5	18	hr. min.

9. Birthplace Baltimore City (Town, county, and state)
10. Usual Occupation School teacher (retired)
11. Industry or business

FATHER
12. Name John Wesley Evans
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Elizabeth Baxter Biddison
15. Birthplace Rasphurg, Balto. Co., Md.

16 (a) Informant Mrs. Hayden Anderson
(b) Address 4519 Hamilton Ave. Balto.6

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/46 (month) (day) (year)
(c) Cemetery or crematory Parkwood.
Location

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Rd.

19 AUG 6 - 1946 (Date rec'd by registrar) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5th 1946, at 8.15AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1946, to August 5 1946, and that I last saw her alive on Aug 4th 1946.

Immediate cause of death	Duration
Myocardial insufficiency (sudden termination)	
Due to Chr. Endocarditis and Myocarditis	36 yrs.
Due to Rheumatic Fever	1910
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Wilkinson, M. D.
Address 5713 Bel Air Rd. Date signed 8/5/46.

VS 150

G42659 BALTIMORE CITY HEALTH DEPARTMENT G42659

CERTIFICATE OF DEATH 1702 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore Catonsville
(c) City or town Baltimore Co.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1503 Ridge Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME David Michael Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Aug. 27. 1942.

8. AGE: Years	Months	Days	If less than one day
3	11	12	hr. min.

9. Birthplace Carlisle Pa.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Harry M. Brown
13. Birthplace Carlisle Pa.

MOTHER 14. Maiden Name Ceta E. Confer
15. Birthplace Bedford Pa.

16 (a) Informant Harry M. Brown
(b) Address 1503 Ridge Rd.

17 (a) Burial (b) Date thereof 8.6.46
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Westminster
Location Carlisle Pa.

18 (a) Funeral director J. Howard Strong
(b) Address 320 W. North Ave

19 (a) AUG 6 - 1946 (Date rec'd by registrar) Huntington Williams, Reg.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-3- 1946, at 3 25 P M

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to Loss death on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH Fractured Skull

Due to

Other Conditions Multiple lacerations + bruises
(Include pregnancy within 3 months of death)

22. If an external cause was primary ☒ or contributing ☐ cause of death, fill in the following:
(a) Date of injury 8/3/46 at 3:15 M.
(b) Where did injury occur? Bloomberry + Federick ave
(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? no
(d) Means of injury Struck by auto

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 8-5-46

VS 151

G42660 BC# D52857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. G42660

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 508 Beam ct
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 Beam ct. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Turner Twin #1

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Edna Louise Turner
6 (c) If alive, give age 20 years

7. Birth date of deceased (mo., day, yr.) aug 1 - 10 10 a.m.

8. AGE: Years	Months	Days	If less than one day
			hr. 10 min.

9. Birthplace 508 Beam ct. Paris Kentucky (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Raymond Turner
13. Birthplace Indianapolis Ind.

MOTHER
14. Maiden Name Birnbierman
15. Birthplace

16 (a) Informant Edna Louise Turner
(b) Address 508 Beam ct

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School AUG 1 1946

18 (a) Funeral director Commissioner of Health
(b) Address
AUG 6 1946 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH aug 1, 1946 at 10:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from — 19 to — 19 and that I last saw him alive on aug 1 1946.

Immediate cause of death	Duration
premature birth —	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. W. Kinsella MD
Address 302 Patapsco Ave Date signed Aug 1 M.D.

VS 150

3691 X

G42661 BC# D52858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √ 1 5 9

Registered No. G42661

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 808 Beam Ct
(c) Hospital or institution: 801
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 808 Beam Ct.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Baby girl Turner — Twin # 2

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-1-46

8. AGE: Years	Months	Days	If less than one day
			2 hr. min.

9. Birthplace 808 Beam Ct.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Raymond Turner
13. Birthplace Indianapolis Ind.

MOTHER
14. Maiden Name Edna Louise Zimmerman
15. Birthplace Paris Kentucky

16 (a) Informant Edna Louise Zimmerman Turner
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School AUG 2 1946

18 (a) Funeral director Commissioner of Health
(b) Address

AUG 6 1946 (Date rec'd by registrar) (Signature) Huntington Williams M.D.

VS 150

3694

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1 1946, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1946, to Aug 1 1946, and that I last saw her alive on Aug 1 1946.

Immediate cause of death prematurity
immaturity

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature P. W. Hunter, M.D.
M. D.
Address 3021 Tioga Ave Date signed Aug 1-46

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42662

BC# - G-52309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

G42662 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lombard & Redwood Sts

(c) Hospital or institution:

University 18

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 HRS

(e) Length of stay in Baltimore (yrs., mos., or days) 18 HRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore 3

(If outside city or town limits, write RURAL and give town)

(d) Street No. 74 S. Bernardton ave

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Baby Boy Thompson.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20 1946

8. AGE: Years	Months	Days	If less than one day
			18 hr. min.

9. Birthplace Baltimore Maryland

(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Daniel Thompson

13. Birthplace Md

MOTHER 14. Maiden Name Margaret Gross

15. Birthplace Md.

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location University Medical School AUG 1 1946

18 (a) Funeral director for City Burial Commissioner of Health

(b) Address

AUG 6 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 20 July 1946, at 10 48 M

21. I certify that death occurred on the date above stated; that I attended deceased from 20 July 1946 to 20 July 1946 and that I last saw him alive on 20 July 1946

Immediate cause of death: Cardio Respiratory Failure — Duration

Due to Atelectasis, pulmonary bilateral.

Due to

Other Conditions Prematurity (2 wks)

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Clarence Wheeler

Address University Hosp Date signed 20 July 46

3692

G42663

BC# 952321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1610

Registered No. G42663

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. University Hospital (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Scott

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	B	INFANT

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-16-46

8. AGE: Years	Months	Days	If less than one day
		1/3	hr. min.

9. Birthplace University Hospital
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Scott
13. Birthplace Md.

MOTHER
14. Maiden Name Fannie Brown
15. Birthplace Md.

16 (a) Informant Fannie Scott
(b) Address 508 Archer St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location University Medical School AUG 1 1946

18 (a) Funeral director Commissioner of Health
(b) Address

AUG 6 1946 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1946 at 3:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-16 1946 to 7-19 1946
and that I last saw him alive on 7-19 1946

Immediate cause of death
atelectasis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify which) While at work?
(e) Means of injury
23. Signature H. Schaeffer M. D.
Address Date signed

VS 150

3693

X

G42664 BC# D52093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

G42664 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 648 W Lee St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Murray
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-24-46

8. AGE: Years	Months	Days	If less than one day
		3 4	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Beau Murray
13. Birthplace S.C.

MOTHER
14. Maiden Name Loretta Baxter
15. Birthplace S.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Johns Hopkins Medical School AUG 2 1946
18 (a) Funeral director Commissioner of Health
(b) Address
19 AUG 6 1946 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1946, at 1:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1946 to July 28 1946, and that I last saw him alive on July 28 1946.

Immediate cause of death	Duration
Aspiration Pneumonia	4 Days
Due to Prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gilbert J. Fielding
Address Date signed 7-28-46

3696

VS 150

42665 new

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1/59

G42665 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1302 Division St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Martin

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-31-46

8. AGE: Years	Months	Days	If less than one day
			1 hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name Betty Martin
15. Birthplace ?

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location Johns Hopkins Medical School AUG 2 1946

18 (a) Funeral director Commissioner of Health
(b) Address

19 AUG 6 1946 (Date rec'd by registrar) (Signature of registrar) Williams M.R. Registrar

3695

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1946 at 345 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1946 to July 31 1946 and that I last saw him alive on July 31 1946.

Immediate cause of death

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gilbert J. Sheldon M. D.
Address Date signed 7/31/46

G42666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

528

G42666 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1134 Dundalk Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1134 Dundalk Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MINNIE HEIKKINEN

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Victor H. Heikkinen
6 (c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): May 1, 1890

8. AGE: Years: 58 Months: 3 Days: 2 If less than one day: hr. min.

9. Birthplace: Finland (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: Matt Niemi
13. Birthplace: Finland

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Finland

16 (a) Informant: Victor Heikkinen
(b) Address: 1134 Dundalk Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/48 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn Cemetery
Location: Baltimore, Maryland

18 (a) Funeral director: HENRY SANDER & SONS, INC
(b) Address: NORTH AVE. & BROADWAY

19 (a) Filed by me on: AUG 6 1948 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 3 1948 at 5.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1946 to Aug 1946; and that I last saw him alive on Aug 3 1946.

Immediate cause of death: Carcinoma Urinary Bladder — Duration: 8 mos.
Due to:
Due to:
Other Conditions: Multiple Metastases
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:
23. Signature: F. N. B. Davis M.D.
Address: Dundalk-Md. Date signed: 8/5/48

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

G42667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

G42667 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2562 Druid Park Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Krakowsky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Beatrice

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years 46 | Months | Days | If less than one day hr. min.

9. Birthplace Newyork N.Y. (City, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER 12. Name Morris

13. Birthplace Russia

MOTHER 14. Maiden Name Rosa

15. Birthplace Russia

16 (a) Informant Beatrice Krakowsky

(b) Address 2562 Druid Park Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-46 (month) (day) (year)

(c) Cemetery Mausoleum Lorraine Location Philadelphia Hamilton Ave

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E Baltimore St

19 (a) [illegible] Huntington Williamsport, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 1946, at 12:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4/10 1946 to Aug 5 1946 and that I last saw him alive on Aug 5 1946.

Immediate cause of death Pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions Tuberculous wound infection

(Include pregnancy within 3 months of death)

Date of operation Thoracoplasty 1st stage

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. Minden

Address Sinai Hospital Date signed 8/7/46

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

G42668 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: Univ. Hosp'l
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 min
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 423 W. Saratoga St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Pearl Mae Wicker Ottos

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
W	F	married

6 (b) Name of husband or wife Silvio Ottos
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4, 1880

8. AGE: Years	Months	Days	If less than one day
66	3	0	hr. min.

9. Birthplace Bel Air, Md.
(Town, county, and state)
10. Usual Occupation Rooming House
11. Industry or business Self

FATHER
12. Name Robert A. Preston
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah F. Rolls
15. Birthplace Md.

16 (a) Informant Miss Laura V. Preston, sister
(b) Address 423 W. Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/46 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar William A. McGinn

VS 15 AUG 6 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-4- 1946, at 6:17 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-4 1946, to 8-4 1946, and that I last saw her alive on 8-4 1946.

Immediate cause of death Gradual vascular accident — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. B. Hanley, M.D.
M. D.
Address Hosp. Date signed 8-4-46

G42669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. G42669

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3732 Manchester Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town) 16
(d) Street No. 3732 Manchester Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DANIEL H. BARNES or (DANIEL W. BARNES)

3 (b) If veteran, name war	3 (c) Social Security Account No.
Spanish American	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Bessie May Barnes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 1863

8. AGE: Years	Months	Days	If less than one day
83	5	0	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Dynamite Insp. (retired)
11. Industry or business Balto. City

FATHER
12. Name John Barnes
13. Birthplace Carroll Co., Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Alice Simpson
(b) Address 3732 Manchester Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 7, 1946 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 194 AUG 6 - 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 4, 1946, at 4:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1946 to Aug. 4 1946 and that I last saw h[illegible] alive on Aug 4 1946

Immediate cause of death. Cerebral Hemorrhage — Duration 1 hr.
Due to arteriosclerotic Heart Disease — 7 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Manuel Levin M. D.
Address 4818 Reisterstown Rd. Date signed Aug 6/46

G42670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

G42670 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 633 E. 33rd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 633 E. 33rd St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HOWELL BROOKS GRAFTON

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bessie Grafton (nee Yeager)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1878

8. AGE: Years	Months	Days	If less than one day
68	1	7	hr. min.

9. Birthplace Balto. Co.
(Town, county, and state)
10. Usual Occupation --
11. Industry or business

FATHER
12. Name Samuel H. Grafton
13. Birthplace Balto. Co.

MOTHER
14. Maiden Name Alice M. Long
15. Birthplace Balto. Co.

16 (a) Informant Mrs. Bessie Grafton
(b) Address 633 E. 33rd St.

17 (a) Burial (b) Date thereof 8/7/46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) AUG 6 1946 (b) Washington Water Brethren
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 4, 1946, at 2:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 4 1946 to Aug 4 1946 and that I last saw h[illegible] alive on Aug 4 1946

Immediate cause of death Respiratory failure — Duration

Due to Coronary occlusion & myocardial infarction

Due to Arteriosclerosis Cardiovascular renal disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Hendrahy M.D.
Address 901 N. Monroe St. Date signed 8/7/46

VS 150

G42671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. G42671

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2111 Garrison Boulevard
(c) Hospital or institution: Windsor Court Apts.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town) Windsor Court Apts.
(d) Street No. 2111 Garrison Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: JAMES ROBINSON

3 (b) If veteran, name war: none
3 (c) Social Security Account No. 577-09-8156

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Abby Robinson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1879

8. AGE: Years	Months	Days	If less than one day
67	2	24	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Isaac James Robinson
13. Birthplace England

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace England

16 (a) Informant: Mrs. Abby Robinson
(b) Address: Windsor Ct. Apts., 2111 Garrison Blvd.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8/6/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Crematory
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md. Williamsport, Md.

19 (a) Filed by me on Aug 6 1946 Huntington Williamsport, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 4, 1946, at 6:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1945 to Aug 4 1946 and that I last saw h[illegible] alive on Aug 1 1946

Immediate cause of death: Coronary Thrombosis
Antecedent Conditions
Contributory Disease

Duration: 10 Minutes, 3 years

Due to: as above

Due to: as above

Other Conditions: Bronchiectasis, Chronic Bronchial Asthma
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature [signature]
Address 167 E. West St. Date signed Aug 5 1946. M. D.

VS 150

X

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G426772 G426542

AB-105394

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V13B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3days
(e) Length of stay in Baltimore (yrs., mos., or days) 25yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1316 W. Lexington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Leslie W. Carlton

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	215-10-9612	M	W	Divorced

6 (b) Name of husband or wife Ada Carlton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31- 1878

8. AGE: Years	Months	Days	If less than one day
68	0	3	hr. min.

9. Birthplace Va. (Richmond)
(Town, county, and state)
10. Usual Occupation Machinist's Helper
11. Industry or business Ellicott Mach. Corp.

FATHER
12. Name Wallace Carlton
13. Birthplace Va.

MOTHER
14. Maiden Name Minerva Robertson
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/46 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) AUG 6 - 1946 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1946, at 3.16 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-1 1946 to 8-4 1946 and that I last saw him alive on 8-4 1946.

Immediate cause of death: Undetermined — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No findings

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. A. Hait M.D.
Address Balto City Hosp Date signed 8/5/46

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G42673 BC# B52748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1946

G42673 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. The correct age is especially important. Any erasure or alteration voids this certificate.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balt Gen'l. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 894 W. Balt St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Briggs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 31, 1946

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name unknown.
13. Birthplace

MOTHER 14. Maiden Name Evelyn Briggs
15. Birthplace Winchester, Va.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location AUG 5 1946

18 (a) Funeral director Commissioner of Health
(b) Address

AUG 6 1946 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1 1946, at 9:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1946, to Aug 2 1946, and that I last saw h[illegible] alive on Aug 1 1946

Immediate cause of death: Respiratory Failure — Duration

Due to Prematurity

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. Treptow M. D.
Address W Balto Gen Hosp Date signed 8-2-46

VS 150

G42674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

G42674 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): Dot
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md (b) County
(c) City or town: Balto — (If outside city or town limits, write RURAL and give town)
(d) Street No.: 140 N. Exeter St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Ernest Schleuning

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Separated

6 (b) Name of husband or wife: Martha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept. 2, 1871

8. AGE: Years	Months	Days	If less than one day
75	11	1	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Carpenter

11. Industry or business: Self

FATHER — 12. Name: Henry J. Schleuning

FATHER — 13. Birthplace: Germany

MOTHER — 14. Maiden Name: Christina ?

MOTHER — 15. Birthplace: Germany

16 (a) Informant: Martha Schleuning

(b) Address: 140 N. Exeter St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/46 (month) (day) (year)

(c) Cemetery or crematory: Mt Carmel

Location: Holly + 4900 Gt Dorset

18 (a) Funeral director: Holly + Zeiler Inc

(b) Address: 403 S. Wolfe St.

19 (a) Filed AUG 6 - 1946 (b) Washington Williams, M.D. Registrar

VS 151

MEDICAL CERTIFICATION

20. DATE OF DEATH 3 Aug 1946 at 6 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH: Arteriosclerotic Cardio Vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury at M.

(b) Where did injury occur?

(c) Did injury occur at home, on farm, industrial place, in public place? While at work?

(d) Means of injury

23. Signature: William T. Helfrich M.D. Medical Examiner.

Date signed 4 Aug 46

(over)

G42675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 C

Registered No. G42675

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1711 Mulliken St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 Mulliken St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mamie Jackson Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Thomas Jackson
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Catherine Brown
15. Birthplace Baltimore, Md.

16 (a) Informant Amanda Jackson
(b) Address 1404 Central ave.

17 (a) Burial (b) Date thereof 8-6-46
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore, Md.

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1420 E. Jefferson St.

19 (a) AUG 6 1946 (b) Lillington North Carolina, M.D.
(Accepted by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1 1946, at 6.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 27 1943, to July 1946, and that I last saw h[illegible] alive on July 28 1946.

Immediate cause of death	Duration
Cardiac decompensation	
Due to Auricular fibrillation,	
Due to Nephritis.	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harris C. Fine M. D.
Address 118 Biscayne St Date signed 8/2/46

VS 150

1

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 8 DAY OF 1963 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WITH [illegible] AND ENDING WITH [illegible] ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: Loretta Byrne

END OF REEL